Local Government Association

Making Safeguarding Personal 2014/15

Evaluation report

Report

“Once a team has begun using this approach it does not want to use any other!”

“It does not have a straight line trajectory and progress is fluctuating.”

“It’s evolution, not revolution.”

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Acknowledgements and disclaimer:

First and foremost, thank you to all the practitioners who gave their time to take part in this evaluation.

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Quotes from evaluation participants

"It's nice to be given permission to do a proper person-centred approach to social work."

"I think this very much going to have to be evolution not revolution."

"They've approached this with such enthusiasm and pleasure in re-engaging with skills they didn't feel that they had, it's so palpable."

"Person-centred working is 'no longer the exception – it's the rule."

"Impact is mixed – some practitioners get it… others don't use it as much".

"Lots of people think 'it's what we do anyway and this shouldn't be too much of a problem for us'. Our neighbours found… how difficult in detail it is to engage people in terms of discussing realistic outcomes… we're anticipating that."

"Not make assumptions that service users know how to speak up for themselves, or indeed understand the complexities of wanting to achieve their desired outcomes."

"I think this has refocused people on the mental capacity issues."

"It's a huge cultural shift."

"It has outed how very variable from good to extremely poor people's understanding of the Mental Capacity Act is, and the application of that in their practice."

"People feel the adult at risk feels more involved and able to share their views."

"It's also about making sure staff are skilled up to understand and chair these conferences."

"Families have fed back saying it was useful being involved in the process... some families found knowing how things are done really quite useful and insightful…they can see you're transparent and not trying to hide anything and take things forward."

"It's woken up some of our providers… dealing with it early on, realising if they don't, it makes things more difficult."

"The danger is slogans. People think they understand them and apply their own interpretation, but nothing changes…"

"It's more time-consuming… you're asking more questions, you're using advocates, [completing more] mental capacity assessments … although I think a lot practitioners are welcoming it, it's just that tension with your case load."

"You can't get away from fact that we haven't got enough to go around, and doing this properly takes longer, and the Care Act means there'll be more."

"MSP is unquestionably right, it's right in principle and that's it."

"It takes too long to get an advocate to start working with us."

"It's difficult to move away from process – [we] need process and timeframes to measure, otherwise how do you know you're doing a good job?"

"I suspect this has been seen as a social services, local authority thing".

"You know from the offset what you want to achieve, then at the end it doesn't seem to drift on indefinitely."

"A lot of issues are being resolved at the initial stages, that is a major change, and good outcomes are coming out of it."

"The biggest barrier for us locally is our recording systems"

"We get a lot of quite vague outcomes, around 'Well I just wanting looking into', or a fair few justice-seeking outcomes."

"The bit we found helpful was that original bit about recording desired and negotiated outcomes."

"It needs to be encouraging momentum, not running out of steam."

2. Summary

This evaluation aimed to find out the impact of using a Making Safeguarding Personal (MSP) approach on:

- outcomes for people using safeguarding services
- the impact of the approach on ways of working and professional culture in safeguarding
- partnership working and culture change.

The evaluation contributes to understanding whether the approach is working, and if so, how. It focuses both on the process and the outcomes that the approach has led to across England. It also looks at what further support would be needed to ensure consistent implementation and makes some recommendations for future work.

Impacts on outcomes for people using safeguarding services

Overall, respondents agreed that MSP is the right approach to safeguarding at the current time. The vast majority of those who were able to comment felt that MSP was having a positive effect on the experience and outcomes of people who use safeguarding services.

Numerous methods were used to help understand people's experience of safeguarding, including case audits and questionnaires. Of councils that were able to comment on the types of outcomes that people wanted to achieve, the most frequently mentioned were to be and feel safer, to maintain key relationships, to gain or maintain control over the situation, and to know that the situation wouldn't happen to anyone else. Access to justice was also said to be important to many.

Participants highlighted the importance of rethinking safeguarding to ensure the MSP approach is used in key areas, including; where meeting are held; who attends; what can and cannot be discussed; who needs to know what; how data, discussions and decisions are documented; how and by whom meetings are chaired; and what skills, training and support people need to participate. The importance of preparing people for meetings, involving families and carers where appropriate, and using advocates was highlighted.

Whilst there is undoubted progress in relation to developing an outcomes focus, and social workers are using a number of approaches (see Williams, Ogilvie and White, 2015) the evaluation didn't establish that leadership and practice is yet at a stage of more formally developing this aspect of MSP. Further monitoring and work are needed to ensure that the MSP approach is available for use in all types of safeguarding situations, and for everyone. Therefore, these both are aspect of development for the next stages of work.

While this research provides a useful snapshot, it also has limitations. The main one is that we were unable to include people who had experience of being 'safeguarded' in the evaluation. Due to various constraints, this work only includes the views of professionals. Further work is needed to ascertain the views of people who use safeguarding services where possible about the impact that using a MSP approach has on their experiences.

Impact on ways of working

Many councils only joined MSP in 2014 and are still in the early stages of implementing the approach. In general MSP was seen to be a positive development in safeguarding that was well received by staff, though it was not without its challenges

Councils had implemented MSP in different ways. These included partnership and project work; changing systems; staff development and awareness raising; developing approaches to safeguarding; and using feedback and evaluation.

We found that many staff had a good understanding of MSP, though respondents recognised that they had often underestimated the change that would be needed to do MSP well. The approaches (from the MSP Toolkit) that had been used most frequently were work on mental capacity and best interests, developing an outcomes focus, and personalised information and advice. Where approaches had been tested out in practice, they were perceived to work very or fairly well in most cases.

MSP was widely regarded to have improved social work practice in numerous ways, as well as impacting positively on staff morale. Practitioners felt they were able to support people to define and work towards their outcomes by exploring options, preparing for and participating in meetings and conferences, and supporting decision making. Conversations could be challenging, and support was needed to negotiate outcomes and approaches to achieve them.

Recording of outcomes is an area that still appears to need work, despite much time and effort already having being spent on it; IT systems were described as the 'biggest barrier' to MSP by some. Data relating to outcomes was very patchy, with the majority of respondents unable to provide comprehensive data about number of cases, number of people asked about outcomes, and number of outcomes achieved. Current recording systems were criticised, and much detail was provided about 'clunky', temporary ways of recording outcomes which were time consuming and difficult to use. An ideal recording system would prompt and record involvement and outcomes, giving space for both narrative and quantitative recording of outcomes, and opportunities to review outcomes as the enquiry progressed.

The data collected gave a mixed picture about whether MSP leads to greater use of resource and time in safeguarding. However, those who thought it was more time and resource intensive thought the additional resource was worth it, as outcomes, involvement and control were likely to be better or increased. There was a feeling that MSP could lead to 'getting it right first time', which would reduce workload in the long term, though no evidence was available to support or challenge this assumption. Spending more time with the person, working at their pace, but also poor systems were linked to the increase in resources needed for MSP.

Effective use of the Mental Capacity Act was highlighted as a fundamental foundation of MSP, which needs further attention to ensure consistency.

Impact on partnership working and culture change

Most respondents felt that using MSP had led to a culture change to some degree in safeguarding, moving to a more person-centred and empowering approach, in contrast to the previous approach which was seen as process focussed.

MSP appears to be driving – or highlighting a need for – cultural change in numerous ways:

- by requiring early and ongoing engagement and support with those for whom there are safeguarding concerns
- by requiring a rethink about traditional ideas and expectations about safeguarding
- by shifting care providers' approaches to quality and quality assurance
- by changing the nature of relationships between organisations.

Strategic support, both from safeguarding adults boards and senior managers in organisations, was noted as a crucial factor in supporting the implementation of MSP.

Respondents perceived it as 'evolution, not revolution'. Beliefs that 'it's what we do already' could be challenged once people started trying to use an outcomes approach in safeguarding.

Challenges were highlighted in implementing change in large organisations and over multi-agency systems. Respondents in smaller councils which had lower numbers of referrals, and those with specialist teams working on safeguarding found it easier to implement MSP and keep staff informed. The importance of involving all multi-agency partners in MSP was highlighted by many, who recognised the need for everyone to own the approach. Different sizes and types of councils will need to learn from each other about effective models of using MSP.

However, even the most engaged authorities recognised that there was a lack of consistency about how MSP was being implemented – both within councils, and over the broader multi-agency system.

The impact of MSP on multi-agency and partnership working in safeguarding to date is unclear. MSP has been seen as a 'social services' thing, with variable degrees of engagement from different agencies. As noted above, support from Safeguarding Adults Boards was seen as a key success factor, but cultural differences between agencies around involving people in decisions could cause challenges. Social care staff may need to lead MSP, and need support to effectively communicate the approach to multi-agency partners.

However, some felt that relationships with providers had become more productive as a result of MSP, and some police colleagues had been very supportive of the approach. Implementation of the Care Act could be seen as both a lever for MSP and a competing priority, and it seems important to frame MSP in the context of the Care Act and share learning and practice over different areas of social care.

Implementation of the Care Act could be seen as both a lever for MSP and a competing priority, and it seems important to frame MSP in the context of the Care Act and share learning and practice over different areas of social care. Implementing MSP was perceived to involve significant change to pre Care Act practice, even though it may have been initially seen as 'what we do anyway'.

What further support would be needed to ensure consistent implementation?

Support provided by the MSP project team (including publications, events and the Knowledge Hub) was well received by respondents and often informed the development of practice approaches. Continued support in some form appears important, especially in the light of concerns from some respondents about the risks of competing priorities and a challenging context.

Much work has been done around meeting staff learning needs around MSP, including running awareness sessions, writing briefings, and holding specific training. Topics or areas of practice where staff requested support, or found support useful, included how to manage risk, recording outcomes, identifying and working with coercive and controlling behaviours and their impact, having honest discussions where people's wishes can't be delivered, enabling people to weigh up the risks and benefits of different options, safeguarding and the law, use of the Mental Capacity Act, and how to effectively involve people in decisions about their safeguarding. Learning needs analyses and learning and development interventions could usefully focus on these topics. Confidence in professional judgement, and reflective practice were also important to using MSP. Training and best practice sharing should also be made available to encourage the effective use of MSP Toolkit approaches.

How the evaluation was run

Four methods were used to collect data between January and May 2015; a survey of MSP leads (council staff with responsibility for developing the MSP approach locally) to which there were 95 responses (63 per cent response rate); a survey of staff who had used an MSP approach, with 63 responses (a 44 per cent response rate); six telephone focus groups with 16 MSP leads; and five telephone interviews with senior leaders in adult safeguarding services.

Furthermore, while we had good response rates to both surveys (63 per cent and 44 per cent), respondents may have been biased or not typical. Findings should be taken with this in mind.

Key Success Factors

Key success factors for MSP appear to be:

People

- ensuring high level organisational support for person-centred, outcomes focused working – ie senior colleagues need to give practitioners 'permission' to work in this way
- development of skills in person-centred, outcomes focused working that enables people to reach resolution or recovery.

Practice

- revising policies, systems and procedures using evidence and learning from other councils and addressing matters such as timescales
- providing opportunities for councils to share good practice and learn from each other
- supporting staff to ensure effective use of the Mental Capacity Act, both through learning and development, and design of systems. This should include the use of advocacy and supported decision making as well as Deprivation of Liberty Safeguards
- increased emphasis on and confidence in professional judgement, especially around risk and decision-making capacity
- ensuring IT and recording systems prompt person-centred, outcomes focused working, and can be used efficiently by staff
- ensuring that data on the experience and outcomes of safeguarding are collected in a way that provides both narrative detail, and the option to aggregate quantitative data.

Partners

- gaining support from the safeguarding adults board
- involving multi-agency partners, using the Care Act as a lever
- acknowledging the challenging financial climate and working towards understanding the longer term impact on resources and workforce capacity of using MSP.

3. Prioritised recommendations

Key priority recommendations from throughout the text are summarised below to aid future work in local areas.

People – how to provide good outcomes for people

i Recommendations for providing good experiences and outcomes to people who use services

1. Be sure to work to individuals' stated outcomes, rather than imposing outcomes. For example, in cases of domestic abuse, safety planning rather than encouraging people to leave the relationship straight away may be a positive outcome (see the LGA's guidance on safeguarding and domestic abuse (LGA, 2015) for more information).
2. Agree 'desired' and 'negotiated' outcomes with people. This can be helpful to agree on outcomes that are realistic and take account of the broader context (eg law, human resources law and public interest).
3. Ensure that adequate time is spent preparing people for meetings. Do not make assumptions about people's ability to express their outcomes, and involve advocates where needed. Consider how to build capacity in the system for increased referrals to advocacy during safeguarding enquiries. The value of inviting people and their advocates, families or carers to multi-agency meeting could be promoted by using case examples, and collating guidance on how to make the meetings successful.
4. Gather feedback as the enquiry is progressing where possible, to avoid 'opening old wounds' by seeking feedback after the enquiry is closed.

Practice – how to improve practice locally

ii Getting started

1. Councils in the early stages of MSP should focus on approaches around effective use of the Mental Capacity Act and Best Interests Assessment, developing an outcomes focus, and provision of personalised information and advice.
2. Councils should use existing resources, such as the Knowledge Hub, the MSP Toolkit and other documents to develop their own approaches to MSP.
3. Guidance covering issues such as risk enablement, timescales for MSP, managing tensions between working at an individuals' pace and high demand on services, and recording outcomes should be developed to support staff. This should align with the provision of staff learning and development (see section iii). Such guidance may need to be agreed locally and supported by policy.

iii Sharing good practice

1. Councils should share the experience of and outcomes achieved through using other approaches (eg mediation, family group conferencing, building resilience and confidence) for others to learn from. They should capture and share successful case studies within their teams to show how MSP can work well in their local context.
2. The positive impacts of using MSP on social work practice should be shared and celebrated within and between councils. Consideration should be given to how good practice in safeguarding can be learned from and applied to other areas of social work and social care practice, and vice versa.
3. Standardise and share good practice around what helps in understanding people's experience of safeguarding (eg case auditing, questionnaires etc), and changes that need to be made.
4. Best practice in recording outcomes should be shared across councils and informed by evidence.

iv Staff learning and development

1. Leaders should give focus to social work practice development to enable practitioners to be confident in engaging in a range of responses to enable people who have experienced abuse of neglect to reach resolution and recovery.
2. Staff learning needs around MSP should be identified using a learning needs analysis, and addressed. Learning needs should be separated from organisational barriers to using MSP.
3. Learning and development around MSP can be delivered using a range of methods, including staff briefings, practice forums, case discussions, identifying champions, peer and group supervision, practice and feedback, and promotion of reflective practice.
4. Staff should be supported to use existing recording systems to capture safeguarding work and such systems should be changed if not fit for purpose.

v Evaluating the impact

1. Recording systems should record involvement of the person and their outcomes. They should provide the option to review outcomes throughout the enquiry. Consideration should be given to how to record the impact of preventative approaches and activity.
2. Collect and analyse local data to find out whether MSP is more likely to work best with certain groups of people or types of abuse. Resource and time use should be monitored to aid decision making about resource allocation in safeguarding.

Partners – recommendations for working together and supporting cultural change

vi Recommendations for better multi-agency and partnership working in MSP

1. Safeguarding adults boards (SABs) should ensure strong multi-agency commitment to MSP. SAB members should consider the implications of MSP for their organisation in terms of culture change and learning needs. Adult social care colleagues should be supported to communicate MSP effectively to multi-agency partners, with the backing of the SAB.
2. Consider how using MSP could lead to a more productive relationship around safeguarding with providers and other local partners. Ensure MSP is flexible enough locally to address matters raised by local partners, such as allegations of institutional abuse.

vii Recommendations for promoting culture change for everyone around MSP

1. Leadership should happen at a range of levels within the organisation. Support should be provided to colleagues leading MSP who may be at a range of levels within the organisation. MSP should be supported regardless of whether extra resource is needed.
2. Use the Care Act as a lever to effect change. The Care Act should be framed as the wider context within which MSP sits, rather than a competing priority. Streamlining changes related to MSP with others related to the Care Act can help avoid duplication. The communication of MSP should be consistent with that of safeguarding being everyone's responsibility, within and beyond adult social care, as reinforced by the Care Act.
3. SAB Board chairs should promote and encourage an MSP approach throughout all partner organisations, and develop their Boards accordingly.
4. Systems should be adjusted to take account of the perception that MSP involves more time and resource at the beginning of an enquiry than previous methods of safeguarding. Systems and processes need to support MSP to reduce inefficiency and frustration within staff teams

viii Recommendations for future work at a national level

1. Research could explore if there are particular success factors for MSP within different models of safeguarding teams (eg specialist or generic teams, large and small authorities). Research could also usefully be carried out to find out what approaches work well, who for and how.
2. A national or regional discussion could help to define the metrics by which to measure the impact of MSP, which will help refine recording systems. This conversation should involve the Health and Social Care Information Centre, which currently coordinates the safeguarding adults return.
3. Discussion is needed at a national and regional level about the need for guidance around timescales under MSP, taking into account potential tensions between being completely person-led, and needing to work with high volume caseloads.
4. Links should be forged with pre-qualification, continued professional development, and safeguarding specific education and training providers in order to integrate MSP into all stages of social work training.

4. Introduction

Safeguarding adults is a national priority in adult social care in England, as reflected by the strengthening of its functions in the new Care Act (2014). However there is much debate about how to make safeguarding more effective – specifically, where effectiveness is equated to a 'good' experience and outcomes for people who use safeguarding services. The Department of Health's report on the consultation on the review of No Secrets (2008) observed that people's voices could get lost in the process of safeguarding, resulting in safeguarding being experienced as something done 'to', rather than with them. This has the potential to compound the impact of abuse.

ADASS and the LGA have been running a safeguarding programme jointly for a number of years. Based on the developing model of sector led improvement[1], part of that programme involved peer challenge[2] of safeguarding leadership and practice by practitioners in a number of councils and with the police and NHS. From those challenges it became evident that there was a risk of safeguarding becoming a professional process rather than something that was personalised to the individuals who had experienced abuse or neglect.

Making Safeguarding Personal aimed to bring about person-centred, outcomes focussed leadership and practice and to identify a range of responses to enable people to reach resolution or recovery. Developed with a range of partners and academics, a small scale test-bedding of the approach in the first year was followed up by a further 50 councils volunteering to test the developing approach in 2013/14. An evaluation of the approach in 2014 (Lawson, Lewis and Williams, 2014) indicated positive outcomes for the individuals concerned and for social workers. The approach became embedded in statutory guidance for the Care Act 2014, and in 2014/15 151 of 152 local authorities in England signed up to use the approach.[3,4]

The 2014 MSP evaluation (Lawson, Lewis and Williams, 2014) included responses from 43 of 53 participating councils to an 'impact statement', a qualitative return from MSP project leads based in councils. The 2014/15 evaluation builds on and develops this approach, to include quantitative and qualitative measures as well as by sampling a wider population of staff. The scale of MSP was also much larger in 2014/15, with almost all of the councils in England (151/152) having signed up to use the approach.

1 For more information on sector led improvement please see www.local.gov.uk/sector-led-improvement

2 For more information on the peer challenge process, please see www.local.gov.uk/peer-challenges

3 For more information on the Making Safeguarding Personal in previous years, including resources to support local implementation, see the LGA website www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

4 For more information on the resources to support local safeguarding activity see: www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

Methodology

A mixed-methods approach was used to find out what the impact of undertaking the MSP approach was on:

- measuring and improving outcomes for people being supported by safeguarding services
- professionals developing approaches to enable people to identify and improve outcomes, to reach resolution and/or recovery
- the organisational changes required, including systems, policies, procedures, culture, resources, implementation of the Mental Capacity Act (MCA), and commissioning of advocacy to embed an MSP approach.

Materials were developed by Research into Practice for Adults (RiPfA) with input from the MSP advisory group and other key stakeholders. We gathered a range of qualitative and quantitative data, using the following methods:

- an online survey of MSP leads
- an online survey of staff, other than MSP leads, who have been involved in using the MSP approach in their safeguarding practice
- telephone focus groups with MSP leads
- telephone interviews with senior stakeholders.

These methods and sampling strategies are detailed below. Data were collected between January and May 2015.

a) Online survey of MSP leads

This online survey was sent to MSP leads in all 151 participating councils in England. The survey was administered by the LGA, using its survey software. MSP lead details were accessed via the MSP project team. An invitation email was sent to all leads, and three follow up emails, targeting people who had not responded, were subsequently sent. 95 responses to the survey were received (63 per cent response rate). This is a good response rate for a survey of this kind. Whilst these results should strictly be taken as a snapshot of the views of this particular group of respondents, rather than representative of all councils participating in MSP, this level of response means that the results are likely to provide a good indication of the position of the sector more widely. MSP leads were advised that they could draw upon the experience and expertise of colleagues to ensure as full and accurate completion of the survey as possible. In this way, the MSP lead acted as a coordinator of the response for the council. The survey was open between 13 January and 20 February 2015.

The survey was mainly made up of multiple choice questions, in order to gather quantitative data. Comment boxes were available for respondents to qualify their answers, and a number of free text questions were also included.

Of the 95 respondents to the MSP lead survey, 64 (67 per cent) of councils were undertaking a 'bronze level' approach, 19 (20 per cent) a 'silver' one, and seven (7 per cent) a 'gold' one.

The remainder didn't know what approach they were taking. Compared to data held by LGA, these proportions seem to be representative of the broader sector. Data held by the LGA for 111 councils shows that 69 per cent were undertaking 'bronze', 27 per cent 'silver' and 4 per cent 'gold'.

The levels of engagement with MSP were defined by Lawson et al (2014) as follows:

- "Bronze: working with people (and their advocates or representatives if they lacked capacity) as soon as concerns are raised about them to identify the outcomes they wanted and then looking at the end of safeguarding at the extent to which they were realised.
- Silver: the above, plus developing one or more types of responses and or recording and aggregating information about outcomes.
- Gold: the above, plus independent evaluation by a research organisation." (p5)

Slightly over half, 57 (60 per cent) respondents had only started using MSP in 2014. 25 (26 per cent) had started in 2013, and 10 (11 per cent) in 2012. The duration, as well as the level of engagement with MSP was reflected in the findings, since for many of the more detailed questions, respondents said it was too soon to comment.

By comparing data about the type of council and its region between the whole sample, and those who participated in the survey, we can make a judgement of how representative the responses are and whether any areas are underrepresented. The tables below show the types of councils who responded and their regions. The tables show that Shire Counties and English Unitary authorities had the best response rates, while London Boroughs had the lowest, so have less representation in these findings. The disparities in regional responses (from 89 per cent in the East Midlands to 42 per cent in the North East) can be explained in part by the timing of regional events; those where regional events (where participation in the evaluation was promoted) were held earlier seem to have had higher response rates. The variation in size of regions should also be acknowledged.

Table 1: What types of councils responded?

Authority Type	Respondents	Sample	Response rate
Shire County	19	27	70 %
English Unitary	38	55	69 %
Metropolitan District	21	36	58 %
London Borough	17	33	52 %
Total	95	151	63 %

Base: all respondents to the MSP leads survey (95 respondents)

Table 2: Which regions responded to the survey?

Authority Region	Respondents	Sample	Response rate
East Midlands	8	9	89 %
West Midlands	12	14	86 %
South West	12	15	80 %
South East	15	19	79 %
North West	14	23	61 %
London	17	33	52 %
Yorkshire and the Humber	7	15	47 %
East of England	5	11	45 %
North East	5	12	42 %
Total	95	151	63 %

Base: all respondents to the MSP leads survey (95 respondents)

b) Online survey of staff

In the original email to MSP leads, we requested that they send us email details of multi-agency staff who had used an MSP approach in practice. 144 email addresses were returned, from 15 councils. Numerous MSP leads responded to say that they were not far enough into implementing an MSP approach to send details of staff who were using it. Of the 144 staff we contacted, 63 (44 per cent) responded to the survey from 15 councils. Most (40) were council staff but some other organisations were represented; 10 from various sections of the NHS, three from care providers, one from the police, and nine from 'other' organisations which included social enterprises, a community interest company, a charity, someone employed by the council but seconded to a mental health trust, and the Care Quality Commission. The survey was open between 12 February and 16 March 2015.

This survey was much shorter than the MSP lead survey, but drew on the same question base to enable comparisons between groups. Most of the questions were multiple choice, with some space for comments.

Of the 15 councils who sent in practitioner contact details, eight were operating at 'bronze' level, four at 'silver', and three at 'gold' level. This seems to show an overrepresentation of 'gold' level, and underrepresentation of 'bronze' level councils compared to LGA data mentioned above. Two had begun using MSP in 2012, six in 2013, and seven in 2014. Again, this implies a difference to the national data, meaning it is likely that the councils who fielded practitioner respondents are likely to be further ahead in implementing MSP, so the findings are unlikely to be representative of the whole sector.

Of the 63 participants in the all staff survey, 31 (49 per cent) had been involved in implementing an outcomes focused and person-centred approach to safeguarding to a great extent, and 21 (33 per cent) to a moderate extent. The remaining 11 (17 per cent) had been involved to a small extent.

About a third of respondents (31; 49 per cent) had used an MSP approach in over 70 per cent of their safeguarding cases since April 2014. This reflects a high level experience with using MSP that is probably not representative of the social work and social care practitioner group as a whole.

c) Telephone focus groups with MSP leads

MSP leads were also contacted via email to invite them to take part in telephone focus groups. Six focus groups were held, and 16 MSP leads participated in total from 15 councils. All but three of the focus group participants were the same people as had filled in the MSP lead survey. All were representing councils who had also responded to the MSP lead survey. The survey data shows that of the councils who participated in focus groups, 11 were operating at 'bronze' level, two at 'silver' and two at 'gold'. A range of types of council was represented, from across England. One had started using MSP in 2012; three in 2013, and the remaining 11 in 2014. This implies that a good range of councils were represented in the focus groups.

Focus groups lasted between 31 minutes and one hour and 19 minutes. A semi-structured interview schedule was used.

d) Telephone interviews with senior stakeholders in safeguarding

The MSP team was approached to suggest people who would be well placed to comment on the strategic implications of implementing MSP. Senior figures in national organisations, independent safeguarding adults board chairs, and members of the MSP team and advisory group were contacted. Five semi-structured interviews were carried out with a director of adult social care, a head of safeguarding, two independent chairs, and an ADASS representative.

e) Ethical approval

The research received approval from the Social Care Research Ethics Committee (ref: 14–IEC08–1020), as well as the ADASS Research Sub-Committee.

f) Limitations of the research

Resource limitations constrained our methodology, in that we were not able to conduct direct research with people who had experienced safeguarding using an MSP approach. Most of the research was carried out remotely (eg online surveys and telephone interviews), and we did not feel it would be appropriate to ask people who had experienced safeguarding investigations or enquiries about their experience of MSP without providing the necessary support, as questions could be distressing. This is a significant limitation of the research, and findings should be considered with this in mind. We were also unable to include case studies in the research methodology, due to the complications associated with gaining people's consent to have their experiences publicised. However, some independent evaluations, including those featuring the voice of people who have experienced safeguarding, have been conducted by councils, and more details can be found in the Knowledge Hub (details in the references section).

The research also focused on the more reactive elements of safeguarding – how MSP was being used to respond to allegations of abuse or neglect. MSP also incorporates a preventative element, in line with the Care Act, and this important area of work is not explored within this report.

The MSP lead survey response rate of 63 per cent is very good in online survey terms. The results suggest that a range of authorities, from those who were making good progress with MSP, to those who had only just started, responded.

This is reflected in the range of responses and comments, with numerous respondents saying it was 'too soon to say', and others giving detailed responses to questions around the challenges and benefits of using the approach. However we do not know the situation of the 37 per cent of MSP leads who did not respond; they could be those who are more critical of the approach, or where MSP has proven more challenging to implement, or where things are going well and they didn't feel the need to give feedback. Similarly, the focus groups, while raising challenges, gave a positive impression of the will to implement MSP and this may not be representative of the broader picture.

Our sample of staff who had implemented MSP in practice is also likely to be unrepresentative, because we obtained their contact details through the MSP leads. This was the only option available to reach this group of staff. It is possible that the sample is biased, because it is likely that only MSP leads who were most engaged sent us details of staff to contact. This means that the results may present a more positive picture than is occurring in reality. However, the sample is also necessarily biased towards those councils who have already made some significant progress in using an MSP approach.

This research provides a cross sectional picture of a point in time (late 2014 – early 2015). Further, longitudinal research is needed to find out how practice in safeguarding adults is changing with the implementation of the Care Act, and how this is impacting on people who use safeguarding services.

6. Results

a) What have councils been doing?

This section looks at the type of activities that councils have undertaken, how MSP is understood and perceived, what approaches from the MSP toolkit councils have been using and how well they think they work.

i Summary of activities

MSP leads answered an open text question which asked them to describe the work they had undertaken so far in 2014/15 in relation to MSP. The 93 responses received to this question revealed a range of approaches, varying from people in very early stages who had just started to introduce the ethos of MSP to teams, to those who had built on previous years' work, or completely redesigned their systems. Approaches included:

Partnership working, committees, project groups and learning from others

- setting up multi-agency or other steering groups/gaining commitment from partners
- reporting/ highlighting to senior managers or the SAB
- talking to or learning from neighbouring councils
- establishing safeguarding service user and carer committees as part of the SAB, or similar (eg service user forum).

Systems changes

- changes to recording systems, including introducing outcomes questions or otherwise amending recording
- checking whether outcomes have been reached/collating outcomes data
- changing the structure of safeguarding (eg single point of access for safeguarding/ specialist service)
- embedding MSP into processes – eg focusing on conversations with people, rethinking where meetings are held
- reviewing paperwork, eg documentation around approaches to risk, timescales.

Staff development, awareness raising

- planning or undertaking training and development activities for staff
- developing information and advice for the public on MSP, or awareness raising campaigns
- auditing MSP cases/ designing audit tools
- MSP champions in teams/ provider services.

Using new or specific approaches

- increased use of advocacy
- focusing specifically on people who lack capacity
- developing alternative responses to safeguarding, eg signs of safety, family group conferencing or restorative justice.

Feedback and evaluation

- evaluation, either external (eg through a University) or internal
- using a satisfaction survey/service user and carer audit tool.

The majority of respondents had undertaken two or more activities, with some reporting on up to 10 different aspects of implementing their MSP approach. People talked of running pilots, with plans to roll out the approach later on. The Care Act was mentioned by some, in the context of aligning their MSP work to Care Act implementation. One mentioned a 'total systems approach'.

ii How is MSP understood and perceived?

The Care Act guidance (2014) states:

"Making safeguarding personal means it should be **person-led** and **outcome-focused**. It engages the person in a **conversation** about how best to respond to their safeguarding situation in a way that enhances **involvement**, **choice** and **control** as well as improving **quality of life**, **wellbeing** and **safety**." (Section 14.15: emphasis added).

Respondents to the all-staff survey were asked to describe in their own words what MSP meant to them.

The wordle below gives an idea of the kind of words they used, with the most frequently used words appearing in larger text. This gives an idea of how MSP is understood, without prompts, by people who are implementing it in practice.

Of the 63 respondents, there were 49 mentions of outcomes and 12 people explicitly mentioned person-centred working or similar. There were no mentions of quality of life. The numbers of mentions of other words are listed below:

- involvement (20)
- control (10)
- empowerment (8)
- choice (5)
- wellbeing (3)
- safety (2)
- conversations (1).

Some example quotes are outlined below:

'It means giving control and a voice to the service user to bring about the outcomes they want.'

'It's about ensuring that people can make decisions about their lives, their safety and their future, 'nothing about me without me' should really mean just that.'

'To allow the person the "control" rather than be "done to" by the processes and professionals and to seek their feedback afterwards.'

'It also shifts the focus from risk to wellbeing.'

'Ensuring Safeguarding professionals do not take a paternalistic or risk adverse approach.'

'It is about listening to what the person wants to happen and working in partnership with themselves and their families to achieve the best outcomes.'

'It enables positive risk taking whilst safeguarding individuals from potential abuse.'

The focus groups corroborated findings from the MSP lead survey, which showed that MSP leads have a positive opinion of MSP in general. Those who commented thought that social workers find the approach supportive:

"It's very early days to produce evidence to show whether we've made a difference or not – but definitely on the ground, from the staff, they've approached this with such enthusiasm and such pleasure in re-engaging with skills they didn't feel that they had, it's so palpable." (FG1)

"Now [social workers] can use MSP to say 'well actually, we're here to achieve the outcome the customer wants… So I think it's helped to make them feel stronger in their role and why they're there." (FG6)

Taken together, the focus groups suggest that MSP has not necessarily been perceived as a substantive innovation in practice, in that the approach is entirely consistent with the way in which many social workers currently practice or would prefer to practice. One participant described it as 'evolution not revolution', going on to point out that while 'everyone thinks it's a good idea' and a lot of people think 'that's the way we do it anyway…' MSP-focused practice is not always borne out in reality (FG5).

Rather than substantive innovation, MSP was understood as providing 'permission' or a 'green light' and a supportive framework for:

- talking about safeguarding and outcomes
- focussing on people who use services and their wishes
- engaging (more) with people – initially, and throughout the safeguarding process.

The senior stakeholders who were interviewed provided differing perspectives. Some thought that person-centred working is 'no longer the exception – it's the rule' (I1) whereas others were more cautious, explaining 'When I initially got involved with MSP I was cynical because I thought everyone did it already!' [working in a person-centred way]… I was astonished to find out that wasn't happening in practice' (I3).

Focus group participants suggested that, even where MSP was perceived to be well embedded, it could provide a useful approach for consistently:

- documenting conversations about outcomes, at the outset and subsequently
- describing, recording and demonstrating person-centred ways of working
- identifying, sharing and rewarding good practice.

Despite the challenges though, quantitative data from both surveys showed that MSP is regarded highly. When asked to rate their agreement to the statement 'The Making Safeguarding Personal Approach to safeguarding is the right approach in the current context', 95 per cent of all staff survey respondents and 95 per cent of MSP lead respondents either agreed or strongly agreed. Of the remaining respondents, only 1 person (an MSP lead) disagreed (the others neither agreed nor disagreed, or thought it was too soon to say).

iii What approaches have been used, and how well have they worked?

MSP involves using an outcomes approach, and also developing one or more types of responses to safeguarding. The MSP Toolkit (Williams, Ogilvie and White, 2015) outlines a range of responses that councils could use.

We asked MSP leads which of the responses in the toolkit they were using. The table below shows the number and percentage of respondents who were using each of the approaches outlined in the Toolkit.

The most frequently used approaches were Mental Capacity and Best Interests (72 per cent), developing an outcomes focus (71 per cent), personalised information and advice (48 per cent), and recording and aggregating outcomes (46 per cent).

A third (34 per cent) had been involved in developing advocacy and buddying responses, which may be reflective of the emphasis put on advocacy in the Care Act. The next most common response, supported decision making (31 per cent), is a principle of the Mental Capacity Act, so again should be used widely with this group of people lacking decision making capacity.

Table 3: Please indicate below which general approaches, or approaches from the toolkit, if any, you have used.

Approach	Number of respondents	% of respondents
Mental Capacity and Best Interests	68	72 %
Developing an outcomes focus	67	71 %
Personalised information and advice	46	48 %
Recording and aggregating outcomes	44	46 %
Advocacy and buddying	32	34 %
Supported decision making and freedom from undue influence	29	31 %
Dealing with risk in particular relationships, including when employing personal assistants	24	25 %
Support for people who have caused harm	21	22 %
Building resilience, confidence, assertiveness, self-esteem and respect	18	19 %
Achieving Best Evidence skills	17	18 %
Family and networks, including group conferences	16	17 %
Mediation and conflict resolution	16	17 %
Signs of Safety	13	14 %
Restorative justice	10	11 %
Family and domestic abuse – Cycle of Abuse Model	10	11 %
Other (please specify)	8	8 %
Therapeutic and counselling support	7	7 %
Brief interventions and Micro skills	7	7 %
Motivational interviewing and cycles of change	6	6 %
Peer support, survivors networks, forums and circles of support	6	6 %
Attachment based approaches	4	4 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

The graph below shows the proportion of respondents who found the approaches that they had used had worked very or fairly well. Only the eight most frequently used approaches are included on the graph, due to low numbers for the others. The graph shows the proportion of people who indicated that they were using that particular approach who thought it had worked very or fairly well.

Figure 1: For those approaches that were used, overall how well did each approach work?

Base: all respondents to the MSP leads survey that had used each approach (number varies – see table 3)

Note that responses sum to more than 100 as respondents could select multiple options.

We asked the same question of respondents to the all-staff survey, and the same three approaches were highlighted most frequently (mental capacity and best interests (70 per cent); developing an outcomes focus (51 per cent); personalised information and advice (41 per cent)). The table below shows the all staff survey responses to which approaches they used, and the graph indicates how well the approaches worked.

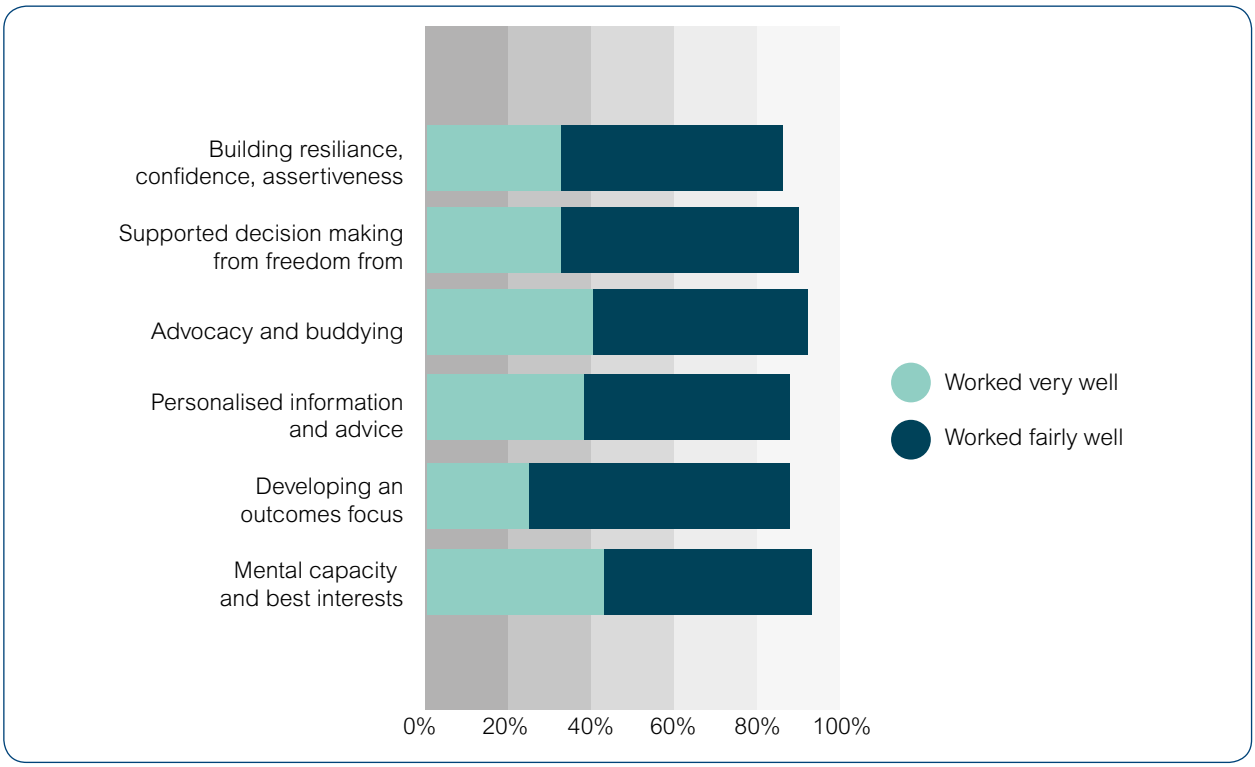
Table 4: Please indicate below which general approaches, or approaches from the toolkit, if any, you have used.		
Approach	Number of respondents	% of respondents
Mental Capacity and Best Interests	44	70 %
Developing an outcomes focus	32	51 %
Personalised information and advice	26	41 %
Advocacy and buddying	25	40 %
Supported decision making and freedom from undue influence	21	33 %
Building resilience, confidence, assertiveness, self-esteem and respect	15	24 %
Achieving Best Evidence skills	14	22 %
Peer support, survivors networks, forums and circles of support	13	21 %
Family and networks, including group conferences	13	21 %
Recording and aggregating outcomes	12	19 %
Mediation and conflict resolution	10	16 %
Dealing with risk in particular relationships, including when employing personal assistants	9	14 %
Support for people who have caused harm	7	11 %
Brief interventions and Micro skills	6	10 %
Signs of Safety	5	8 %
Motivational interviewing and cycles of change	5	8 %
Therapeutic and counselling support	5	8 %
Family and domestic abuse – Cycle of Abuse Model	5	8 %
Restorative justice	4	6 %
Attachment based approaches	3	5 %
Not used any	3	5 %

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

The graph overleaf shows the proportion of respondents who found the approaches they had used to be very or fairly useful. Only the 8 most frequently used approaches are included on the graph, due to low numbers for the others.

Figure 2: For those approaches that were used, overall how well did each approach work?



Base: all respondents to the all staff survey that had used each approach (number varies – see table 4)

Note that responses sum to more than 100 as respondents could select multiple options.

Notably, very small numbers of respondents from either survey thought that any approach they had tried had not worked very well.

iv What support has helped councils in using an MSP approach?

MSP leads were asked about which aspects of the support they had received from the MSP team they had found most useful. Awareness of support available was generally high, with 100 per cent aware of workshops, 92 per cent aware of publications and 84 per cent aware of the Knowledge Hub group. However, only 29 per cent were aware of consultancy options. Where resources were known about they were almost unanimously considered very or fairly useful.

Table 5: MSP has offered a number of resources to support the sector in adopting this approach. Which, if any, of these are you aware of?

Approach	Number of respondents	% of respondents
Workshops	95	100 %
MSP publications	87	92 %
Knowledge Hub Group	80	84 %
Telephone and e-mail support	68	72 %
Consultancy	28	29 %
None	0	0 %
Don't know	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

Focus groups also emphasised the importance of support for MSP; one respondent said. 'this is going to be a very very hard nut to crack without more support from yourselves and from ADASS etc' (FG1). Another emphasised the usefulness of having case studies to draw on, to demonstrate that MSP leads weren't just 'talking nonsense'. He also thought that sharing case studies from their own local area was important, to prove that it can work in their context too. The Knowledge Hub was mentioned by numerous respondents as a useful resource to share materials and ideas, and further, regional events to discuss progress was suggested as a future support.

v Recommendations related to approaches used in MSP

- Councils in the early stages of MSP should focus on approaches around effective use of the Mental Capacity Act and Best Interests, developing an outcomes focus, and personalised information and advice.
- Councils should use existing resources, such as the Knowledge Hub, the MSP Toolkit and other documents to develop their own approaches to MSP. Continued support in some form appears important, especially in the light of concerns from some respondents about the risks of competing priorities and a challenging context.
- Councils should capture and share successful case studies within their teams, to show how MSP can work well in their local context.
- Councils should capture and share successful case studies within their teams, to show how MSP can work well in their local context.
- Colleagues should bear in mind that MSP requires significant change to pre Care Act practice – even if it is perceived as 'what we do anyway'. Reflective practice is important to recognising where changes need to be made.
- Councils should share the experience and outcomes that they have had of using other approaches (eg mediation, family group conferencing, building resilience and confidence) for others to learn from.
- Research could usefully be carried out to find out what approaches work well, who for and how.

b) What impact is MSP having on people who use safeguarding services?

This section explores respondents' views on the impact of using MSP on people who use services. It asks about how colleagues are measuring impact; whether they thought the impact was beneficial or detrimental compared to previous methods of safeguarding; and whether MSP is being used more with particular groups of people or types of risk. It also asks whether respondents thought that the culture of safeguarding had changed since the introduction of MSP.

i What kind of impact has MSP had on people who use services, and how do we know?

58 per cent of MSP lead survey respondents thought it was too soon to say what impact the MSP approach was having on the experience of people who use safeguarding services. However, of those who had an opinion, the consensus was overwhelmingly positive, with 17 per cent saying it was very beneficial, 22 per cent saying it was fairly beneficial, and 3 per cent saying it was neither beneficial nor detrimental. No respondents thought it was detrimental. Of all staff survey respondents who were asked the same question, 27 per cent thought it was very beneficial, 44 per cent that is was fairly beneficial, and 3 per cent neither beneficial nor detrimental. The remaining 25 per cent either didn't know or thought it was too soon to say. These findings suggest that those with direct experience of working with people using the MSP approach are more likely to think it is having a beneficial impact. The table below illustrates these findings.

Table 6: Overall, what kind of impact do you think the MSP approach has had on the experience of people who use safeguarding services in your area?				
Statement	Number of MSP lead respondents	% of MSP lead respondents	Number of all staff respondents	% of all staff respondents
Very beneficial	16	17 %	17	27 %
Fairly beneficial	21	22 %	28	44 %
Neither beneficial nor detrimental	3	3 %	2	3 %
Fairly detrimental	0	0 %	0	0 %
Very detrimental	0	0 %	0	0 %
Don't know	0	0 %	2	3 %
Too soon to say	55	58 %	14	22 %
Total	**95**	**100 %**	**63**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents) and the all staff survey (63 respondents)

However, many MSP leads had been undertaking activity to find out about peoples' experience of safeguarding. The most frequently used methods of understanding peoples' experience were case audit (51 per cent) and a questionnaire after the process (42 per cent). 33 percent had not yet started this work. The eight people (8 per cent) who used free text all described electronic recording systems, including AIS, Care First, Care Direct, Frameworki, SWIFT and Liquid Logic.

Table 7: What methods, if any, have you used to help you understand people's experience of safeguarding services, other than through routine case recording?		
Type of method	Number of respondents	% of respondents
Case audit	48	51 %
Questionnaire after process	40	42 %
We have not started this work yet	31	33 %
Integrated questions into electronic recording system (please specify which system)	21	22 %
Interviews	20	21 %
Independent evaluation	15	16 %
Questionnaire during process	13	14 %
Focus groups	9	9 %
Other (please state)	8	8 %
Don't know	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

Focus group participants were able to give brief example of positive outcomes that had been achieved using MSP. These included:

'Complex family with a history of dispute between family members. Using MSP principles, manager spoke to person alone and ascertained wishes and outcomes. By being focussed on what person actually wants instead of being dragged into the family's wishes, we had a more positive outcome for the patient' (FG2)

'we did a small service user survey, we sent surveys to about 50 people and got 14 back… It does seem that people are saying that they understand what's happening. So for service users, it's that they know something is happening, they know people will tell them what's happening, they can get involved if they choose. Some don't want to get involved but the difference is they've had the choice' (FG1)

'thinking of some of the strategy meetings I've been involved in where the service user and family have been involved, I think they've seen the multi- working of agencies, being transparent, seeing you're not trying to hide anything… that's been useful and certainly families have fed back saying it was useful being involved in the process, knowing what we've done….' (FG3)

'we've started using mediation and conflict resolution in some cases. There was a case where one of the carers was concerned about his father who lives with end stage dementia and he felt his GP was neglectful, was not visiting the care home and not prescribing what he thought should be prescribed... He was completely against the safeguarding process, he didn't think it would benefit him. So we invited a CCG doctor to the meeting who agreed to mediate between the family, GP and care home. We had very good outcomes and there was a lot of improvement in terms of how GP was supporting the client and other residents in the care home as well. At same time we said we'd look into whether the GP's failure was due to capability or capacity because we invited NHS England to look into it. So those things happened at the same time, and we had good outcomes for that as well.' (FG4)

'the sister of the gentleman… attended the conference where we substantiated the allegation. But the positive thing was… she was able to raise questions with the manager of the home and it was a very positive meeting – there wasn't any animosity – these things happen but it's how we move on and address them and improve things. The family [commented] it had been a positive process, she'd felt a weight off her mind, great chance to move on and she was very positive about the outcome of that' (FG4)

'we've had one where an older person's family was looking after them in their own home, and then there was another section of the family, another sibling, and issues with barriers to working together and… some allegations of financial abuse… together the family group conference has enabled them to produce a family plan where they allowed carer to have some respite and there was some resolution in terms of the financial work' (FG5)

'a woman who was subject to quite severe domestic violence, she has mental health problems, and for many years had not disclosed about the abuse and … rejected any offers of support. Using … MSP … we had the permission to take a bit more time to work with her... We worked with her for three or four months, just to meet with her where we could, where it was safe to, discuss what could be achieved and not sort of threaten the police, and not go with our outcomes but to go very much with hers. And actually she continues to live with her husband, but the work that was done helped her to gain the confidence to tell him that she'd shared issues with other professionals, they weren't doing anything to address the situation but they were supporting her… he'd denied her access to Skype because her family lived [abroad], and over the three to four months we were involved he allowed her to Skype so she had access to family members again, and it felt like a positive outcome. She's probably still a victim of domestic violence but is more aware of the support that's out there for her, more able to ring people for help, and have access to a support network of her own' (FG6)

'the police were very worried about conditions of the individual who was physically disabled… I think people wanted him to access day services, increase his care provision and that's not what we wanted. He wasn't completely resistant to receiving support, there was an element of that going in, but he was quite happy to stay at home, he had capacity and that's what we wanted. After the safeguarding process, I was able to go and speak to him and he clearly felt listened to, the fact that the safeguarding included his family who were angry with social services at their lack of, they felt, coming in and 'rescuing' him, he felt they were included, they were able to hear what their family member wanted.' (FG6)

One focus group participant recounted a negative outcome, which was caused, in her opinion, by a lack of preparation.

'it was a negative experience for both staff members and the service user, because they really wanted it to be a good experience but they hadn't planned well enough with the service user around… desired and negotiated outcomes… the meeting became very focussed on the families' wishes, and it really became quite antagonistic… when we unpicked it we realised we had to spend more time preparing people for what strategic meeting is about, what their role is within it, and how we can support them to have a positive outcome… [we need to] not make assumptions that service users know how to speak up for themselves, or indeed understand the complexities of wanting to achieve their desired outcomes.' (FG1)

Another negative outcome related to the timing of collecting feedback from carers after safeguarding:

'I made a judgement call that we ought to let some time lapse before we question people about the process and I misjudged that and on reflection what we should have done was ask fairly swiftly after intervention… as we opened up old wounds. The learning we've taken from that is, within a fortnight we will have approached people and had the conversation' (FG5)

Another hadn't had any negative outcomes yet, but predicted that they could occur 'if we fail to balance choice and risk', for example in situations of domestic abuse where people say they don't want any intervention, but then the abuse is repeated. This concern was echoed by another focus group:

'people say yes but what if I've got a gut feeling this is really bad and the person doesn't want anything? That's exactly the issue that's cropped up' (FG5).

This quote again highlights the importance of good understanding and use of the Mental Capacity Act.

ii Does MSP exclude particular groups of people or types of risk?

The MSP lead survey sought to find out if practice in using MSP was excluding any particular types of situations, or groups of people who use services. Most respondents (56 per cent) thought it was too soon to say whether any group was underrepresented in MSP cases, and a further 16 per cent didn't know. The group most recognised as underrepresented was people who misuse substances (14 per cent), followed by people who use mental health services (7 per cent). 6 per cent thought no groups were underrepresented.

The table below shows the type of abuse that MSP leads perceived was most commonly being addressed using MSP. The list includes the categories of abuse outlined in the Care Act guidance. 34 respondents (36 per cent) thought that it was too soon to say which types of abuse were most commonly addressed by MSP, and for 17 (18 per cent) the data was not available. Of those who expressed a view, physical abuse (34 per cent) financial or material abuse (32 per cent) and neglect (28 per cent) were most commonly addressed by MSP. The HSCIC Safeguarding Adults Return for 2013/14 (HSCIC 2014) showed the same top three types of risk identified, though in a different order; of 122,140 allegations, neglect and acts of omission accounted for 30 per cent, physical abuse for 27 per cent, and financial and material abuse for 18 per cent.

Table 8: Of the people who experienced an MSP approach, what types of abuse were most commonly being addressed? (Please note this list includes the new categories of abuse outlined in the Care Act guidance).		
Type of abuse	Number of respondents	% of respondents
Too soon to say	34	36 %
Physical abuse	32	34 %
Financial or material abuse	30	32 %
Neglect and acts of omission	27	28 %
Data not available	17	18 %
Psychological abuse	12	13 %
Domestic violence	6	6 %
Organisational abuse	4	4 %
Other (please state)	2	2 %
Sexual abuse	1	1 %
Discriminatory abuse	1	1 %
Self-neglect	1	1 %
Modern slavery	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

Focus group respondents highlighted challenges in working in a person-centred and outcomes focused way with some client or user groups where 'level of understanding' or 'type of illness' could limit engagement with defining outcomes. One person noted that while people who had an 'impairment of the brain' had been excluded from MSP in the past, they were now being asked to include everyone. Another noted that 'conflicts of interest' could become evident when seeking someone to advocate for the person.

iii What kind of outcomes are being discussed, and how are they achieved?

MSP lead survey respondents were asked to choose, from a list of options, which were the three most common types of outcomes that people were requesting support with through safeguarding.

The top three were 'to be and feel safer' (45 per cent), 'to maintain key relationships' (23 per cent) and, in joint third place with 21 per cent each, 'to gain or maintain control over the situation' 'to know that this won't happen to anyone else' and 'people have not yet specified outcomes'.

Table 9: What kind of outcomes have people said they want to achieve from their safeguarding? Please tick the three most common below or provide your own in the text box.		
Approach	Number of respondents	% of respondents
To be and to feel safer	43	45 %
To maintain key relationships	22	23 %
To gain or maintain control over the situation	20	21 %
To know that this won't happen to anyone else	20	21 %
People have not yet specified outcomes	20	21 %
To have access to justice or an apology, or to know that disciplinary or other action has been taken	17	18 %
To be involved in making decisions	14	15 %
To be able to protect self in the future	11	12 %
Don't know	11	12 %
Other (please state)	9	9 %
To have exercised choice	8	8 %
To know where to get help	8	8 %
To get new friends	1	1 %
To have help to recover	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

Focus group respondents discussed three ways in which social workers and others support adults, carers and families through the MSP approach to safeguarding:

- exploring options and identifying outcomes
- preparing for and participating in meetings and conferences
- supported decision-making.

It could be difficult for people experiencing safeguarding to understand what an outcome is, to understand their options (for example, referral to safeguarding), and to choose the outcomes that they want from safeguarding. Because desired outcomes can change, this applies throughout the safeguarding process, not just in the initial stages of engagement with the person.

Conversations about outcomes can be difficult. Focus group participants spoke, in particular, about the need to work with people to identify outcomes that are realistic and achievable; and the importance of noting that safeguarding procedures don't operate in isolation. Agreeing outcomes can be particularly challenging in some circumstances, notably where the outcome that the person wants conflicts with the public interest, where the person's choices might impact on other adults at risk of harm around them, and where the person self-neglects. One focus group participant discussed this in terms of identifying and recording both 'desired' and 'negotiated' outcomes.

"the bit we found helpful …was… recording desired and negotiated outcomes. So we make sure when we're doing that recording that in the meeting minutes, both of those get recorded so if Mrs X says 'we want them taken outside and shot', that will be recorded as her desired outcome, and then people will work through the fact that isn't possible and what can we do." (FG1)

Focus group participants typically discussed engaging people and working with them to identify outcomes and participate effectively

in safeguarding processes in terms of the challenges – for adult services and for their partner agencies. With regard to cultural change, the key challenge and key driver appears to be achieving participation of people and their carers and families in strategy and/or family group conference meetings.

MSP potentially requires professionals and their employing organisations to rethink many traditional ideas and expectations about safeguarding, for example about where meetings are held; who attends; what can and cannot be discussed (eg disciplinary matters); and who needs to know what; how data, discussions and decisions are documented; how and by whom meetings are chaired; and what skills, training and support people need to participate. This was illustrated in comments from focus group participants such as:

"part of MSP is about asking the person as part of what they want as an outcome, even taking on board where shall we hold the strategy meeting, would they like to be involved in that meeting, it's being more flexible, not just having it in our buildings but it could be holding it in their room in residential home, could be – it's taking on board what is best for them, how they can be fully involved in the whole process from the beginning till the end?" (FG4)

Another recognised the importance of making sure people were "prepared, so they'll know who'll be at the meeting". Participants also noted that not all staff were sure how to react to start off with – some staff were "more open to it" while others were "reluctant" depending on the nature of the referral, but they believed that "the more you do it, the more comfortable you'll become" (FG3).

Another echoed this, recognising the importance of skilling up staff to understand and chair the meetings:

"the first time we introduced service users and family to the conference, we had people shuffling around, thinking 'oh my goodness how are we going to do this, and what are we going to say'… We're very much in the learning stages." (FG3)

iv Recommendations for providing good experiences and outcomes to people who use services

- Standardise and share good practice around what helps in understanding peoples' experience of safeguarding (eg case auditing, questionnaires etc), and changes that need to be made.
- Give consideration to the time scale between ending a safeguarding enquiry and gathering feedback on the experience. Leaving too long a time between closing a case and gathering feedback can 'open old wounds'. Gather feedback as the enquiry is progressing where possible.
- Ensure that adequate time is spent preparing people for meetings. Do not make assumptions about people's ability to express their outcomes, and involve advocates where needed.
- A resource signposting directory which could help inform people about support, either locally or nationally, could be valuable and also speaks to the Care Act's requirements to provide information and advice.
- Be sure to work to individuals' stated outcomes, rather than imposing outcomes. For example, in cases of domestic abuse, safety planning rather than encouraging people to leave the relationship straight away may be a positive outcome. See the LGA's guidance on safeguarding and domestic abuse (LGA, 2015) for more information.

- Collect and analyse local data to find out whether MSP is more likely to be used as an approach with certain groups of people, or types of abuse than others. Plan how to ensure that all safeguarding enquiries use an MSP approach in the future, and how the approach may need to be adapted accordingly.
- Agreeing 'desired' and 'negotiated' outcomes can be helpful to agree on outcomes that are realistic and take account of the broader context (eg law, HR law and public interest).
- Training on Making Safeguarding Personal needs to equip those making enquiries with the skills to work with people to understand and identify outcomes.
- Training and best practice sharing should also be made available to encourage the effective use of MSP Toolkit approaches such as motivational interviewing, family group conferencing, mediation, counselling, supported decision making, conflict resolution, advocacy, and restorative justice.

c) What impact has MSP had on safeguarding practice?

This section outlines how practice in safeguarding has been affected by MSP in numerous ways; the impact on the type and way that safeguarding work is done; the impact on how staff experience their work; the learning and development needs that staff and others have identified need to be addressed for MSP to be implemented successfully; and MSP's impact on workload and capacity.

i Has MSP affected social work practice and staff morale?

MSP leads were asked to state whether MSP had led to an observed improvement in specific areas of social work practice. Results are outlined in the table below, and show that confidence in involving people in decisions about their safeguarding was most frequently seen as improved, with 41 respondents (43 per cent) choosing it. While 39 respondents (41 per cent) thought it was too soon to say whether MSP had led to improvement in practice, other respondents identified implementing an outcomes approach (36 per cent), having honest discussions about where people's wishes could not be delivered (27 per cent) and more effective implementation of the Mental Capacity Act (25 per cent) as areas that had improved due to involvement in MSP. The five 'other' responses included that there was anecdotal evidence of practice improvement but nothing more yet; that positive risk enablement had improved; that making an outcomes approach central to recording frameworks had developed outcomes focused working; that it was too early to say, and that a clear performance dashboard with qualitative and quantitative data was needed.

Table 10: In which areas, if any, have you observed improvement in social work practice in your local area due to involvement in MSP?		
Approach	Number of respondents	% of respondents
Confidence in involving people in decisions about their safeguarding	41	43 %
Too soon to tell	39	41 %
Implementing an outcomes focused approach, including discussing and agreeing outcomes and having honest discussions about how outcomes can be realised	34	36 %
Having honest discussions about where people's wishes cannot be delivered – eg where they don't want police involvement but others are being harmed	26	27 %
More effective implementation of the Mental Capacity Act	24	25 %
Managing risk	21	22 %
Enabling people using safeguarding services to weigh up the risks and benefits of different options	19	20 %
Confidence in communicating approach to multi-agency partners	17	18 %
Using a wider range of social work methods to realise the outcomes that people want	16	17 %
Greater awareness of domestic abuse circumstances	14	15 %
Implementing a person-centred approach, for example using person-centred planning tools	12	13 %
Timely responses	10	11 %
Identifying and working with coercive and controlling behaviours and their impact	8	8 %
Using a wider range of civil and or criminal proceedings to realise the outcomes that people want	5	5 %
Other (please state)	5	5 %
Don't know	1	1 %
None	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

All staff survey respondents were asked a similar question, to find out whether MSP had led to changes or improvements in their practice. 35 respondents (56 per cent) thought their confidence in involving people in decisions about their safeguarding had improved, while 31 (49 per cent) noted more effective implementation of the Mental Capacity Act as a result of using MSP. Confidence in communicating the approach to multi-agency partners had also improved for almost half of respondents (48 per cent). Notably, similar topics were chosen most frequently by the two groups of survey respondents.

Table 11: In which areas, if any, have you changed or developed your practice in safeguarding due to involvement in MSP?		
Approach	Number of respondents	% of respondents
Confidence in involving people in decisions about their safeguarding	35	56 %
More effective implementation of the Mental Capacity Act	31	49 %
Confidence in communicating approach to multi-agency partners	30	48 %
Having honest discussions about where people's wishes cannot be delivered – eg where they don't want police involvement but others are being harmed	26	41 %
Implementing an outcomes focused approach, including discussing and agreeing outcomes and having honest discussions about how outcomes can be realised	25	40 %
Enabling people using safeguarding services to weigh up the risks and benefits of different options	20	32 %
Managing risk	19	30 %
Timely responses	19	30 %
Greater awareness of domestic abuse circumstances	18	29 %
Implementing a person-centred approach, for example using person-centred planning tools	15	24 %
Using a wider range of social work methods to realise the outcomes that people want	13	21 %
Using a wider range of civil and or criminal proceedings to realise the outcomes that people want	7	11 %
Too soon to tell	5	8 %
Identifying and working with coercive and controlling behaviours and their impact	3	5 %
None	3	5 %
Other (please state)	1	2 %
Don't know	1	2 %
Total	**63**	**100 %**

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

MSP lead survey respondents were asked if they had observed any other positive impacts on social work practice. While 40 respondents (42 per cent) thought it was too soon to say, one clear impact perceived by the leads was the impact on morale – 40 respondents (42 per cent) thought that staff felt more positive, motivated or enthusiastic when using outcomes focused approaches to safeguarding. Recording of outcomes and decision making was also seen to be improved by 28 respondents (29 per cent), while 25 respondents (26 per cent) identified that MSP was leading to a clearer ending to safeguarding support.

Table 12: What, if any, other positive outcomes of undertaking outcomes focused approaches to safeguarding have been observed in social work practice?		
Positive outcome	Number of respondents	% of respondents
Staff feeling more positive, motivated or enthusiastic	40	42 %
Too soon to tell	40	42 %
Improved recording of outcomes	28	29 %
Improved confidence in decision making	28	29 %
Clearer endings to safeguarding support	25	26 %
Less constrained by the process	22	23 %
Services influenced by feedback from people who use them	20	21 %
Staff being able to assess effectiveness from the perspective of people who use services	20	21 %
More autonomy	11	12 %
Clearer, more transparent support plans	9	9 %
More resolution and recovery and less resort to ongoing monitoring or additional services	8	8 %
Other (please specify)	4	4 %
None	0	0 %
Don't know	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

All staff survey respondents were asked the same question, and were predictably more able to give an answer to the question. The most popular response, by 25 respondents (40 per cent) was that they were able to assess effectiveness from the perspective of the person using services. 24 felt their confidence in decision making was improved (38 per cent), while 33 per cent (21) felt more positive, motivated or enthusiastic, and the same number felt that MSP led to clearer endings to safeguarding support.

Table 13: Have you personally experienced any of the positive outcomes, listed below, of undertaking outcomes focused approaches to safeguarding?		
Positive outcome	Number of respondents	% of respondents
Being able to assess effectiveness from the perspective of people who use services	25	40 %
Improved confidence in decision making	24	38 %
Feeling more positive, motivated or enthusiastic	21	33 %
Clearer endings to safeguarding support	21	33 %
Feeling less constrained by the process	20	32 %
Improved recording of outcomes	20	32 %
Services influenced by feedback from people who use them	16	25 %
Facilitating more resolution and recovery and less resorting to ongoing monitoring or additional services	15	24 %
More autonomy	14	22 %
Clearer, more transparent support plans	13	21 %
Too soon to tell	12	19 %
None	3	5 %
Other (please specify)	0	0 %
Don't know	0	0 %
Total	**63**	**100 %**

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

ii Recording and measuring outcomes for individuals

"That is what should be evaluated, whether safeguarding made a difference to the person's circumstances or not."

The MSP lead survey asked how, if at all, people's outcomes were being recorded. The majority were using qualitative recording of data, by either using comments boxes in existing recording systems (51 per cent) or better/ fuller case notes (31 per cent). However, some had developed pre-coded categories for their outcomes (20 per cent). 18 per cent were not currently recording outcomes. The 'other' methods being used included:

- adapting forms specifically for the task
- devising new forms/ recording templates / spreadsheets
- notes in strategy discussion so available to multi-agency group
- questionnaires developed for people who use services
- new codes being developed
- piloting an outcomes focused recording process, which will be integrated into the local recording system later on
- developing an MSP – friendly system on existing electronic recording systems.

Table 14: How, if at all, are you recording people's outcomes?		
Approach	Number of respondents	% of respondents
Comment box in existing recording system	48	51 %
Better/fuller case notes	29	31 %
Pre-coded categories in existing electronic recording system (eg process, maintenance or change outcomes)	19	20 %
We are not currently recording outcomes	17	18 %
Other method (please specify)	13	14 %
Don't know	1	1 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)
Note that responses sum to more than 100 as respondents could select multiple options.

However, one focus group participant pointed out that not all adults who had been referred to safeguarding wanted to engage with it or define outcomes, especially in cases where harm or abuse had been caused by a service provider:

"quite a few people have said 'you commissioned this service, you sort it out, I'm not coming in to a meeting!' and that's absolutely right and fair and we did" (FG1)

They pointed out the value of MSP in offering people the option to engage, even if they don't want to take it up.

Table 15 shows that for the majority of respondents (58; 61 per cent), it was too soon to say how effective their approach to measuring and aggregating peoples' safeguarding experiences and outcomes had been since participating in MSP. Only 3 respondents (3 per cent) thought their recording methods were very effective, which implies there is a lot of work to do generally on recording and aggregating outcomes.

Table 15: Overall, how effective do you think your approach to measuring and aggregating peoples' safeguarding experiences and outcomes has been since participating in MSP?		
Approach	Number of respondents	% of respondents
Very effective	3	3 %
Fairly effective	27	28 %
Not very effective	7	7 %
Not at all effective	0	0 %
Too soon to say	58	61 %
Don't know	0	0 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options.

The MSP lead survey followed this issue up by asking participants to fill out as many details as possible about 'sector outcome measures' defined by MSP. The table below shows how many of the 95 respondents to the survey were able to provide the requested information.

Table 16: Table showing the percentage of MSP lead survey respondents who could provide the data requested about the sector outcome measures.			
Question	Number of respondents who answered	% of respondents	Range of responses
Number of people who have received a safeguarding service which came to a conclusion during Q1 – Q3 2014/15 (i.e. in the period 1 April 2014 – 31 December 2014)	31	33 %	Number: 2 - 3209
Of those referrals, the number of people (or someone acting for them) who expressed the outcomes they wanted	14	15 %	Number: 2 – 586 Percentage: 100 (2/2) to 35 (66/191)
Of the people who expressed their desired outcomes, the number of people whose outcomes were realised fully	11	12 %	Number: 12 – 465 Percentage: 48 (12/25) – 87 (13/15)
Of the people who expressed their desired outcomes, the number of people whose outcomes were realised partly	9	9 %	Number: 2 – 118 Percentage: 13 (2/15) – 51 (118/231)
Total	**95**		

Base: all respondents to the MSP leads survey (95 respondents)

The full data is patchy and it is difficult to draw conclusions from it. However, the number of people who received a safeguarding service in the time period specified varied from two to 3,209 among those who answered, with the average (mean) response being 252.5; the median was 84. Of those safeguarding cases, the percentage of people (or someone acting for them) who expressed their own outcome varied from 35 – 100 per cent, with the average being 62 per cent. 11 respondents could provide data about the number of people who had expressed their outcomes, and had those outcomes fully realised. Between 48 and 87 per cent of people fell into this category, with an average of 71 per cent. 9 respondents could provide data about the number of people who had expressed their outcomes and had those outcomes partly realised. Between 13 and 51 per cent of people fell into this category, with an average of 24 per cent.

Due to small numbers, this data should not be used to generalise to the broader population, and is included here to illustrate the lack of comprehensive and reliable data on safeguarding outcomes in the sector.

The issue of recording was explored further in an open text question which asked people how, if at all, they thought their recording method could be improved. People raised two main themes: systems issues, and the need for staff to amend their recording practices. Many respondents said it was too soon to say, or they were developing new recording systems or integrating new methods into existing recording frameworks.

Systems issues could be split into what people wanted, and criticisms of current IT systems.

"We need to have one standalone IT system that captures outcomes at the beginning, middle and allowing evaluation at the end of the process."

People talked about **existing systems** being 'process led and not person-centred'. Others mentioned needing to record information on spreadsheets currently, which, for some, made completing safeguarding adults returns a 'nightmare'. Current systems were described as 'clunky', 'rigid and structured' and 'could be more sophisticated'. The frequency with which practitioners could review the person's views and outcomes was also criticised by numerous respondents. In practice, many respondents had invented 'work-arounds' to record outcomes outside of existing systems, which could lead to extra burden for staff. Some described "standalone" systems in a "Word document [which] requires manual inputting to a spreadsheet for analysis". The impracticality of such methods was recognised by one focus group participant who described their system as a "nonsense situation" (FG5). Another survey respondent was recording, but 'not as yet [able] to pull it off the system'. The focus group participants outlined similar, basic challenges – for example, outcomes being recorded within strategy meeting minutes rather than as data, so that reviewing outcomes necessitated trawling through meeting notes.

Survey respondents wanted:

- an updated system that could 'prompt and record involvement and outcomes'
- a wider range of personalised responses available to use
- a range of 'pre-coded categories' of outcomes
- more detail about outcomes (a narrative) rather than just summaries
- a method of aggregating outcomes 'so we can deliver some data as well as case stories'
- dedicated MSP fields
- improved scope to record mental capacity assessments
- integrated systems with health.

Another respondent said that improvements to recording were being analysed by a University, and others mentioned ongoing or future evaluation of the success of their recording systems.

Some survey respondents seemed to have a sense of optimism about how **new recording systems** would make MSP easier to implement. Others talked about their systems being made 'MSP compliant'. Some mentioned piloting of new systems with operational teams 'to get buy in', or were waiting for 'case experience' to inform the development of new systems. One respondent had tried to make amendments to existing IT systems which had 'failed', and the team had decided a 're-design would be more effective'. Another said that changes to their system were being 'constrained by IT and other resource priorities'.

The survey data reported above corroborate findings from other data sources that information technology and management systems are clearly not supporting the implementation of MSP as well as they might, having been originally designed to record process. Focus group participants and interviewees alike described spending a great deal of time with IT and business intelligence colleagues to develop ways of recording and tracking outcomes. IT systems were described as the "biggest barrier" to MSP (FG5), because "our systems were not designed to identify and record outcomes" (FG4). Others expressed frustration at the pace of work – updates could not be applied until the next release of a recording system. One person suggested more centralised, coordinated action on the issue of recording could have been useful:

"it would have been helpful if, given there's a small number of [IT system] providers if something could have been done centrally with providers, rather than having to individually negotiate a cost/ spec as I think that's slowing a lot of us up." (FG1)

However, another did not think a national effort would be useful, due to the need for each council to adapt its own systems.

Even with acceptable recording systems, there were concerns about the quality of outcomes data being entered, including, for example, over-use of 'not applicable'.

Several participants referred to importance of prevention in safeguarding. The development of IT systems may well need to include 'outcomes possibly prevented' for people who are at risk of abuse, as well as 'outcomes achieved'. Another person had noted the inclusion of domestic violence as a category of abuse under safeguarding, and thought "we need to think much more broadly in a much more three dimensional way about how we can, with our reduced resource, tap into other great preventative measures that are taking place" (FG1)

Some respondents mentioned plans or existing methods to gather feedback about the experience of safeguarding from people who had been through it. They wanted to know 'whether they felt safer/outcomes met'. This shows the overlap between case work, service evaluation, and research which have the potential to become blurred.

iii Recommendations related to social work practice and recording outcomes

- The positive impacts on social work practice of using MSP should be shared and celebrated within and between councils.
- Consideration should be given to how good practice in safeguarding can be learned from and applied to other areas of social work and social care practice, and vice versa.
- Best practice in recording outcomes should be shared across councils and informed by evidence.
- A national or regional discussion could help to define the metrics by which to measure the impact of MSP, which will help define recording systems. This conversation should involve the Health and Social Care Information Centre, who currently coordinate the Safeguarding Adults Return.
- Guidance is needed for staff who are currently 'bridging' between the old, process-focused and timescale bound system, and the new, person-led approach. Should there be targets for MSP, and if so, what metrics are both practical and valuable? How can staff and adults at risk be proactively supported to take risks and where are the boundaries of risk taking? Such guidance may need to be agreed locally but national discussion would usefully contribution to this debate.
- Recording systems should prompt and record involvement of the person, and outcomes; with the option to review outcomes throughout the enquiry.
- Staff should be supported to use existing recording systems that do support MSP effectively, through training and other support.
- Consideration should be given to how to record negative outcomes prevented by safeguarding.

iv Staff learning and development – what works well and what more is needed?

We asked MSP leads how they had identified staff learning needs around issues related to MSP. In a free text response they mentioned methods including:

- audits of case work
- quality assurance reports for the SAB
- discussion/consultation with staff, teams, managers, advocates, other councils or safeguarding chairs
- training need analysis, skills and knowledge self-assessments or staff questionnaire
- utilising the principal adult social worker role
- analysing complaints or feedback from people who use services, or undertaking a user survey
- feedback from forums, training, practice led safeguarding advice, peer support, or mentoring sessions
- 'gap analysis' between what we do and what we want to do
- through supervision, reflective supervision, team meetings and appraisal

- combining with Care Act learning and development priorities
- observation of safeguarding adults meetings, assess needs and feed back to management
- direct response to new requirements of the MSP toolkit.

Many respondents also elaborated on the training methods and topics that they were delivering, or had already delivered to staff, which included:

- incorporating MSP into induction training and e-learning
- using staff newsletters to feedback on progress
- ensuring MSP and the Care Act implementation are aligned
- new safeguarding programmes reviewed to ensure they are 'compliant' with MSP
- using competency frameworks, such as Bournemouth University's
- developing safeguarding training with people who have experienced safeguarding to ensure the training reflects what is important to them
- work commencing on asset based social work
- competency assessments developed for safeguarding adults managers and investigating staff.

Another question in the MSP lead survey asked what kind of methods their councils had found most effective to develop staff confidence in using a person-centred and outcomes focused approach in safeguarding. The table below shows which methods were used most frequently. Staff briefings, practice forums and case discussions were most common, while 15 per cent said staff development had no yet taken place. The 'other' options mentioned included:

- independent evaluation and review of practice
- staff meetings
- this has started and has further to go
- we have started to look at how we incorporate outcome focussed approach into our training modules for safeguarding
- we ran a workshop at our local staff conference.

Table 17: Below are some methods that may be used to develop staff confidence and skills to use a person-centred, outcomes focused approach to safeguarding. Please select up to three methods that you have found most effective locally.

Method to develop staff confidence	Number of respondents	% of respondents
Provided staff briefings	44	46 %
Practice forums	35	37 %
Using case discussions	32	34 %
Identified champions	19	20 %
Peer supervision	16	17 %
Practice and feedback	16	17 %
Promoted reflection on practice	16	17 %
Staff development on this issue has not taken place	14	15 %
Provided training or supported PQ (post qualifying) work	10	11 %
Addressed barriers to change	7	7 %
Enhanced manager- staff supervision	7	7 %
Other (please state)	5	5 %
Don't know	4	4 %
Provided newsletters	3	3 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options

In the survey, we asked MSP leads to indicate what topics or areas of practice staff had requested support with to enable them to effectively use an outcomes focused approached in safeguarding. The table below shows their responses. The most frequently mentioned topics were how to manage risk (41 per cent), recording outcomes (36 per cent), having honest discussions where people's wishes can't be delivered (35 per cent), and safeguarding and the law (35 per cent).

Responses to the open text, 'other' option included:

- It is expected these requests will be made once MSP is embedded in supervision and the forums are up and running.
- Practitioners are looking for support in general in terms of ensuring work is aligned with our legal framework and forthcoming changes from the Care Act, but consideration of an outcome based approach is not consolidated yet.
- resources
- Sufficient resources/time to use outcomes based approach.
- Too early to tell.
- Very limited as I do not directly manage the staff applying MSP.
- What other resources are available.

Table 18: What topics or areas of practice, if any, have staff requested support with to effectively use an outcomes focused approach in safeguarding adults?

Training topic	Number of respondents	% of respondents
How to manage risk	39	41 %
Recording outcomes	34	36 %
Having honest discussions about where people's wishes cannot be delivered – eg where they don't want police involvement but others are being harmed	33	35 %
Safeguarding and the law	33	35 %
Implementing an outcomes focused approach, including discussing and agreeing outcomes and having honest discussions about how outcomes can be realised	30	32 %
Use of the Mental Capacity Act	27	28 %
How to effectively involve people in decisions about their safeguarding	25	26 %
Using a wider range of social work methods to realise the outcomes that people want	24	25 %
Enabling people using safeguarding services to weigh up the risks and benefits of different options	18	19 %
Identifying and working with coercive and controlling behaviours and their impact	17	18 %
How to effectively communicate their approach to multi-agency partners	17	18 %
How to respond to issues in a more timely manner	14	15 %
Using person-centred planning tools	12	13 %
Don't know	12	13 %
Other (please state)	8	8 %
None	6	6 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 as respondents could select multiple options

Similar themes were found in responses to the all staff survey. Respondents were asked both about what they have found useful, and what they would find useful. The table below shows what topics they had found useful, and use of the Mental Capacity Act again was top of the rankings (59 per cent). Effectively involving people in decisions was second (43 per cent) followed by safeguarding and the law (37 per cent).

Table 19: What kind of learning and development topics have you found most useful in relation to using a person-centred, outcomes focused approach in safeguarding?

Training topic	Number of respondents	% of respondents
Use of the Mental Capacity Act	37	59 %
How to effectively involve people in decisions about their safeguarding	27	43 %
Safeguarding and the law	23	37 %
Having honest discussions about where people's wishes cannot be delivered – eg where they don't want police involvement but others are being harmed	19	30 %
Implementing an outcomes focused approach, including discussing and agreeing outcomes and having honest discussions about how outcomes can be realised	18	29 %
Using a wider range of social work methods to realise the outcomes that people want	17	27 %
Recording outcomes	17	27 %
Using person-centred planning tools	16	25 %
How to effectively communicate your approach to multi-agency partners	16	25 %
How to manage risk	15	24 %
How to respond to issues in a more timely manner	13	21 %
Enabling people using safeguarding services to weigh up the risks and benefits of different options	11	17 %
Identifying and working with coercive and controlling behaviours and their impact	5	8 %
Too soon to tell	5	8 %
Don't know	4	6 %
None	3	5 %
Total	**63**	**100 %**

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 as respondents could select multiple options

Training and development that all staff survey respondents would find useful in the future are outlined in the table below. Input around managing risk (52 per cent), identifying and working with coercive and controlling behaviours (52 per cent) and enabling people who use safeguarding services to weigh up the risks and benefits of different options (51 per cent) were the most frequently mentioned topics. The need for staff training, procedural guidance and the development of 'clear information on what people can expect from workers when subject to abuse' was also recognised.

Table 20: What kind of learning and development topics would you find most useful in relation to using a person-centred, outcomes focused approach in safeguarding?		
Training topic	Number of respondents	% of respondents
How to manage risk	33	52 %
Identifying and working with coercive and controlling behaviours and their impact	33	52 %
Enabling people using safeguarding services to weigh up the risks and benefits of different options	32	51 %
Using person-centred planning tools	29	46 %
Implementing an outcomes focused approach, including discussing and agreeing outcomes and having honest discussions about how outcomes can be realised	28	44 %
Having honest discussions about where people's wishes cannot be delivered – eg where they don't want police involvement but others are being harmed	28	44 %
Safeguarding and the law	25	40 %
Using a wider range of social work methods to realise the outcomes that people want	23	37 %
How to effectively communicate your approach to multi-agency partners	21	33 %
How to effectively involve people in decisions about their safeguarding	20	32 %
How to respond to issues in a more timely manner	18	29 %
Recording outcomes	14	22 %
Use of the Mental Capacity Act	8	13 %
Don't know	2	3 %
Other (please state)	1	2 %
None	1	2 %
Too soon to tell	1	2 %
Total	**63**	**100 %**

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 per cent as respondents could select multiple options

v Recommendations related to staff learning and development

- Staff learning needs around MSP should be identified using a learning needs analysis. Learning needs should be separated from organisational barriers to using MSP.
- Topics or areas of practice where staff requested support, or found support useful, most often included how to manage risk, recording outcomes, identifying and working with coercive and controlling behaviours and their impact, having honest discussions where people's wishes can't be delivered, enabling people to weigh up the risks and benefits of different options, safeguarding and the law, use of the Mental Capacity Act, and how to effectively involve people in decisions about their safeguarding. Learning needs analyses and learning and development interventions could usefully focus on these topics.
- Learning and development around MSP can be delivered using a range of methods, including staff briefings, practice forums, case discussions, identifying champions, peer and group supervision, practice and feedback, and promotion of reflective practice.

- Links should be forged with pre-qualification, continued professional development, and safeguarding specific education and training providers in order to integrate MSP into all stages of social work training.

vi Is using an MSP approach perceived to be more resource and time intensive than previous approaches to safeguarding?

"But I don't know if anyone's mapped out whether all the taking longer will be offset by all the less you'll have to do because some won't last as long as they used to do." FG5

This quote from a focus group respondent sums up the survey findings – it is difficult to know, at these early stages, whether MSP is leading to increased efficiency in use of resources overall.

One of the concerns about using an MSP approach was that it has the potential to be more resource intensive than the traditional approach to safeguarding, due to more time spent engaging and supporting people who use services, their carers and families. In the MSP lead survey, it became apparent that for most (65 per cent) they either didn't know or it was too soon to say whether this was the case. However of the remaining participants who did have an opinion, 25 per cent of respondents thought that overall, using an MSP approach is more time consuming and resource intensive than our previous approach, while 3 per cent thought MSP was less resource intensive, and 6 per cent thought there was no difference.

The all-staff survey respondents had a different perspective however. Only 16 per cent thought it was too soon to say whether an MSP approach was more time consuming. This is likely due to the audience responding, who had all had some experience of using MSP in safeguarding cases. 41 per cent thought there was no difference in time taken or resource used with an MSP approach compared to previous approaches. 30 per cent agreed with MSP leads in saying that MSP used more time and resource than previous approaches, but 10 per cent thought it used less time and resource. The picture seems somewhat mixed and worthy of further monitoring. The table below shows the responses from both the MSP leads and all staff surveys.

Table 21: Overall, which of the following statements would you most strongly agree with?

Statement	Number of MSP lead respondents	% of MSP lead respondents	Number of all staff respondents	% of all staff respondents
Overall, using an MSP approach is more time consuming and resource intensive than our previous approach	24	25 %	19	30 %
Overall, there is no difference in time taken or resource used between the MSP approach and previous approaches to safeguarding	6	6 %	26	41 %
Overall, using an MSP approach is less time consuming and resource intensive than our previous approach	3	3 %	6	10 %
Don't know	4	4 %	2	3 %
Too soon to say	58	61 %	10	16 %
Total	**95**	**100 %**	**63**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents) and the all staff survey (63 respondents)

Of the 25 per cent (24 MSP leads) who thought MSP was more time and resource intensive than previous approaches, all either strongly agreed or tended to agree with the statement: 'The outcomes achieved by MSP justify the additional time and resource it takes'. All but three of the 19 all staff survey respondents who were asked this question felt the same.

Focus group participants thought that MSP was more time and resource intensive than previous approaches – there was consensus that implementing MSP has had a significant impact on workload, largely because of the additional work required to engage and support adults, carers and families. This has been particularly difficult for organisations with a relatively high volume of safeguarding cases and pre-existing structures/systems that do not support implementation:

"It's more time-consuming, it equates to more … you're asking more questions, you're using advocates, [completing more] mental capacity assessments … although I think it's all good and I think a lot practitioners are welcoming it, it's just that kind of tension with your case load, really." FG6

The increase in workload was also linked by some to poor systems – one person described the current situation as being "the worst of all worlds" at the moment, with a mixture of old structure and systems with a drive to do things differently – "the business system doesn't support that, certainly doesn't support the idea of being able to go and see the person early on in the process- just because of volume" (FG5).

In discussing the integration of MSP, focus group participants referred to a number of organisational factors that would impact on the ease of this including size, safeguarding case-load or volume, and whether safeguarding was delivered by a centralised/specialist team or embedded in locality teams. The need to implement with limited resources, of course, applied to all.

Overall, as perhaps would be expected, the focus groups suggested that implementation seemed to be easiest for smaller unitary authorities with relatively small case-loads and smaller/specialist teams (who could communicate more easily). Participants from larger councils with high volumes and more dispersed safeguarding services said that implementing MSP required a whole or total systems approach, with substantial pre-launch planning.

For services with both specialist and locality-based safeguarding services, keeping locality team staff and managers on board with MSP could be a significant challenge. There is also a need to ensure that the way in which MSP is communicated and implemented is consistent with the message that 'safeguarding is everyone's responsibility', within and beyond adult services. Interviewees corroborated this, pointing out that the skills and confidence of practitioners could be variable. One focus group participant elaborated on this point, saying:

" … the challenge locally is we've got sign up from key people with a role in the organisation related to safeguarding, but taking your point about it being 'everyone's responsibility' – we still struggle with that, when something is very complex it comes to us, it's trying to educate people that the whole project involves everyone." (FG5)

vii Does MSP affect the balance of time and resource used in a safeguarding enquiry?

We wanted to find out more about how MSP might be affecting the balance of time and resource used in a safeguarding enquiry (sometimes termed investigation). One survey question looked at whether more time was being spent in the earlier stages of safeguarding. Again, most MSP lead survey respondents (62 per cent) didn't know or felt it was too soon to comment on these questions.

However 32 per cent more strongly agreed with the statement that an MSP approach takes more time and resource in the early stages of a safeguarding alert, but requires less time/ resource later on. 2 per cent thought the opposite, and 4 per cent thought the balance of time required was the same for both approaches. The picture for all staff survey participants was slightly different again. There was a relatively even balance between respondents to the all staff survey who thought that MSP takes more time or resource in the early stages (41 per cent) and those who thought the balance of time required over the life of a safeguarding alert is broadly the same (32 per cent). 14 per cent thought it was too soon to say. The table below illustrates the responses from both surveys.

Table 22: Looking at the balance of time and resource required, please indicate which of the following statements you most strongly agree with

Statement	Number of MSP lead respondents	% of MSP lead respondents	Number of all staff respondents	% of all staff respondents
Using an MSP approach takes more time/ resource in the early stages of a safeguarding alert, but requires less time/resource later on	30	32 %	26	41 %
Using an MSP approach takes less time/resource in the early stages of a safeguarding alert, and more time/ resource later on	2	2 %	4	6 %
The balance of time required over the life of a safeguarding alert is broadly the same for MSP and our previous approach	4	4 %	20	32 %
Don't know	2	2 %	4	6 %
Too soon to say	57	60 %	9	14 %
Total	**95**	**100 %**	**63**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents) and the all staff survey (63 respondents).

Most focus group participants who commented on this took a 'swings and roundabouts' or 'investment' view, ie that the additional workload at the beginning of the safeguarding process would be balanced by efficiencies and resource savings later on. Most agreed that it was too early to tell if this would really happen, but some said that they had already seen changes. Reasons why it was taking longer in the early stages included setting up strategy meetings to suit people as well as professionals, and doing safeguarding "at the client's pace" (FG3). One person noted that the meetings themselves taking longer could have unintended consequences, such as impacts on minute takers. Complications with accessing advocacy services, as demand for advocates' time was increasing, were also mentioned.

However, this was 'balanced' against MSP leading people to positive "simple solutions that meet people's own perceptions and needs about how they keep safe" (FG4), which could "free" staff from processes that had been "over engineered" in the past. Other focus group participants thought that although MSP took longer at the beginning, this time was well used because planning was more effective -

"you know from the offset what you want to achieve, and at the end it doesn't seem to drift on indefinitely" (FG5)

This was echoed by another participant who noted a potential correlation between 'meaningful conversations' at the start of the safeguarding process, and a dip in complaints. She saw this as a 'trade off' for "investing in the front end", meaning less resource being spent investigating complaints.

The importance of linking up work developing MSP with broader Care Act implementation work was also highlighted, to avoid duplication and waste of resources.

A few focus group participants ventured that cases tended to be resolved more quickly, because of more emphasis on agreeing a course of action at the beginning leading to fewer strategy meetings. Preparing people for their meetings was also seen as important here. Another noted that a number of cases were being closed "in the initial stages" through using family group conferences rather than the traditional safeguarding process, which led to good outcomes as well as a quicker intervention. Another gave examples of where the outcome that the person wanted was much "smaller" than what the service might have proposed, again leading to faster resolution.

We also asked if MSP lead survey respondents had observed a change in the average time from referral to case closed, but 76 per cent said it was too soon to say whilst 3 per cent answered 'don't know'. The remainder were evenly split between perceiving increased time (7 per cent) no change (7 per cent) and decreased time (6 per cent).

Most (74 per cent) also felt that it was too soon to say if there had been a change in the average number of meetings with a person from referral to case closed. The majority who did comment thought the number of meetings had increased (19 per cent), whereas much smaller numbers thought there had been no change (3 per cent) or decreased (4 per cent). When asked about a change in the number of meetings with other multi-agency professionals; 81 per cent didn't know or thought it was too soon to say, 1 per cent thought meetings had increased, 9 per cent thought there was no change and 8 per cent thought they had decreased.

93 per cent either didn't know whether using an MSP approach had led to a change in the average proportion of re-referrals to safeguarding after cases had been closed, or thought it was too soon to say, and of those with an opinion the responses were split fairly evenly between increased re-referrals (1 per cent) no change (4 per cent) and decreased (2 per cent).

Talking about this issue, FG members identified a tension between the old way of working and the new, in terms of a lack of clarity about whether staff were still meant to meet established timescales in safeguarding. While some participants were clear that, post-Care Act, previous timescales no longer applied, or at least that there was more flexibility, others had no information about this. Another thought that there would be a particular challenge for managing performance if there were no process targets or with more flexible targets, especially where 'cases' were not moving through safeguarding processes as they might have done pre-MSP. Time was still seen as a big barrier for some, and one person noted the risk of people reverting "to 'old ways'… when they're up against the clock".

viii Recommendations around workload and capacity

- The data collected gave a mixed picture about whether MSP leads to greater use of resource and time in safeguarding. The use of resource and time should be monitored to aid decision making about resources in safeguarding.
- MSP should be supported wherever possible regardless of whether extra resource is needed, as respondents agreed the outcomes achieved justified the additional time and resource it took.
- Senior colleagues need to ensure that systems and processes support MSP to reduce inefficiency and frustration within staff teams

- Research could explore what the success factors are for MSP within different models of safeguarding (eg specialist or generic teams, large and small authorities)
- The majority of respondents felt that MSP necessitated moving more time and resource to the beginning of the safeguarding process. Systems should be adjusted to take account of this.
- Discussion should be had at a national and regional level about the need for timescales in safeguarding under MSP, taking into account the tensions between being completely person-led, and high caseloads.
- The communication of MSP should be consistent with that of safeguarding being everyone's responsibility, within and beyond adult social care.
- Streamlining changes related to MSP with others related to the Care Act can help avoid duplication

ix Implementing the Mental Capacity Act (MCA)

Effective use of the Mental Capacity Act was consistently highlighted as important to Making Safeguarding Personal, and an area of practice that many respondents recognised had been inconsistent in the past. Discussions in focus groups described how implementing MSP had highlighted variable understanding and application of the MCA's key principles. This included a description of how implementing MSP had challenged practice with regard to engaging with people who may lack capacity, and 'best interest' decision-making.

One focus group participant noted how MSP had "refocused people on the mental capacity issues around safeguarding… I think that's just sharpened up practice in a very positive way" (FG1). Another described their revised approach to safeguarding started off with a capacity assessment:

"each time they receive a concern, the first thing we have to do is to engage with the adult at risk. We check their consent, make sure if they don't have capacity, actually try to support as much as possible to make that decision. If they can't, then they make a best interest decision and they record it, why they cannot participate in the safeguarding process. This is a major change in the beginning of the process and as well in terms of involving people in the initial strategies." FG4

Both MSP lead (see Table 3) and all staff survey data (see Table 4) showed that Mental Capacity and Best Interests was the most frequently used approach from the Toolkit, with Supported decision making, an element of the MCA, the fifth and sixth most popular respectively.

MSP was also leading to challenging practice dilemmas, where the principles of the Act and the tension between protection and autonomy were brought to the fore. 25 per cent of MSP leads (see Table 10) thought that MSP had led to more effective implementation of the MCA, as did 49 per cent of all staff survey respondents (see Table 11).

The need for better recording of assessments of mental capacity was also highlighted. Training on the MCA had been requested (see Table 18) and all staff survey respondents said it was the most useful topic in implementing MSP (see Table 19). A smaller proportion of all staff survey respondents said they would find training on the MCA useful, presumably because they had already attended it. However, more involvement of people in safeguarding is leading to more time being spent on assessing capacity, and councils will need to consider how this can be resourced.

d) What impact has MSP had on multi-agency partners?

This section looks at how engaged multi-agency partners have been with the MSP agenda, and whether MSP has impacted on how, and how well, partners work together in safeguarding.

i To what degree is MSP owned by all partners?

Historically there have been challenges in making safeguarding an agenda to be owned by all, rather than just by adult social care. Focus group participants emphasised that safeguarding services do not work in isolation, and that safeguarding needs to be preventative as well as investigative. Safeguarding needs to link to, and work with, a wide range of other organisations , including care homes, NHS primary, community and acute services, the ambulance service, the police, and environmental health. Some MSP leads were proactively arranging meetings and briefing sessions with these partners.

We asked MSP leads how involved other agencies had been in using an MSP approach. While over a third of respondents thought it was too soon to comment on the level of involvement from various multi-agency partners, of those who were able to comment, the partners who were perceived to be very involved in using MSP by the largest number of respondents were council adult social care (50 respondents; 53 per cent), advocacy organisations (14 respondents; 15 per cent), Mental Health Trusts (12 respondents; 13 per cent) and care providers (12 respondents; 13 per cent). Partners who were perceived by the largest number of respondents to be not at all involved in MSP were ambulance trusts (19 respondents; 20 per cent), other council departments such as trading standards (16 respondents; 17 per cent) and housing providers (15 respondents; 16 per cent).

Table 23: How involved have the agencies listed below been in using an MSP approach in your area?

Agency	Very involved	Fairly involved	Not very involved	Not at all involved	Don't know	Too soon to say	Total
Council adult social care	50	23	1	0	0	21	95
Other council departments, eg trading standards	2	13	21	16	6	37	95
Police	8	24	20	5	3	35	95
Ambulance trust	4	10	19	19	6	37	95
Acute hospital	5	21	19	10	4	36	95
Primary care	4	21	19	11	3	37	95
Mental Health trust	12	24	16	6	3	34	95
Other NHS	3	16	22	7	8	39	95
Housing providers	3	14	22	15	4	37	95
Advocacy	14	23	14	3	4	37	95
Care providers	12	17	17	7	5	37	95

Base: all respondents to the MSP leads survey (95 respondents)

48 per cent of all staff respondents said that their confidence in communicating the approach to multi-agency partners had improved as a result of being involved in MSP (see Table 11). One focus group participant felt that 'personalities and relationships' had led to good multi-agency working with police and environmental health, and another reported that the police see MSP as 'what police work is – it's all a person-centred approach' (FG5). Another felt that MSP was causing some NHS partners to 'go into a slight panic' (FG6) as they used a Serious Untoward Incident approach usually, which didn't involve the person; and changing this had a resource implication.

Table 26 and 27 show that gaining support from multi-agency partners was seen as important to implementing MSP, while Table 29 shows that lack of support from multi-agency partners was seen as one of the three main challenges to using an MSP approach, highlighted by 25 per cent of all staff survey respondents.

Overall, however, the focus groups and interviews suggest that MSP may currently be regarded as 'a social services thing', and there is a long way to go to get MSP working well with and in partner agencies.

Most focus group discussions and observations about inter- and multi-agency working described the challenges of one agency implementing an MSP approach while its local partners continue with 'usual practice' with regard (for example) to service user engagement, process versus outcome, and substituted rather than supported decision-making. However, there was consensus, among participants who commented, that service user and family involvement in multi-agency strategy meeting contributes to a better experience, provided that people are properly prepared and supported. Value was given to people seeing that multi-agency meetings are 'transparent' (FG3).

Overall, the impression from the focus groups and interviews was that adult services staff were working hard to support and persuade partner agencies to adopt the MSP approach, and identifying opportunities to apply it, while themselves still being in the very early days of changing social work practice and their own organisational culture. Examples were given, included introducing MSP to multi-agency training and workshops, and inter-agency shadowing. Work was also needed, some thought, to promote the approach to other agencies.

ii Impact on providers

Focus group participants who discussed cultural change in provider organisations described a shift away from responding to 'complaints' and a greater focus on 'quality assurance' and preventive safeguarding, as providers recognised the benefits of identifying and resolving problems with care quality at an earlier stage. One person thought MSP had "woken up" some of their providers, saying;

"If they come to a meeting and they haven't got on and done their investigation and they haven't dealt with whatever it was, and they're faced with a service user and or their family, it's much more difficult than just going and sorting it." (FG1)

However, the same respondent also thought that MSP could be more challenging to use with 'provider issues', which made up a lot of their safeguarding concerns, and a separate process might be needed for provider concerns. Involving families could act as a way of 'quality assuring' that the safeguarding had resulted in a good outcome. Another focus group participant's council had separate provider and other safeguarding processes, which again reflected the volume of provider related concerns.

Another focus group respondent described a "more positive and proactive" approach among providers, where they were more likely to consult other people for advice, and there was a better relationship between them and the safeguarding team. The perception of safeguarding had changed, for some, from "judgemental" which could make them feel disengaged, to a more productive approach focussed on "looking at the issues and how we can move on and support all of those involved as a positive outcome" (FG4).

iii Recommendations for better multi-agency and partnership working in MSP

- SABs should ensure strong multi-agency commitment to MSP, and representatives should consider the implications of this for their organisation in terms of culture change and learning needs.
- Adult social care colleagues should be supported to communicate MSP effectively to multi-agency partners, with the backing of the SAB.
- The value of inviting people and their

advocates, families or carers to multi-agency meetings could be promoted by using case examples, and collating guidance on how to make the meetings successful.

- Consider how using MSP could lead to a more productive relationship around safeguarding with providers
- Consider whether MSP needs to be adapted to address concerns related to providers.

e) What impact has MSP had on the culture of safeguarding?

This section looks at whether, and if so, how, MSP is changing the culture of safeguarding.

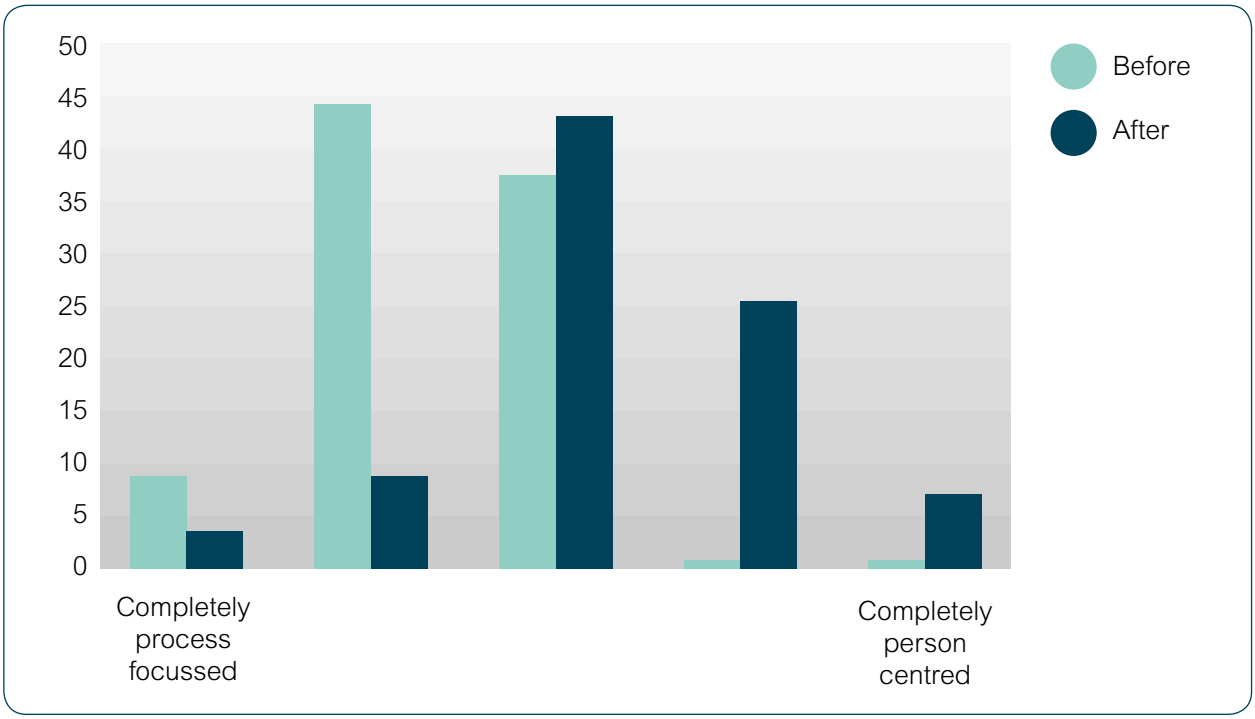
i Do survey respondents perceive a change in the culture of safeguarding?

We asked respondents to both surveys how they perceived the approach to safeguarding to be in their authority, both before they embarked on the MSP approach and now, using the following scale:

1. completely process focussed and does not involve the person at all
2. not very centred on the person or the outcomes they would like from safeguarding
3. fairly centred on the person and the outcomes they would like from safeguarding
4. very centred on the person and the outcomes they would like from safeguarding
5. completely centred on the person and the outcomes they would like from safeguarding.

For the MSP leads, the average (mean) rating before they started MSP was 2.37, and after starting MSP was 3.26. The graph below shows the distribution of responses.

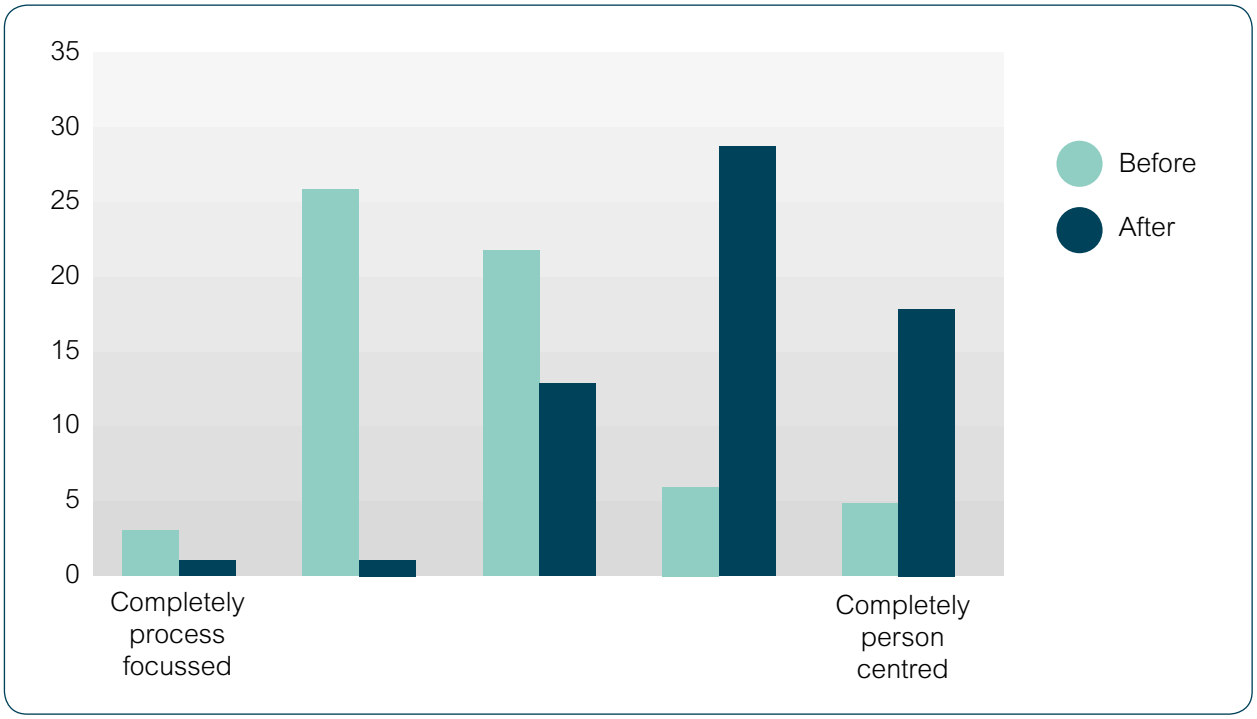
Figure 3: On a scale of one to five, where one is an approach to safeguarding that is completely process focussed and does not involve the person at all, and five is a process that is completely centred on the person and the outcomes they would like from safeguarding with the process being determined by how best to realise those outcomes, where would you rate safeguarding in your area a) before you started using the MSP approach and b) now?



Base: all respondents to the MSP leads survey (95 respondents)

The same question was asked of respondents to the all staff survey. The average (mean) rating before they started MSP was 2.74, and after starting MSP was 4.00. This implies that respondents from the 15 councils who are represented in the all staff survey feel they are further on than MSP leads nationally – which may reflect the fact that they had been using MSP for longer. The graph below shows the distribution of responses.

Figure 4: On a scale of one to five, where one is an approach to safeguarding that is completely process focussed and does not involve the person at all, and five is a process that is completely centred on the person and the outcomes they would like from safeguarding with the process being determined by how best to realise those outcomes, where would you rate safeguarding in your area a) before you started using the MSP approach and b) now?



Base: all respondents to the all staff survey (63 respondents)

When asked to explain their answers, some respondents to the all staff survey talked about having 'always' been person-centred in their practice. Some respondents recognised that while this was the case for them, MSP had highlighted the need to be 'flexible [in their practice] to make it happen'. Others openly acknowledged that safeguarding in the past had been process focussed – people said it had felt like a 'paperwork exercise' that was all about 'protectionism', where there was 'no obvious process' to ensure that people's voice could be heard.

Empowerment of people who use services was mentioned by a number of respondents, with one saying they thought MSP had 'improved the patient experience'. Many respondents noted how changes to systems, such as 'pre and post person-centred evaluations', data collection pro forma, and guidance about how to involve individuals had supported more person-centred working. One person summarised,

"Before, we tried to fit MSP into the process and now we ensure that the process does not encroach on MSP"

Advocacy was seen as an important part of keeping the person at the centre, though in some places advocacy was 'really underused' and needed a lot more work. Another talked about how currently a safeguarding investigation 'cannot be commenced without the individual/ advocates' agreement'. While this is one way to interpret MSP, the legality of seeking agreement from the person or their advocate to proceed with safeguarding in all cases could be challenged.

The MSP-focused approach was also seen to help practitioners to see the 'bigger picture'. One person gave an example of recognising that maintaining relationships was the most important outcome for the person in a case of financial abuse, which had stopped any police involvement.

A 'direction of travel' and 'trend' towards person-centred working was noted, but a lack of consistency was also recognised. This was echoed by other respondents, and could be 'dependent on the safeguarding lead' – this raises the issue of leadership in MSP. A few respondents noted that MSP hadn't yet kicked in properly – one described recent safeguarding enquiries as 'intimidating' and 'not… focused on getting the best for the resident'. Another explained that their team still focused on working out if an allegation was substantiated or not, which was often not what the person was interested in. It also needed time to 'filter out' to other teams and 'embed'. Other practical challenges raised by respondents included a need to clarify timescales, increase capacity in teams, and ensuring that advocacy is available when needed.

Another professional noted that person-centred practice in their learning disabilities team had been influential in convincing colleagues that the same approach could be applied to safeguarding. This was echoed by another respondent who noted their previous person-centred approach had 'transferred into other work that I do'.

ii Does MSP promote culture change?

The focus groups and interviews suggest that MSP has the potential to change the culture of social services, health and care providers, and commissioning organisations. Most who expressed a view were optimistic with regard to the actual or potential impact on the culture of adult social care, but again emphasised that it was early days and that there is a long way to go:

"I think culturally it's a long journey – people are up for change, most people saying we want to do this, this is what we come in to do this work for, it reflects our professionalism and values that we want to do for public service." FG5

This was echoed by a senior leader, who noted that MSP is a "huge cultural shift" that "we mustn't be naïve about it." (I3)

Taking the focus groups and interviews together, MSP appears to be driving – or at least highlighting a need for – cultural change in three distinct (though linked) ways:

- by requiring early and ongoing engagement and support of the adult
- by shifting care providers' approaches to quality and quality assurance
- by changing the nature of relationships between organisations.

Survey questions also looked at this issue, and showed that both all staff survey respondents and MSP lead respondents perceived the culture change needed to implement MSP to be positive.

Table 24: MSP lead survey: Broadly, how have social work staff reacted to the culture change needed to implement the MSP approach in your area? All staff survey: Broadly, what is your view of the culture change needed to implement the MSP approach in your area?				
Statement	**Number of MSP lead respondents**	**% of MSP lead respondents**	**Number of all staff respondents**	**% of all staff respondents**
Very positively/ positive	34	36 %	15	24 %
Fairly positively/ positive	36	38 %	38	60 %
Not very positively/ positive	2	2 %	3	5 %
Not at all positively/ positive	0	0 %	0	0 %
Don't know	1	1 %	1	2 %
Too soon to tell	22	23 %	6	10 %
Total	**95**	**100%**	**63**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents) and the all staff survey (63 respondents)

It was clear, however, that there have been challenges and barriers to the implementation of MSP, even where it was considered to be 'what we do anyway'. MSP emphasises early and ongoing engagement with people experiencing safeguarding and the need for adult social care services to support people to identify outcomes and to participate in the safeguarding process. This had highlighted differences between MSP and usual practice, and a need for cultural change within adult social care and partner agencies.

"… lots of people think 'it's what we do anyway and this shouldn't be too much of a problem for us'. Certainly our neighbours had found that people said that at the beginning, and then when they went back to talk to them … they found how difficult in detail it is to engage people in terms of discussing realistic outcomes, so we're sort of anticipating that." (FG5)

As illustrated above, some councils had experienced misplaced confidence at the beginning of the process about how easy it would be to use the approach in practice.

iii Does the Care Act promote culture change?

The Care Act 2014 was seen positively by many in the focus groups. People talked about implementing MSP "in line with Care Act implementation as well" (FG1) and creating briefing notes for staff that covered MSP and the Care Act at the same time. Focus group participants (MSP leads) found references in the Care Act to MSP helpful and could see the interconnectivity. Interviewees also saw the positives; one person expressed the view that, because the Care Act embeds MSP so much, it has been mainstream and is no longer a separate piece of work – another had used the Act to re-write policies and procedures to be in line with MSP. The Act was described as "a huge lever" (I3) by one interviewee.

However, some interviewees were concerned that Care Act implementation could be all consuming and might slow everything else down. It was viewed as a barrier to MSP by one in the sense that – implementation of the Act, financial challenges, numerous organisational restructures, a need to shift the targeting of resources to the beginning stages of safeguarding, and the recognition of training and development needs, were all vying for attention and work. Another interviewee raised concerns about councils who had joined MSP later on (in 2014 or 2015), and wondered if they would be doing this as part of Care Act implementation – she worried that momentum might slow if this was not the case:

"You can't get away from fact that we haven't got enough to go around, and doing this properly takes longer, and the Care Act means there'll be more." (FG5)

MSP leads, however, did not unanimously feel that MSP would be fully incorporated when the Care Act came into force in April 2015. The survey, conducted in January- February 2015, showed that only 24 per cent of respondents thought that all cases of safeguarding would be using an MSP approach at that time, while 2 per cent predicted that MSP would not be being used at all in April 2015. The table below details the responses.

Table 25: The Care Act guidance makes MSP the 'business as usual' approach. In your council, do you anticipate that it will be incorporated by April 2015?

Response	Number of respondents	% of respondents
Yes, for all cases	23	24 %
Yes, for most cases	43	45 %
Yes, for some cases	25	26 %
No, not at all	2	2 %
Don't know	2	2 %
Total	**95**	**100 %**

Base: all respondents to the MSP leads survey (95 respondents)

iv Recommendations for promoting culture change around MSP

- Consider how to build capacity in the system for increased referrals to advocacy during safeguarding enquiries.
- Consistency of MSP can depend on the MSP lead as well as strategic support. Support should be provided to colleagues who are leading MSP, who may be at a range of levels within the organisation.
- Consideration should be given to how board chairs can be supported to develop their boards, in order to promote and encourage an MSP approach throughout all safeguarding partner organisations
- Discussion and planning should occur around rethinking key elements of safeguarding to ensure the MSP approach is used, including; where meeting are held; who attends; what can and cannot be discussed; who needs to know what; how data, discussions and decisions are documented; how and by whom meetings are chaired; and what skills, training and support people need to participate.
- The Care Act should be framed as the wider context within which MSP sits, rather than a competing priority.
- National policy developments need to recognise and manage the tension between through-put and process requirements and the MSP approach.
- Use the Care Act as a lever to affect change.

f) Key success measures

This section looks at how MSP has influenced strategy, and future plans for its implementation. It also draws on data from survey respondents looking at what helped and hindered the implementation of MSP.

i What has helped the implementation of MSP?

Respondents to the all staff and MSP lead surveys were asked to choose up to three actions that they had taken locally that had been most successful in helping to implement an MSP approach. The table below shows the responses from MSP leads. Gaining support from the SAB, revised policies, systems and procedures, and support to staff to ensure effective use of the Mental Capacity Act were the top three actions.

The 'other' actions identified in the free text box, other than 'too soon to say', were reflective supervision, team meetings, and use of a risk assessment tool to promote positive risk taking and assessment.

Table 26: Please select up to three actions that you have taken locally that have been most successful in terms of helping to implement an MSP approach in your council?		
Approach	Number of respondents	% of respondents
Gaining support from Safeguarding Adults Board	48	51 %
Revised policies, systems and procedures	28	29 %
Support to staff to ensure effective use of the Mental Capacity Act	24	25 %
Ensuring high level organisational support for person-centred, outcomes focused working	23	24 %
Ensuring IT and recording systems prompt person-centred, outcomes focused working	22	23 %
Increased emphasis on and confidence in using professional judgement	21	22 %
Development of staff skills in person-centred, outcomes focused working that enables people to reach resolution or recovery	20	21 %
Gaining support from multi-agency partners	15	16 %
Development of good information (written or verbal) about safeguarding to give to people who use services	14	15 %
Ensuring chairs of meetings having the appropriate skills	11	12 %
Ensuring that social workers are aware of the full range of social work and legal responses	10	11 %
Development of approaches to positive risk taking/risk enablement	9	9 %
No actions yet taken to implement MSP	6	6 %
Other (please state)	5	5 %
Mapping, using and /or contracting for specific advocacy services	3	3 %
Don't know	2	2 %
Total	**95**	**100%**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 per cent as respondents could select multiple options.

The all-staff survey question was phrased slightly differently, however, the categories provided were the same. Top of the list was supporting staff to ensure effective use of the Mental Capacity Act, followed by ensuring high level organisational support for the approach, and increased emphasis on, and confidence in using professional judgement.

One person commented that they had attended helpful training, but it was still early days.

Table 27: Please select up to three factors that have most helped you to successfully use an MSP approach in your local area		
Approach	Number of respondents	% of respondents
Support to staff to ensure effective use of the Mental Capacity Act	23	37 %
Ensuring high level organisational support for person-centred, outcomes focused working	19	30 %
Increased emphasis on and confidence in using professional judgement	19	30 %
Development of skills in person-centred, outcomes focused working that enables people to reach resolution or recovery	18	29 %
Revised policies, systems and procedures	17	27 %
Gaining support from multi-agency partners	16	25 %
Development and use of approaches to positive risk taking/risk enablement	15	24 %
Development of good information (written or verbal) about safeguarding to give to people who use services	10	16 %
Ensuring IT and recording systems prompt person-centred, outcomes focused working	10	16 %
Ensuring chairs of meetings having the appropriate skills	8	13 %
Gaining support from Safeguarding Adults Board	6	10 %
Ensuring awareness of the full range of social work and legal responses	5	8 %
Don't know	3	5 %
Mapping, using and /or contracting for specific advocacy services	2	3 %
Other (please state)	1	2 %
No actions yet taken to implement MSP	0	0 %
Total	**63**	**100%**

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 per cent as respondents could select multiple options

ii What has hindered the implementation of MSP?

Respondents were asked to indicate, from a list of options, the three most significant challenges (if any) that they had faced when using an MSP approach in their council. The table below shows the responses of the MSP leads.

The six 'other' responses were

- independent advocacy not easily accessible in emergencies
- lack of resources to help achieve outcomes
- MSP happening in an environment of huge savings and uncertainty both within and outside of organisation
- pre-Care Act the philosophy has not been outcome focused
- reluctance to engage by pilot group
- We need to do more to engage partners in MSP.

Table 28: Please indicate the three most significant challenges, if any, that you have faced when using an MSP approach in your council?		
Approach	Number of respondents	% of respondents
Lack of time and/or resources to implement change	52	55 %
IT and recording systems not set up for a person-centred, outcomes focused approach	50	53 %
Need to revise policies, systems and procedures	39	41 %
Staff development needs in person-centred, outcomes focused working	29	31 %
Lack of good information about safeguarding to give to people who use services	15	16 %
Lack of awareness of/ lack of advocacy services	14	15 %
Organisation and staff lack confidence in professional judgements	13	14 %
Staff do not have the skills/knowledge to use the Mental Capacity Act	8	8 %
Other (please state)	6	6 %
Lack of support from multi-agency partners	5	5 %
No challenges have been experienced to date	4	4 %
Lack of high level organisational support for a person-centred, outcomes focused approach	3	3 %
Lack of support from Safeguarding Adults Board	3	3 %
Staff do not have sufficient skills in the use of DOLS or IMCAs	3	3 %
Don't know	2	2 %
Lack of organisational support for and/or lack of agreed approach to positive risk taking/risk enablement	2	2 %
Total	**95**	**100%**

Base: all respondents to the MSP leads survey (95 respondents)

Note that responses sum to more than 100 per cent as respondents could select multiple options

Respondents to the all staff survey were asked the same question, with some of the options slightly re-worded to make sense. The table below shows their responses. The top three issues were the same for both groups, with 'lack of time and/or resources' being mentioned most frequently in both groups, and 'need to revise policies, systems and procedures' and 'IT and recording systems not set up for a person-centred, outcomes focused approach' being either the second or third most commonly mentioned issue in both.

The only 'other' response explained that recording systems were currently being set up in their council.

Table 29: Please indicate the three most significant challenges, if any, that you have faced when using an MSP approach in your local area?		
Approach	Number of respondents	% of respondents
Lack of time and/or resources to implement change	24	38 %
Need to revise policies, systems and procedures	23	37 %
IT and recording systems not set up for a person-centred, outcomes focused approach	22	35 %
Lack of support from multi-agency partners	16	25 %
Lack of good information about safeguarding to give to people who use services	10	16 %
Need to develop skills in person-centred, outcomes focused working	10	16 %
Need to develop skills/knowledge in the use of DOLS or IMCAs	8	13 %
Organisation and staff lack confidence in professional judgements	8	13 %
Need to develop skills/knowledge in using the Mental Capacity Act	7	11 %
Lack of awareness of/ lack of advocacy services	6	10 %
Lack of organisational support for and/or lack of agreed approach to positive risk taking/risk enablement	6	10 %
Lack of high level organisational support for a person-centred, outcomes focused approach	4	6 %
No challenges have been experienced to date	4	6 %
Don't know	2	3 %
Lack of support from Safeguarding Adults Board	1	2 %
Other (please state)	1	2 %
Total	**63**	**100%**

Base: all respondents to the all staff survey (63 respondents)

Note that responses sum to more than 100 per cent as respondents could select multiple options

Focus group participants elaborated on these themes. One respondent noted a tendency, in a time of reduced resources, to move away from person-centred practice, and centre instead on resource allocation.

The final question on both surveys asked if there anything further than respondents would like to add. Many of the themes that have been drawn out over this evaluation report were reiterated, including:

- a reiteration that MSP is the right thing to do
- MSP needs further embedding in policy and practice, and senior support. 'It does not have a straight line trajectory and progress is fluctuating'
- it is too soon to say what the impact is for sure
- IT systems make collection and interrogation of the data very difficult – numerous people commented on their inability to accurately provide the data requested and the challenge to providing aggregated data
- more time is needed to implement, and authorities need to share best practice
- concerns about Care Act implementation taking over from focus on MSP – needs to align and integrate with Care Act as well as personalisation agenda.

- concerns about reducing resources, stretched budgets, constant change and job security.
- the challenge of meeting targets without being process driven
- a need to inform the public about adults' rights to take risks, and about the balancing of protection and choice
- a need for staff development, including coaching, and specific, topic focussed learning interventions.
- concerns about the number of referrals to safeguarding going up under the Care Act, combined with a recognition that MSP may led to a deflection of 'safeguarding' issues into social work
- more information needed about tool kit options, and how to support people who lack mental capacity to make decisions about their safeguarding
- concerns about how MSP can be incorporated with concerns about quality of care/ provider concerns, or where other adults are also affected by the allegation?

7. Conclusions and recommendations

There appears to be much enthusiasm for the MSP approach from all stakeholders, with a number of caveats and concerns that the recommendations noted in Section 3 attempt to address. Those councils who started using the approach are both advantaged and disadvantaged by their position, having the benefit of being able to learn from others' approaches, but having more work to do. The approach is embedded into the Care Act, but progress in using it was shown to be varied at the time when the evaluation was carried out. Sharing practice and addressing the challenges through national, regional and local dialogue will be crucial to MSP.

Finally, this evaluation has shown that there are many unknowns about how, and how well, MSP is working. Further research and evaluation are needed to ascertain, among other things:

The impact of using an MSP approach on adults with care and support needs who experience safeguarding. Numerous participants in this evaluation mentioned collecting feedback from people who have experienced safeguarding responses as part of MSP – support could be offered to ensure that this is done well, and that it abides by ethical guidelines that must cover service evaluation as well as research.

How effective approaches to safeguarding are, in terms of the experience and outcomes of adults at risk who have contact with professionals about safeguarding.

The impact of MSP on workload and capacity in safeguarding; for example, does it lead to fewer repeat referrals? Are people more likely to reach resolution and recovery as a result (accepting that many people are very frail for whom there are safeguarding concerns)? How does it impact on staff? And how have other changes to safeguarding under the Care Act affected capacity and workload?

What supports are needed for staff to work effectively under the Mental Capacity Act, and with positive risk enablement?

Despite the challenges, the enthusiasm for MSP was palpable. Maintaining the momentum by learning from successes and challenges is an important next step for the future roll out of MSP.

8. References and useful resources

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The Knowledge Hub Making Safeguarding Personal group has a range of tools, evaluations, and discussions that will help councils to develop their approach.

https://khub.net/web/makingsafeguardingpersonal

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