

# Making Safeguarding Personal 2013/14

Report of findings

**Making Safeguarding Personal has been led by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) and during the year 2013/14 has been funded by the Department of Health (DH) and LGA.**

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**Participating councils:**

London Borough of Barnet • Bath and North East Somerset Council • London Borough of Bexley • Brighton & Hove City Council • Bracknell Forest Council • Bristol City Council • London Borough of Bromley • Calderdale Council • Cambridgeshire County Council • Central Bedfordshire Council • Cheshire West and Cheshire Council • Croydon Council • Cumbria County Council • Derbyshire County Council • Doncaster Metropolitan Borough Council • East Sussex County Council • Essex County Council • Gateshead Council • Halton Borough Council • Hampshire County Council • Hull City Council • Isle of Wight Council • Kent County Council • Royal Borough of Kingston upon Thames • Lancashire County Council • Leeds City Council • Leicestershire County Council • Lewisham Council • Luton Borough Council • London Borough of Newham • Norfolk County Council • North East Lincolnshire Council • North Somerset Council • Northumberland County Council • Nottinghamshire County Council • Oxfordshire County Council • Peterborough City Council • Redbridge London Borough Council • Rochdale Metropolitan Borough Council • Slough Borough Council • Solihull Metropolitan Borough Council • South Gloucestershire Council • Suffolk County Council • London Borough of Sutton • Swindon Borough Council • Trafford Metropolitan Council • Waltham Forest Council • Wandsworth Council • West Sussex County Council • Wiltshire Council • Wirral Borough Council • Wolverhampton City Council • City of York Council

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Other related documents due to be published:

Executive summary

Guide to Making Safeguarding Personal

Case studies

Selection of tools used by participating councils

## Selection of quotes from council staff engaged in Making Safeguarding Personal 2013-14

“People are more likely to maintain a safer life if they have been involved in a safeguarding process and empowered to take measures to protect themselves.”

“Some staff felt that it was very useful to seek legal views as part of the safeguarding and also include legal in meetings to remind agencies of Human Rights Act principles.”

“Improved listening by professionals involved in cases.”

“For people using services: Reassurance that there is a clear mechanism by which their views and perceptions are being recorded.”

“We have become more aware of the need to use IMCA services to ensure that all clients are able to express their wishes and feelings.”

“There has been an increase in the number of safeguarding case files independently audited as good or excellent since the introduction of the tool.”

# Summary

Making Safeguarding Personal is a sector led initiative in adult safeguarding. It has arisen in response to findings from peer challenges, the response to the 'No Secrets' consultation and other engagement with councils and their partners. It aims to develop an outcomes focus to adult safeguarding work and a range of responses to support people to improve or resolve their circumstances. This should result in safeguarding being done with, and not to, people.

Making Safeguarding Personal (MSP) is developing momentum. In 2012/13 work was undertaken with four councils. In 2013/14, 53 councils responded to an invitation to engage in the work: more than twice as many as had been hoped for.

Councils differed in their starting points and their ambitions. Some undertook small scale work with selected staff or selected groups of people who receive safeguarding support. Others undertook ambitious staff training, information systems and other development work and worked with a greater range or number of people. The starting points for projects ranged from June to December, with most councils working on this for three months from October. The intention is to facilitate person-centred, outcomes focussed responses to adult safeguarding that can be measured and aggregated in order to ascertain effectiveness.

Councils were invited to engage in work on Making Safeguarding Personal at one or more of three levels:

- 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.

Most councils engaged at the bronze level and even this level often led to significant changes, as outlined below.

The work was undertaken with funding from the Department of Health and the Local Government Association. A number of partners and academics have also engaged with the work.

This report has a complementary additional guide and case studies and examples of local MSP tools to support councils in developing an increasingly personalised, outcomes and resolution focussed response to safeguarding

This report seeks to outline key findings from the work but also support councils that wish to implement Making Safeguarding Personal in their own area.

## **Key findings are as follows:**

Forty seven councils returned impact statements in January 2014. These demonstrate that a remarkable amount of work, commitment and change has taken place in the timeframe. The impact statements from councils reflect the enthusiasm with which practitioners and managers approached the subject.

There were 43 councils who submitted an impact statement and engaged in the project outlined in the initial guide for participating councils. Four did not quite manage to implement MSP, although the work they did had value in its own right. 22 councils stated the number of cases they had worked with. These were a total of 546, an average of 24.8 per council. Using this figures, it can be extrapolated that were all councils to have worked at this average, then around 1067 cases were worked with across all participating councils.

All 43 **councils state that they have begun to see real benefits to people** who needed the support of safeguarding services **as well as better social work practice**. They each intend to continue the work that they started as part of the project, in some way.

Most participating councils have said that introducing person-centred, outcome-focused practice to safeguarding is a **cultural change that needs wide ownership**. It feeds into a much broader context and strategies for safeguarding, risk enablement and social work practice as a whole. Leadership of this work at a senior level has therefore been crucial. This has included engagement of: Directors of Adult Social Services, Safeguarding Adults Board (SAB) members, Health and Well-being Board members, and councillors who are cabinet members alongside practitioners and people who have experienced safeguarding support.

Councils varied in the extent to which they effected change.

- Some enabled people needing safeguarding to be much better informed about how professionals would take forward the safeguarding process and to identify what outcomes they wanted.
- Some enabled people to identify what outcomes they wanted and to influence the process that professionals would follow.
- Some enabled people to negotiate both the outcomes they wanted and the process that would then follow.

The **majority of councils identified impacts on workload and capacity, particularly in the initial stages of working with people**. However, some reported opportunities to release time and resources at other times. Some reported resolving matters more quickly through more focussed and intensive input and empowering people to take action on their own behalf. The timescales involved in the work have not enabled this to be tested more broadly.

## **Some things stood out as really working well in driving an outcomes approach. Most prominent amongst these were:**

- **Information:** The giving of information to people (through production of guides and talking with people about them) about what safeguarding is and what they can expect from the support offered.
- **Participation:** Including outcomes discussion and recording during key safeguarding meetings enabled people to participate in a meaningful way.

- **Partnership work:** The project has helped key partners such as the Police, NHS and providers (often through involvement of people who use services in meetings) to understand and see the benefits of an outcome-focused approach to safeguarding. The engagement of partners is critical to achieve the outcomes that people want.
- **Reviewing outcomes:** Recognition of the importance of reviewing outcomes and of the extent to which outcomes can change throughout safeguarding support.
- **Prevention:** For a number of councils the MSP project led to activities supporting prevention and awareness raising in their local areas, perhaps with specific groups of people who were under-represented or difficult to contact.
- **Evidence gathering:** Gathering and reporting on both quantitative and qualitative evidence was important to demonstrate that good outcomes have been achieved for people.

**Taking part in MSP prompted the identification of the need for further development in some critical areas of practice. Key amongst these were:**

- **Advocacy:** Councils said that involving the person and / or their representative from the start of safeguarding also increased their consideration of the involvement of advocates, Independent Mental Capacity Advocates (IMCA) and significant others. Councils needed to continue to raise awareness and develop more effective commissioning of advocacy.
- **MCA/DoLS:** Councils highlighted the need for better practice and knowledge around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as a result of piloting this approach.
- **Risk:** Councils said that assessment and management of risk alongside the person is integral to MSP. Practising person centred safeguarding can support risk enablement. Skills and guidance in this area needs further development
- **Recording systems:** Almost all councils amended or improved their existing recording systems, or created new ones, in order to help them record and measure outcomes, and support the change to person-centred practice in safeguarding.
- **Procedure change:** Many councils highlighted the need to revise and change safeguarding policies and procedures to reflect MSP and remove perceived barriers to person-centred safeguarding practice.
- **Skills:** Achieving the shift towards outcome-focused, person-centred safeguarding is, however, more about skills, and permission to use them, than procedures and councils have begun to identify where staff confidence and skills need to be addressed and how to do this
- **Leadership:** Councils said that supporting practitioners and front-line managers to achieve a shift in practice is a key component of introducing person-centred practice in safeguarding. Working out how best to realise outcomes requires opportunities for reflection and supervision that focuses on outcomes rather than the completion of process and forums for practitioners to develop practice and address complex case work.

# Introduction

## Background

Making Safeguarding Personal (MSP) is motivated by the need to understand what works well in supporting adults at risk of, or who have experienced, abuse or neglect. It is a programme led by the Local Government Association (LGA) safeguarding adults programme and by the Association of Directors of Adult Social Services (ADASS). This work was undertaken with financial support from the LGA and the Department of Health (DH) and with advice from key academics.

MSP is a response to findings from peer challenges, responses to the 'No Secrets' review consultation and case law and to broader engagement. Two prominent themes emerged from these. Firstly, whilst councils and their partners had invested heavily in developing safeguarding structures, processes and procedures, sometimes those processes were taking over. People felt like they were being driven through a process, sometimes out of their control. Secondly, the data that people were collecting, influenced the way they were structuring safeguarding systems in order to collect that data, concentrating on process and outputs rather than outcomes. Therefore practitioners, teams and safeguarding boards rarely know how effective safeguarding is.

MSP started in 2009 with a review of what research told us about what worked in relation to supporting people in making difficult decisions in safeguarding; there was very limited research to find.

Then, in 2010/11, the LGA developed a toolkit of approaches and tools to support practitioners in their work with individuals, families and networks in safeguarding situations as outlined in its publication, Making Safeguarding Personal: A Toolkit of Responses<sup>1</sup> In 2012/13 a programme of work was undertaken with four councils to explore an outcome focused approach to safeguarding and to trial the use of specific approaches/techniques (family group conferencing/network meetings/restorative approaches) to improve outcomes for individuals. <sup>2</sup>

## The 2013/14 programme

The joint ADASS/LGA MSP programme in 2013/14 sought to further develop the approach, and was further supported by DH, Research in Practice for Adults (RiPFA), the College of Social Work (TCSW) and key academics. It built on the earlier MSP work but had a broader aim of facilitating a significant shift in emphasis from commitment to complete a process to a commitment to improve outcomes for people who have been abused or neglected.

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<sup>1</sup> Making Safeguarding Personal: A Toolkit of Responses LGA: [http://www.local.gov.uk/c/document\\_library/](http://www.local.gov.uk/c/document_library/)

<sup>2</sup> Making Safeguarding Personal, LGA, ADASS, SCIE: <http://www.local.gov.uk/web/guest/publications>



The key focus was on developing and / or re-establishing the skills to facilitate effective conversations in order to gain a real understanding of what people wish to achieve. It was about recording those desired outcomes and seeing how effectively they have been realised. MSP 2013/14 also explored how best to support people at risk of harm to resolve the circumstances that put them at risk.

The MSP 2013/14 programme was developed by offering opportunities for councils to work at one of three levels: Bronze, Silver or Gold.

- The Bronze level focused on the fundamentals of:
  - Enhanced social work practice ensuring that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity.
  - Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met.
  - Recording the results in a way that can be used to inform practice and provide aggregated outcomes information for safeguarding adults boards.
- The Silver level entailed developing one or more of the responses set out in the 'Making Safeguarding Personal Toolkit', or from elsewhere. Alternatively, for councils who had already developed one or more responses, they had the option of integrating this work in focussing on discussing, recording and aggregating information about outcomes.
- The Gold level entailed working as for Silver, together with independent evaluation from a higher education establishment or similar research organisation.

All councils were asked to consider using the sector outcome measure as a way of measuring how effectively the desired outcomes of people had been achieved, as part of their projects. This is:

- the number and percentage of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with representatives or advocates if people lack capacity)
- the number and percentage of people whose expressed outcomes are fully or partly met.

## Aim of the project

It was envisaged that involvement in the project would lead to some fundamental changes in approach to safeguarding support. This included inviting people using safeguarding services and/or their representatives or advocates to formal safeguarding meetings; ensuring that they are able to articulate their wishes and views about what they want as the outcomes of the safeguarding support; and to ascertain if this was achieved.

It was envisaged that MSP would offer practitioners an approach to enable them to empower and involve people within safeguarding support and to know when their work has been effective. It would offer Safeguarding Adults Boards a means of knowing the extent to which safeguarding is effective, through aggregated data about outcomes alongside qualitative information which reflects the voice of people receiving safeguarding services.

Over time, it was anticipated that participation would enable data collection to evidence whether or not MSP achieves better and more sustainable outcomes for equal or less input over the long term.

Key stakeholders, such as the Independent Chairs (of Safeguarding Adults Boards) said that they saw participation in MSP as a means of developing an essential mechanism to be able to ascertain whether local citizens are benefiting from safeguarding interventions – and, indeed, to ascertain what difference safeguarding is making.

## Support

Funding and principles were agreed in April 2013 and two consultants were procured to support councils and co-ordinate the project in June.

Participants have been offered written guidance about MSP and how to set up their projects, initial telephone support, and regional workshops to get together to share experience and achievements.

In total, eleven workshops for participating councils took place during the project, with two evaluation workshops held to share learning at the end. These took place in a range of geographical locations to widen participation by councils as much as possible. Those who belong to RiPFA have been supported through their membership, and RiPFA also contributed to the support of all councils at some workshops.

There is an active group that has also been set up on the Knowledge Hub to facilitate the sharing of learning. The two project co-ordinators also provided support by telephone and e-mail.

“It has given us permission to deviate from the London multiagency procedures in now inviting service users to strategy meetings and the whole of the conference in addition to taking more time to meet with service users on their own at the start of the process and during it even if this means deviating from prescribed timescales.”

“The fact that this changed practice feels more comfortable to practitioners and chairs, seems more in line with natural justice and provides more consistency of service user involvement has added momentum.”

# What councils did

It was originally hoped that around 20 councils would engage with this development work. In the end, 53 councils signed up and the proposed approach was revised.

53 councils signed up for the 2013/14 MSP programme, 48 at Bronze level, three at Silver level and two at Gold level.

Councils were invited to engage to the extent and in a manner that they felt appropriate. Their involvement and achievements reflect both the positions they started from, which were very different, and the extent to which they wished to take developments forward, again which were very different.

Most of the councils who elected to engage at Bronze level selected a sample of cases and a sub set of staff to work on the project in this way.

All 53 councils attended one of the seven introductory workshops to help them launch their projects. These were held in September and early October in London (twice), Cambridge, York, Rochdale, Bath and Wolverhampton.

Two further sets of two workshops (one each in the north and south of the country respectively) were also planned and delivered to respond to councils' requests for a further focus on two key topics: person-centred practice and enabling risk; and recording and measuring outcomes.

47 out of the 53 councils returned impact statements in January 2014, an impressive return rate of 88 per cent. These impact statements reflect a remarkable amount of work and commitment by participating councils, and many in the timeframe have made significant changes. The impact statements also reflect the enthusiasm with which practitioners and managers have engaged with the work.

Out of the 47 returned impact statements, two councils were at too early a stage to report findings, and two councils undertook retrospective interviews only with people or staff to ascertain their experience of safeguarding locally, before moving on to further work. Therefore, the findings in this report are based on impact statements from the 43 councils who carried out the project as described in the Guide and were able to report on this work.

22 councils stated the number of cases that had been worked with. These were a total of 546, an average of 24.8 per council.

Two further evaluation workshops were held in February 2014, one in Leeds and one in London. They were an opportunity for councils to share their experiences and learn from each other; hear the preliminary findings from the project; and add more depth to the information from the impact statements.

The key findings are set out in the next four chapters of this report. They are grouped under these headings:

- What benefits have been demonstrated by councils for people who receive safeguarding support and for practice?
- What works well in trying to put this approach into practice?
- What must be addressed in trying to put this approach into practice?
- Silver and Gold projects

18 key statements have been identified as the main findings and the 43 impact statements used, have been analysed to show the prevalence of these.

We have used the following descriptions to show prevalence of each key statement:

- the majority                      22 or more councils mentioned this
- a significant number            11- 21 councils mentioned this
- a number                            between five and ten councils mentioned this

In the commentary beneath each of the statements we have used “many” or “some” to show whether the reflection was true for more or less than half of the councils.

The purpose of these findings is to:

- disseminate the experience and learning from work on Making Safeguarding Personal in 2013/14
- support councils who have been involved in the project to develop and sustain their efforts towards embedding an outcomes focus in practice
- assist councils who want to adopt a Making Safeguarding Personal approach in the future who have not been engaged so far

Councils will also be supported by the Guide, the Case Studies and the Tools components, which are based on the 2013/14 work.

By presenting the findings in this way we hope to support a rationale and methodology for outcomes focussed practice in safeguarding adults in individual council areas.

**The language/terminology in ‘what councils said’ and in the case studies is that used by councils in the impact statements they submitted.**

Despite the current challenges in adult social care, participants have appeared motivated and inspired: given permission to focus on what is most important to the person concerned. Social workers particularly have been energised by the opportunity to practice and develop their professional skills. Several councils had already begun in thinking about outcomes, people’s experiences and the range of responses that they might develop.

Some councils started work from as early as June but the majority started in October 2013. The information from impact assessments, supported by the evaluation workshops, forms the evidence of the impact of the work undertaken, and will inform decisions as to how to take MSP forward into the future. It is important to note, therefore, that this report is effectively based on

work that was undertaken by councils in three months. Whilst this is a short space of time, there was consistency across a large number of councils that returned impact statements, which suggests some early positive conclusions to be drawn.

“There is a real sense now that service users are being enabled to tell their own story and direct what should happen when this is possible.”

“In some instances we are taking the meetings to the clients – to their homes if necessary e.g. care homes, especially when there are specific care or mobility issues.”

“Meetings with service users are becoming more purposeful – with specific aim of seeking views and desired outcomes.....  
Less prescriptive meetings – more thoughtful meetings...  
More flexibility around when and where to meet.”

“Reassurance to family members who may have concerns of various kinds – e.g. being blamed for raising alerts.”

# Findings 1

## What benefits have been demonstrated by councils for people who receive safeguarding support and for practice?

**This section outlines core benefits of MSP which were recognised by all 43 councils. These benefits may support councils in developing Making Safeguarding Personal in their own area, should they wish to explore the approach further.**

### **1. All councils believe that people felt more empowered and in control of their safeguarding experience when they and / or their representative were involved from the start.**

Councils reported real benefits for people when they are involved from the outset in conversations about the outcomes they want through safeguarding support. Those benefits include:

- feeling more in control
- being empowered
- improved effectiveness and resilience in dealing with a situation
- better relationships with professionals
- key elements of the person's quality of life and well-being can be protected.

#### **What councils said:**

There is a real sense with this approach that people are being enabled to tell their own story and direct what should happen when this is possible.

This has been a very powerful benefit of Making Safeguarding Personal, which was unlooked for. Service users and their families have seen social workers in a different context, and this has developed a relationship of increased trust and respect between service users, their families and social workers. Social workers have often, in the past, been seen in a negative light and the gratitude shown to social workers has been appreciated and has been motivational for them.

Practitioners have found that people are more likely to maintain a safer life if they have been involved in a safeguarding process and been empowered to take measures to protect themselves.

As a result of early involvement it was felt that more people get information, understand the process and what is happening, and can make an informed choice. Some **people feel empowered to take action on their own behalf** as a result of being supported through

an outcomes focus. They might, for example, be empowered with information so that they themselves, or friends and family, can challenge poor practice or someone who is causing harm to them. This can result in **reduced dependency** on care services or social work input. Practitioners reported that where trust was established and transparency demonstrated, in some cases **previously difficult relationships could be improved**.

#### **Case Study:**

Joyce had been experiencing issues with her neighbour. He had been asking her to lend him money. However Joyce said she didn't want 'anything to be done' as he was 'very kind' and visits her 2-3 times a week. She didn't want him to stop visiting her. Following further discussion between the practitioner and Joyce, where different options for responding were considered, Joyce said that she would like to speak with her neighbour on her own, but she wasn't sure how to start the conversation. The practitioner provided Joyce with some coaching about how she might start the conversation and what she wanted to get out of it. Joyce then felt able to talk with her neighbour about the issues. Whilst the neighbour was initially defensive, saying that he would never pressurise her to give him money, after a day or so he reflected on what Joyce had said to him and he visited her again to apologise for putting Joyce in the position where she didn't feel she could say no to his request.

Although Joyce reports that her relationship with her neighbour is 'a bit fragile' since she talked to him he is still visiting her and hasn't asked her for money since she spoke with him.

Joyce felt able to talk about her experience of sight loss and how this had affected her confidence and self-esteem.

When a member of the safeguarding team met with Joyce to talk with her about her experience of safeguarding practice, she said that she felt she was listened to and that we wouldn't do anything unless she said we could.

Bracknell Forest Council

Councils did vary in the extent to which they effected change:

- Some enabled people needing safeguarding to be much better informed about how professionals would take forward the safeguarding process and to identify what outcomes they wanted.
- Some enabled people to identify what outcomes they wanted and to influence the process that professionals would follow.
- Some enabled people to negotiate both the outcomes they wanted and the process that would then follow.

## 2. All councils reported benefits to social work practice.

Benefits to social work practice included:

- social workers feeling more positive, motivated and enthusiastic
- the ability to assess effectiveness from the perspective of people who use services
- tools to support practice have been put in place
- clearer more transparent plans and recording in place
- clearer endings to safeguarding support.

### What councils said:

Involving people in safeguarding at the outset of safeguarding activity is a critical first step. It results in more in depth work at an early stage and better decision-making regarding safeguarding activity.

This approach constantly reminds practitioners to keep the individual and their wishes at the heart of safeguarding activity.

Crystallising outcomes leads to greater clarity about what needs to be done and by whom. This can enhance protection planning and clarity and diligence about ownership of actions.

An outcomes approach can result in being able to avoid unnecessary meetings, resolve matters more quickly, and make things better in the long run.

Conversations with the individual at the end of safeguarding support can ensure that safeguarding ends properly with good information and feedback to the individual.

More robust recording of the thinking behind decision making.

Benefits to social work practice were reflected by councils, not least in terms of the extent to which **social workers felt positive** about working in this way and how this **improved motivation**.

Involvement in working in an outcomes focussed way generated **enthusiasm**. Councils reported reasons for this as including: spending more time with people, feeling less rushed facilitating outcomes that may never have come up without taking this approach and that these outcomes may relate to quality of life as well as to keeping people safe.

Direct **feedback from people who use safeguarding services influenced practice**. For **example**, one council reported that the approach offers the ability to assess the effectiveness of safeguarding support and outcomes at both individual practitioner and departmental level and this is being directly fed back into practice.

Some councils reported (amongst potential barriers to person centred and outcomes focussed practice) that there was a lack of confidence amongst staff in having those conversations about outcomes with individuals in need of safeguarding support. A significant number of councils have put in place **tools to support staff in having those conversations**. This is **leading to increased confidence**. Practitioners appreciated having a structure for involving families and structuring difficult conversations.



# Findings 2

## What works well in putting this approach into practice?

**This section highlights what has worked well or begun to work well for councils in adopting an outcomes focus.**

**3. The majority of councils have begun to include outcomes discussion and recording prior to and/or during key safeguarding meetings. Many have also put dedicated time, processes and supports in place to enable people to participate in safeguarding meetings about them, in a meaningful way.**

- In respect of involvement of people in safeguarding meetings this has meant:
- there has been increased involvement of people at strategy meetings
- documentation for and of meetings includes an outcomes focus
- councils are investing effort in supporting people to participate in meetings and in ensuring staff have the skills to make this work well
- meetings are sometimes being held in people's own homes
- councils report real benefits to achieving outcomes.

### **What councils said:**

The presence of service users at meetings has helped in some cases to really get at the truth and to make an impact on other professionals and providers and bring home the impact of abuse.

Person-centred safeguarding requires a focus on supporting people to be able to participate in discussions /and meetings; to understand the stages that safeguarding support might include and what each step contributes.

Other professionals taking part in meetings involving the person / their representative are more likely to react well to supporting people to achieve their desired outcomes. This may not have been their original intentions as some agencies come to the table with their own ideas of adult protection which are not outcome focussed.

Chairs of meetings are often pivotal to engagement and need to develop skills in preparing people / their representatives for meetings and in managing and facilitating engagement in meetings.

There needs to be flexibility with meeting arrangements, ensuring that the person is involved and informed whilst also acknowledging that there will need to be conversations between professionals where it may not be appropriate for the person to be present.

Many councils have highlighted the value of involving people in talking about outcomes from the start. In this context councils have used this project as an opportunity to **involve people in their own safeguarding strategy meeting and case conference**. For many councils, such involvement is a new approach, whilst others had already started.

**Some councils** already had arrangements and information and skills developed in order to include people in safeguarding meetings. Others **have changed their approach to meetings to facilitate this**. Initiatives in this respect include: development for meeting chairs, thinking about where meetings are held (and sometimes holding them in people's own homes), preparing people well before meetings, giving people information about what to expect. In one council people were offered support to write their own report for the meeting; this could be as simple as just one or two lines or key points or even a picture.

Some councils have changed documentation, developing new templates for agendas and minutes of meetings. Integrating questions and information about the outcomes people want into meeting agendas and minutes has **ensured** that **a person centred focus** is established and followed through. In some councils these minutes are used to formally record outcomes and to feed into information systems.

Introducing outcomes discussions with people at safeguarding meetings exposes a range of agencies to an outcomes focus and **facilitates a change in culture across agencies**.

In the context of more inclusive meetings, a number of councils highlighted the **need for** further discussion and **understanding around the issue of confidentiality**. This has been referred to as particularly important for partners in the NHS who are concerned about what information can be disclosed. The discussion and approach needs to be multi-agency.

#### **4. A significant number of councils referred to the need to simplify the language used in conversations with people about safeguarding. Many of these councils have produced guides for people about what safeguarding is and what they can expect from the support offered.**

Councils have underlined the need for and developed:

- clearer explanation for people of what we mean by 'safeguarding' and 'outcomes'
- printed information to guide people through safeguarding support.

Councils report that having conversations with people about outcomes from the start has caused them to critically reflect on the use of language and jargon. It was felt that people will not feel at ease unless language that they understand is used. As a result practitioners have changed and improved the language used with people needing safeguarding, away from jargon and **towards more accessible language** more likely to involve and empower people. They have developed printed information to ensure people have the information they need to be involved in a meaningful way.

Councils often found clear evidence that **people do not always understand the term 'safeguarding'**. There is a need to support people in understanding what is meant by safeguarding, what we mean by outcomes and what we will do to support people when they are facing safeguarding issues. Explaining these things clearly and in straightforward language

supports meaningful engagement of service users and their families. There is a desire to see more tools and ideas to support practitioners in addressing this. Some examples of tools in accessible language to support people in understanding safeguarding and how they can be involved in addressing the issues are included in the separate tools document.

#### **Case Study:**

An 82 year old service user who had dementia was admitted to hospital from a care home after her family had concerns for her well-being. The person had not been eating or drinking for twelve days and complained of re-current stomach pain. The family made a self-referral to initiate a hospital admission on behalf of the service user to seek appropriate treatment for physical health needs. The family were unhappy that the staff did not follow home procedures to ensure that their relative had prompt medical attention.

A leaflet had been devised for the MSP project and during a face to face meeting this was shared with the family, helping them to discuss any issues regarding the safeguarding process and to enable them to use the leaflet as supporting guidance and for information as the situation progressed.

The family discussed the outcomes that they wanted. The person was transferred to the family's choice of an appropriate specialist nursing home, which is able to fully meet the nursing needs of the service user. The family and the investigating officer have maintained regular contact by telephone and face to face contact to monitor the service user's care at the new placement.

Croydon Council

#### **5. The majority of councils have been able to gather and report on both quantitative and qualitative evidence to some extent, to demonstrate that good outcomes have been achieved for people.**

The range of data that councils have used during the project include:

- reports from management information systems
- anonymised case studies
- feedback questionnaires
- case file audits
- focus groups of people experiencing services, and staff.

### What councils said:

Since the project commenced 24 cases (were) analysed and of these cases 96% of people involved felt that the investigation was conducted in such a way that they felt in control, informed and involved. Prior to this project it would have been impossible to evidence this as the recording / reporting systems used failed to enable staff to record this.

Embedding questions in safeguarding paperwork which can be directly reported on makes it much easier and less onerous for staff to measure the impact of an outcomes focus.

Qualitative data gives a powerful illustration of what is important to people.

All councils who introduced a focus on outcomes from the start of safeguarding episodes in their project, worked hard to find ways to **record outcomes from the outset, and at other key points**, which best suited their practice and systems. This was a major challenge for many, when historically the process and time-scales have been the major focus of information collected.

Some councils trialled the use of the **sector outcomes measure** outlined in the project Guide, and in the introduction to this report, which suggests councils record for each person:

- whether or not they were asked to define their own desired outcomes, (or outcomes were defined through Best Interest Assessments or with representatives or advocates if people lack capacity), at the start of their safeguarding experience, and
- whether or not their expressed outcomes were fully or partly met, at the conclusion of safeguarding.

The results are then aggregated to provide an overview. Councils who were able to use existing recording systems, or easily set up a stand-alone system to capture this found it easier to trial this approach, given the tight time-scales of the project. These councils were able to show how far people's desired outcomes were met, for the sample of people involved in their project, and present the information to their Safeguarding Adults Boards.

The project also asked councils to use **case studies** as a way of looking at qualitative as well as quantitative data. These became a rich source of evidence of the effectiveness of an outcomes approach. Case studies can show the benefits of enabling people to work out their wishes and feelings themselves, with support, in a way that other data cannot.

Many councils learned how powerful it is to use anonymised 'stories' alongside numerical data, to 'bring the data to life', particularly in arenas such as Boards, to give a deeper understanding of how policies and procedures are being translated into people's experiences.

Many of the councils used **questionnaires** at the end of safeguarding to get more detailed feedback about experiences, in addition to the outcomes information recorded in the case file. They found that a face-to-face approach got a better response, and that there was a much better rate of response than from people who had not experienced an outcomes approach.

Some councils revised their **case file audit tools** to enable them to review how well a person-centred, outcomes approach, was being applied to safeguarding in practice. Previous file audits had often concentrated on whether deadlines had been met, or whether processes had taken place, rather than what had been achieved with and for the person themselves.

Some councils used **focus groups** of people who had experienced a safeguarding service, or staff working in safeguarding, to get a more rounded picture of what was happening.

Councils experimented with a variety of ways to present qualitative data from all of these sources, including providing a **table of brief qualitative quotes** directly relating to data tables about outcomes.

Councils who had data from a variety of sources were able to measure how effective their outcomes approach was by **triangulating information** from a range of sources, including numerical data, case studies, case file audits, focus groups, or questionnaires.

## **6. A significant number of councils recognised the importance of reviewing outcomes and developed their understanding of the extent to which outcomes can change throughout safeguarding support.**

In the context of reviewing outcomes councils found:

- reviews keep everyone on track with what needs to be done
- reviews help to keep the person at the centre
- reviews help to support the person in reviewing risk and rethinking outcomes
- reviewing outcomes helps to clarify the ending of safeguarding support.

### **What councils said:**

Importance of acknowledging that outcomes change so the need to make sure that people have the opportunity to rethink what they want as the situation progresses.

People can come out of a case conference with a robust protection plan in place and feeling optimistic. After three months however they can be disappointed because the necessary actions have not been taken. This underlines the importance of reviewing and sometimes at more than one point.

Need to really use the outcomes expressed by the person to review. It is important to ask and check back at each stage: have the outcomes been met or have they changed?

At safeguarding/protection plan review it should be ascertained whether outcomes have been achieved so that endings are clearer rather than things just drifting.

Asking people about positive outcomes has left people empowered at the end of the process. People want to feed back.

It may be necessary to review beyond the conclusion of safeguarding as long-term impacts on the well-being of person and others continue to become apparent.

Where outcomes are discussed and negotiated on an ongoing basis they change and actions impact upon them. **Reviewing progress and change is crucial.** An outcomes focus helps to facilitate review. It provides a clear measure against which to gauge progress and effectiveness. Sometimes circumstances or the person's confidence, health or mental capacity change, indicating the need for review. Sometimes a change in the understanding of level of risk is facilitated as outcomes are reviewed.

## Case Study

Susi has a moderate learning disability. She lives in a supported living shared house with minimal support. Historical factors mean that there is an acceptance by Susi of unwanted sexual relationships and tolerance of violence.

There have been previous safeguarding referrals alleging sexual abuse of Susi by her boyfriend. These have been reported but no Police action has been taken. Susi has been assessed as having capacity to make decisions about her relationship. A wide range of agencies and professionals are involved with Susi.

Susi wanted to remain with her boyfriend. She wanted him to treat her differently and for the professionals to help change his behaviour. Professionals wanted to put in a range of protective measures to prevent the sexual relationship whilst the risk remained significant.

Susi attended the safeguarding meetings enabling her to express to all professionals what she wanted and dismiss the outcomes being suggested by professionals. The outcomes Susi wanted to achieve were at the centre of the safeguarding process.

Positive risk assessments were a useful tool both to share with other professionals (in showing what was important to Susi) and in continued work with Susi enabling her to recognise the risk posed by the relationship with her boyfriend alongside her initial wish to maintain the relationship. Her preferred outcomes were represented at all safeguarding meetings and revisited and reviewed.

During the safeguarding process Susi began to realise that her initial outcomes were not achievable. She began to understand that her initial outcomes were unrealistic and the extent of the risk. Susie realised that her boyfriend's behaviour towards her would not change and that professionals could not change his behaviour. She was supported with this by intensive work from the agencies involved with her. Susi adapted the outcomes she wanted as she began to understand what was necessary to enable her to feel safe and minimise risk.

She expressed a wish ultimately to leave her boyfriend. She set in place a long term solution that she was happy with, to live in a new environment away from her boyfriend. Susi weighed up the risks and took the decision herself.

Slough Borough Council

**7. A significant number of councils report that the project has helped key partners, such as the Police, NHS and providers, to understand and see the benefits of an outcome-focused approach to safeguarding.**

This has happened through:

- being part of safeguarding meetings
- being engaged at management and Board level
- seeing the results of person-centred safeguarding.

**What councils said:**

Other professionals taking part in the safeguarding process have been influenced by a more personalised approach and reacted well to supporting people to achieve their desired outcomes – which may not have been their original intentions as some agencies were coming to the table with their own ideas of adult protection which was not outcome focussed. This reaction was welcome.

Good partnership working was noted with providers in respect of safeguarding planning and all parties involved in the investigation striving to achieve desired outcomes for the adult at risk. In health settings MSP led to more engagement with customers.

The importance of engaging providers in MSP was recognised, as they often investigate concerns.

Social care staff transparency in a safeguarding role can address some of the reticence in care providers towards MSP.

Councils have **involved a range of professionals in their MSP project**. These other professionals have experienced discussions, strategy meetings and case conferences conducted in new ways, to achieve person-centred practice, and have been able to understand first-hand how person-centred, outcome-focused safeguarding can work.

Other agencies are much more likely to adopt and understand the value of an outcomes focus when they see it in action.

Some councils reported in particular on a **positive response from NHS colleagues** to MSP. Other councils specifically mentioned a positive response from **provider agencies** that welcomed the transparency and engagement and felt that their views had been respected. They report that cases have been handled better and have achieved some improvements in relationships and approach as a result of MSP.

It is clear that partner agencies need to be involved in order to enable people to realise the outcomes they want.

**8. A number of councils reported that their MSP project led to activities to support prevention and awareness raising in their local areas, perhaps with specific groups of people who were under-represented or difficult to contact.**

Prevention was being facilitated through:

- empowering people within safeguarding support
- through linking an outcomes focus in practice to wider engagement initiatives.

Some councils have underlined the impact of an outcomes approach (in the context of prevention) in enabling people to develop resilience and to sustain improvements in their situation. **Empowering people** to take action themselves **can reduce dependency and ensure longer term resilience.**

More specifically **one council used MSP to engage with the local Asian community**, convening community focus group events in order to expand knowledge and understanding of safeguarding adults.

Some other **councils** have **linked an outcomes approach with wider engagement agendas** so that existing service user and carer groups are introduced to the idea of MSP in the context of more general awareness raising in safeguarding.

Some councils are widening their work to engage with people more widely, including the public and other professionals, around awareness raising, keeping safe and prevention.

“Supervision suggests that case discussion has become more person, rather than process, centred.”

“We achieved a commitment and enthusiasm for the project from frontline staff and positive feedback from service users.”



# Findings 3

## What must be addressed in putting this approach into practice?

**These are areas highlighted by councils as important to address for a successful outcomes focus in practice. Some councils have already had some success in addressing these.**

**9. The majority of councils said that involving the person and / or their representative from the start of safeguarding also increases consideration of involvement of an advocate, IMCA and/or significant others.**

Councils are taking this forward in a number of ways:

- highlighting where necessary a shortfall in the use of advocates
- raising awareness of staff as to when and how to involve advocates
- considering how best to commission advocacy.

### **What councils said:**

Giving information and support, perhaps via advocacy and representation, and the time for preparation, is key.

Work is under way to map current advocacy services, identify gaps and propose and consult on a commissioning approach.

A Contract for advocacy specific to MSP needs to be developed.

We need to ensure advocacy is available and people understand the benefits of it. A block contract for advocacy works well (avoids having to agree funding when needed).

The issue of advocates/IMCA has been significant for many councils. They underlined the extent to which advocacy must play a central part in an outcomes approach. For some of these, involvement in the project has demonstrated the need for greater **awareness of the advocacy** role, greater **access to advocacy** in a range of forms and the need for consideration of the most suitable models of **commissioning advocacy**.

Within the project the conversations taking place as part of an outcomes approach and the heightened giving of information and support and the preparation of people for safeguarding meetings often indicate the need for advocacy or representation.

Many councils flag up the need for greater awareness amongst practitioners of how and when to use advocacy whether for people who have capacity or those who lack capacity. Some projects highlighted specifically the **need for greater use of IMCA** and for training for staff on MCA/IMCA use.

Negotiation of outcomes, where there was disagreement or concern about the outcomes a person wanted, was a recurrent theme for councils involved in the MSP project. Advocacy was seen as a key tool in supporting this negotiation.

Some projects gathered information about advocacy representation as part of their project. One project included in its case audit the extent to which an advocate or representative supported people as well as any difficulties in accessing advocacy support and as a result has put plans in progress to address the emerging issues.

Some projects began to consider the way in which advocacy is commissioned so that it might be more readily accessible and fit for purpose for safeguarding situations.

### **Case study example illustrating a situation where an advocate might be helpful**

The situation was one in which the person attended the safeguarding meeting. The safeguarding alert was to do with someone he knew was stealing his bank card at the cash till. He was able to express what he wanted to happen and also hear first-hand how decisions were reached. The service user had an appointee at the council and also his own individual bank account. It would have been easy for social services to take a restrictive view point about his vulnerability and arrange for all his money to be deposited with the appointee and he would have to come into the office to collect his money. At the meeting, after hearing the service user's point of view and how he handled the situation and what measures he took to keep himself safe (such as calling the police, calling the bank and cancelling his card) he was able to continue to hold a bank account. He was able to express that he wanted to remain empowered. He now feels safe and has appropriate support in place.

London Borough of Sutton

### **10. The majority of councils reflected upon the importance of sound practice in applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in safeguarding adults.**

The project has underlined the need for competence in these areas of practice in the following ways:

- identifying MCA and DoLS issues as central to safeguarding
- using independent mental capacity advocates (IMCA)
- making sure that people who lack capacity are still offered a person-centred safeguarding service.

#### **What councils said:**

Our use of IMCA in safeguarding has been inconsistent in the past.

The project assisted in identifying areas that needed to be developed, such as a better knowledge and application of the MCA.

As a result of learning during our project, we have developed a revised mental capacity assessment form and a best interest decision-making form. A programme of training for all workers in Adult Care ...is being rolled out.

Some councils found that involving the person and / or their representative at the outset of safeguarding, can guarantee that **mental capacity is considered at a very early stage**, and then become integral to the process. These councils found that, as a result of the project, they were making much better, and more frequent, use of the MCA and DoLS.

The use of advocates and IMCA has been prominent for a number of councils. They could see the **central importance of the MCA** to all aspects of the project and concluded that the involvement of IMCA in person-centred safeguarding will grow.

These councils flag up the need for more **training for staff in the use of IMCA and DoLS**, including in how and when to use these services in a safeguarding context.

Mental capacity issues were regularly considered alongside **empowerment** by councils, highlighting that when a person lacks capacity to make a decision they can still be involved as much as possible alongside those who can support them. A number of projects highlighted the need to ensure that an outcomes approach is as much a part of support for those who lack capacity, as those with capacity.

#### **What case studies told us:**

Mr A is a 79-year-old man who lived with his wife and his son, B. He also has a daughter, C, who lives nearby. Mr A was admitted to hospital following a fall/collapse at home. It was alleged that his son may have assaulted him, the police investigated this and safeguarding procedures were implemented. Following admission to hospital Mr A had a dense stroke.

Mr A's social worker discussed the outcomes that Mr A would like to achieve from the safeguarding investigation; this was done while Mr A was still in hospital. Mr A had expressive and receptive dysphasia and cognitive impairment as a consequence of the stroke therefore the social worker requested input from the neuropsychologist, and speech and language therapist to establish the best form of communication with Mr A. It was established that Mr A lacked capacity around major decision making such as accommodation and finances; following this an advocate was instructed to support with best interest decisions. Mrs A wanted to care for her husband but lacked insight into his needs.

Mr A wanted to maintain his relationship with his wife and daughter but not his son. He wanted to be in a safe and supportive environment where his care needs could be adequately met. As a result of a best interest assessment and assessment of all the risks, the outcomes were negotiated. Mr A was admitted to a nursing care home with contact with his wife and daughter maintained.

Mr A does have capacity in relation to deciding who he wants to have contact with therefore this is continually reviewed in regard to contact with his son. Mr A is also consulted about his feeling of being safe within the care home environment at regular intervals.

Gateshead Council

**11. The majority of councils said that assessment and management of risk alongside the person is integral to MSP. They found that practising a person-centred approach to working with risk can support risk enablement.**

Reviewing approaches to risk and developing risk enablement:

- is central to an outcomes focus
- supports a focus on what is important to the person
- supports proportionate responses
- can support negotiation of outcomes.

**What councils said:**

Being person centred in asking about outcomes and how to achieve this moves the worker on to focus in and involve service users in action planning to reduce risk.

Involving people in assessing and managing risk as part of their safeguarding interventions, and enabling a risk assessment to take place alongside the person / their family, maintains the focus on the person rather than on maintaining a risk-averse environment. This increases empowerment.

Findings already indicate that service users frequently find risk averse approaches too restrictive. Service users often feel that these approaches, especially if they involve intentional or incidental restrictions on physical movement, lead to increased risk of isolation or tension and actually increase the risk of harm

The project feeds into broader practice development work in how we identify, assess and work with risk in the wider context of social care assessment

The outcomes that people want following allegations of abuse may not be safest from the professional's perspective. The professional's perspective can be more restrictive and risk averse.

Councils are developing and using a range of tools to support staff in this area of practice.

Some councils called for the need for a culture that supports **positive risk taking and a risk enabling culture**, moving away from risk aversion. Inconsistency in practice and within organisational culture in relation to working with risk was identified as an issue needing to be addressed. Practitioners can, in implementing positive risk approaches, fear blame if anything happens as a result of individuals determining what can be perceived as a 'risky' outcome. This needs to be clarified.

There is a need identified by a many councils for development of staff in **assessing and managing risk alongside the person** at the centre of safeguarding support. This requires a focus on skills as well as guidance and procedures in order that staff can feel a greater degree of confidence in this aspect of safeguarding support.

Skills for practitioners in **negotiating outcomes** with people and their families is a recurrent theme across councils. Practitioners need to be equipped to address these issues confidently.

Robust approaches to working with risk alongside people who use services are a key tool in supporting such negotiation.

A number of tools were used by councils to support practice in working with risk. Some councils used the DH **Supported Decision Tool**<sup>3</sup>. This was used by a number of councils as a basis for devising an aide mémoire for staff in having outcomes focussed conversations.

In addition, during the MSP project, workshops were facilitated by Helen Sanderson Associates (HSA). These introduced councils to a **range of possible tools to support practitioners in positive, person-centred risk work**. The tools included one page profiles which were tested out in practice by some councils. A range of tools is set out clearly on this link to the HSA website <http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-thinking/person-centred-thinking-tools.aspx>.

A number of councils have themselves developed a tool for recording risk assessments and decision making based on positive person centred risk principles. One council developed a risk screening tool to look at whether it was safe to secure the views of the person early on.

At the project evaluation workshops some councils referred to helpful tools in 'Nothing ventured, nothing gained: risk guidance for dementia', DH, 2010. The report can be accessed directly through the following link. Some specific tools are set out in section C including a 'heat map' which provides a framework in which to consider each 'risk' (behaviour or activity) as a balance between quality of life and risk. Here there is no scoring system. It can be used to trigger a meaningful discussion between the key parties involved [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215960/dh\\_121493.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf)

The MSP pilot, whilst small in many areas, has led practitioners to understand the importance of enabling people in vulnerable circumstances to make choices and manage risks, based on their own strengths, wishes and feelings. Involving people in conversations about outcomes and in considering relative risks and benefits of particular outcomes can facilitate **proportionate responses**. These responses take into account **independence, well-being and choice alongside safety** considerations. The following case study illustrates this.

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3 In Independence, Choice and Risk: a Guide to Supported Decision Making, DH May 2007 [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_074775.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074775.pdf)

**Case study:**

Mrs T is from time to time mentally unwell. She has been suffering with extreme depression and has been an inpatient within a local mental health unit. She has no immediate family but recently, as she has been unwell, some extended family members have visited her. They have heard that she has made a will and the main beneficiary is a younger person who has been living in her property for several years paying a nominal, small rent. The family members are also concerned about the “state of the house”. They raised a safeguarding alert citing financial /material abuse and neglect at the hands of the “lodger” (although there is no indication that this person has caring responsibilities).

Mrs T was visited on the ward in relation to these concerns and although some discussion could take place, there was some lack of clarity and concerns that Mrs T was not capacitated. She understood that there was a lodger in the house and could name him, but not discuss the financial matters in any great detail. She agreed for social services to visit the house to consider if there would be any need for assistance once she was discharged home. She was not able to discuss her Will or talk about the relationship between her and the lodger. It was not possible therefore at this time to conclude whether anything untoward was taking place. Mrs T was not well enough to participate in assessing the concerns raised or in making any decisions.

The time-scales set out within the policy and procedures for safeguarding adults investigations were relaxed to allow time for Mrs T to recover and regain her mental capacity (which it was anticipated would “return” once she made a recovery).

A visit to the house by the care coordinator took place, and no concerns regarding the neglect outlined by extended family were noted.

After two to three weeks Mrs T was able to discuss in detail the arrangements she had with the “lodger” and her views about her recent contact with extended family members. She talked fondly of the lodger and felt the contribution he made to the household budget was adequate and that he was good company. He also was very helpful to her with shopping, taking her out and carried out minor repairs to the property when necessary.

The safeguarding adults process was explained to Mrs T and she did not want any further action taken in this regard. However she was supported to speak with her family who were informed of the outcome. They accepted this and the case was closed.

Swindon Borough Council

**12. The majority of councils amended or improved their existing recording systems, or created new ones, in order to help them record and measure outcomes, and support the change to person-centred practice in safeguarding.**

Actions which might be considered to improve recording systems include:

- amending or updating existing systems
- setting up new systems
- capturing the voice of the person in case records
- aggregating outcomes.

### **What councils said:**

Getting information technology and management information staff on board as early as possible in the process and gaining a commitment to making changes is pivotal to making this project work.

The newly-launched safeguarding pages and supporting prompts on our electronic information system ... ensure alerters and practitioners are aware of the need to engage the adult at risk in the early identification of desired outcomes/ goals, reviewing and evaluation.

Outcomes need to be embedded and refined in an IT process so information can be reported and collated. We don't have this yet but this is where we wish to head.

It is clear that the voice of the individual has been captured on our outcome form.

Outcomes are now evidenced in all parts of our safeguarding documentation.

We need to ensure that adult social care / the council is not penalised when outcomes cannot be achieved.

**Performance management staff** were involved extensively in the project and were seen as an essential part of the work from the outset.

Some councils found ways of embedding the recording of people's wishes and feelings into their **existing information systems**, sometimes including a prompt to have a conversation about outcomes, or giving required fields to complete as part of their normal record-keeping. This meant that practitioner time could be used more effectively and it also supported changes to practice.

There were mixed reports about using **mandatory fields in electronic systems**. Some felt it was essential to ensure that the answers to key questions were recorded at the right points in the safeguarding process. Others felt that this was too restrictive in enforcing a rigid process onto what was becoming a more complex negotiation, with the person at the centre.

Other councils found, adapted or developed **new person-centred recording formats** to ensure that staff can record people's wishes, feelings and desired outcomes, which can provide both quantitative and qualitative data.

Some councils have created or amended **stand-alone spreadsheets** to ensure that outcomes expressed at the start of safeguarding and the status of outcomes at the end, can be captured, aggregated and reported. These may have been created for the life of the project, to try out their ideas, before using them to make more permanent changes.

Councils looked at a variety of ways to capture **the voice of the person** being safeguarded in their recording systems. Some councils insisted that the person's own words only, were used to describe desired outcomes, in case records and reports to meetings. This was a very powerful message and supported the development of good practice.

**Aggregating data** about desired outcomes and to what extent they had been achieved, whilst retaining a focus on the voice of the person being safeguarded, was a major challenge for the project. Some councils, that had looked at this issue in detail, were keen to stress that



predetermined pick-lists offered to people to describe desired outcomes are not what is needed.

These councils were starting to develop pick-lists for aggregating overview data so that the social worker or other practitioner would use their judgement to categorise the person's outcomes on the system. This was done on the basis of the record made in the person's own words.

As councils are starting to use data about outcomes, there is a growing realisation that this data is more **complex and multi-faceted** than simple process-driven data. For example, many outcomes need support from a range of partners in order for them to be realised, and may not be within the remit of the councils themselves.

Some councils concluded that whilst outcome data, such as the sector outcome measure, is essential to collect and make available to practitioners, managers and Boards to help them understand how people are being safeguarded in their local area, it must never be used as a simple performance indicator of councils. They also suggest that it should always be presented with qualitative information about why certain types of outcomes are easy or hard to achieve.

Some councils are concerned that if outcomes data is presented as another form of performance indicator for councils, the consequences could act counter to the ethos of person-centred safeguarding. This could be because: councils could be unfairly blamed for 'failure's in the whole system'; people will be encouraged not to be ambitious in their aspirations, so that outcomes are easier to achieve and performance 'looks better'; the data will cease to represent a true picture of person-centred practice.

In many safeguarding circumstances, social workers and the council as a whole need to be seen as facilitating people to express and achieve their desired outcomes, rather than taking full responsibility for the outcomes themselves.

### **13. The majority of councils highlight the need to revise and change safeguarding policies and procedures to reflect MSP and remove potential barriers to person-centred safeguarding practice.**

Areas thought to need particular attention are:

- making policies and procedures person-centred, not process-driven
- supporting risk-enabling practice
- revising time-scales
- the role of professional judgement.

#### **What councils said:**

The process for ascertaining an individual's experience ... must be part of the procedure and not an add-on that is optional.

We have just rewritten our procedures and paperwork with MSP in mind.

From discussions with staff ... and undertaking a desk-top review of the paperwork completed, there is evidence to support that the way staff approach the initial discussion has changed, as people's views are being included in strategy discussions.



Some councils had already begun to **improve and change policies and procedures** towards a more person-centred approach before joining the MSP project, so taking part supported their developing practice.

A significant number of councils identified the need to influence the revision of **regional safeguarding procedures**, towards emphasising engagement with people to discuss the outcomes they are looking for, as well as to manage risks in a person-centred, risk-enabling way.

**Time-scales** in procedures are a particular area to be re-visited so that the emphasis is shifted to **timeliness** rather than a single, 'one-size fits all' time target. This is especially so given the need to spend more time at the start of a safeguarding episode, establishing desired outcomes and ensuring involvement and engagement.

Councils wish to see more **professional judgement exercised** in the way that policies and procedures are used. This did not mean 'doing away with' procedures. When procedures are departed from for the benefit of the person, it was felt that clear and defensible decisions should be recorded together with an evidence-based rationale for what has happened, and management support.

#### **14. The majority of councils have concluded that the development of core practice skills, and having the tools to support good practice, are essential to introducing MSP.**

The findings suggest that safeguarding practice needs to be underpinned by:

- a good evidence base
- solid social work skills
- a working understanding of the legal framework
- tools to support good practice
- training and development opportunities to support the shift in practice.

##### **What councils said:**

The importance placed on this project by our council has made staff more aware of gaps in training and skills, but day-to-day confidence is progressing and growing.

This pilot has identified ... how staff are skilled to undertake safeguarding work ... It is recognised that a wholesale review of safeguarding learning opportunities is required to ensure that, as well as training around procedures being robust, staff are also supported to learn the soft skills and acknowledge how this might be a different way of working for some.

This project has helped to ensure that an outcomes approach is embedded in all aspects of safeguarding from front-line practice, to training, audit, customer inclusion and strategy development.

Most councils said that the **development of core practice skills**, and having the tools to support good practice, are essential to introducing MSP. A sound basis for practice is needed to ensure that good decisions are made and can be evidenced about: how to involve people, how to negotiate outcomes, how to manage risk, and how to seek positive resolutions.

Many councils have said that negotiating outcomes with people is challenging and that this is linked with the **legal framework, mental capacity and risk**. They identified the need for social workers to receive more training and support in these areas, and to feel confident in working in partnership with the police and legal advisers to support an outcomes approach.

**A range of practice tools** have been adopted by councils and also used in training staff, including: positive risk tools to weigh up potential benefits and harms for a range of outcomes; person-centred planning tools; prompts, check-lists and aide memoires to support conversations about outcomes. Many councils have adopted these as part of their MSP project, and then extended their use to other settings, so having a wider overall impact on practice.

Skills for practitioners in **negotiating outcomes** with people and their families was felt to be a key area to address. Sometimes outcomes are not realistic; sometimes different family members have conflicting ideas about outcomes; sometimes these conflict with professionals' views, and practitioners need to be equipped to address these issues confidently.

**Chairs of meetings** are often pivotal to engagement and need to develop skills in supporting and preparing people being safeguarded and / or their representatives to take part in meetings, as well as to facilitate their engagement.

Many councils saw the provision of **skills training** as a key component of introducing a person-centred approach, especially as safeguarding training has previously concentrated on the application of processes. To achieve this, some councils have identified the need to redesign and recommission safeguarding training on a new footing.

Councils have also identified that they need to ensure that the **skills of trainers** are sufficient to support skills development in outcome-focused safeguarding.

Many councils now also believe that skills development for practitioners will ultimately form part of a **wider strategy** for safeguarding, risk enablement and social work practice.

**15. The majority of councils said that supporting practitioners and front-line managers to achieve a shift in practice is a key component of introducing person-centred practice in safeguarding.**

Councils found the following helpful:

- staff briefings
- supervision
- reflection on practice
- identifying champions
- addressing barriers to change
- helping to increase confidence in complex situations.

### **What councils said:**

Emerging findings suggest staff feel energised by the work, which is helping them get back to social work practice 'proper', and to have more clarity about the focus of their work.

Transparent practice has improved working relationships with families, carers, health professionals and providers.

As a result of changing the way social workers engage with people ... social workers are seen in a different context. They have often, in the past, been seen in a negative light and the gratitude shown to social workers (as a result of person-centred work) has been motivational for them.

**Briefings for team managers, social workers and others** involved in safeguarding were widely used and found to be very valuable as part of launching the new way of working. Most councils viewed this as an essential part of starting their project, and some councils made attendance at these mandatory. Briefings were usually accompanied by written information for staff, or introduced new recording formats or guides to practice. Some councils followed these up with newsletters, focus groups or regular opportunities for the staff involved to meet and discuss burning issues.

Many councils commented on the key role of **professional supervision** in promoting and supporting a change in practice. They commented on the value of supervision both as a way to develop and support staff and also as a means of monitoring the extent to which an outcomes approach is integrated into practice.

Many councils underlined the importance of opportunities for professionals to **reflect on practice** as a regular occurrence. They have put arrangements for these in place either through individual or group supervision, and see them as both benefiting the individual, and as a vehicle for councils to understand the extent and quality of person-centred practice taking place.

Promoting the use of **case discussions** and reflective practice in supervision, team meetings, focus groups and other fora has also been an important vehicle for sharing ideas about challenges, getting peer support, and creating a learning culture, as well as a culture of support.

A key issue for some of councils is building **practitioner confidence** in involving people in safeguarding. Many councils found that confidence grew as practitioners gained experience. Their confidence was further enhanced by access to person-centred tools, good support from managers who were themselves confident in promoting the approach, and positive feedback from people and families they were working with.

Some councils identified **champions**, who were often senior or advanced practitioners, with a brief to demonstrate, promote and support good practice. This took place in a variety of ways depending on the council's set-up and structure, and was reported as a positive approach to leading change.

A few practitioners have perceived **barriers** in applying person-centred practice in safeguarding. These have included: concerns about managing risk when matters take longer to resolve; creating unrealistic expectations about what can be achieved; working outside of time-scales and established processes; lack of time to spend face-to-face with people.

Some councils therefore reflect on the barriers to working and recording in a person centred, outcomes focussed way, and to see the identification of these barriers as the first step towards putting in place plans to address them. Positive feedback from councils who have made person-centred safeguarding a reality, together with experiences of what can be achieved in practice, will **support professionals to overcome barriers to putting MSP into practice.**

Nearly all councils report **positive views from social workers and other practitioners.**

The reasons they give for this include: spending more time with people, feeling less rushed, facilitating outcomes that may never have been suggested without a person-centred approach, achieving quality of life outcomes, not just 'keeping safe'.

A number of councils have described MSP as “good old fashioned social work” and have commented that practitioners have said that they feel positive and motivated by what they are able to achieve for and with people through working in this way. Others point out that whilst this is the case this must be informed by evidence based practice and more specific knowledge and skills.

**16. The majority of councils have said that introducing person-centred, outcome-focused practice to safeguarding is a cultural change that needs wide ownership and feeds into a much broader context.**

- Some of the ways this has been approached are:
- ensuring partner agencies are well-informed
- recognising that partnership engagement in this culture shift is crucial
- providing clear leadership
- developing a deeper understanding of what outcomes mean in safeguarding and how they could be misinterpreted.

**What councils said:**

To effectively implement this approach across the board will require a culture change from the SAB, who can be overly concerned with data collection and analysis and not on outcomes for individuals.

Our service user involvement sub-group have agreed a programme of visits to other community network meetings, boards and forums where we are sharing the work of the project with a much wider community audience.

Councils concluded that a **shift in focus, from process to people**, involves fundamental cultural and organisational change. It is not simply a question of changing individual practice, but the context in which that practice takes place and can flourish. Some councils have seen the project as feeding into broader practice development in how they work with people in the wider context. Many councils now believe that skills development for practitioners will ultimately form part of a wider strategy for safeguarding, risk enablement and social work practice as a whole.

The significance of **partnership engagement** was reflected in initiatives within Councils to ensure that learning and development in the context of MSP is multi-agency. Councils have reported holding workshops for provider agencies to introduce the project, recognising that they

carry out some of the safeguarding investigations and need to be outcomes focussed in doing so. Others held workshops for a range of other forums and agencies to explain the approach, including: staff in a mental health trust, care home providers, home care providers, sessions at corporate induction, and service user and carer groups.

A number of councils have highlighted the need for a **more sophisticated view of how outcomes are understood and measured** in partnerships. For example, achieving person-centred outcomes will often be as a result of input from a range of agencies, or be beyond the remit of any one agency. Councils and partnerships must take a mature approach to this, and not fall into the trap of using 'outcomes realised' as a measure of performance.

Many involved Directors of Adult Social Services, practitioners, people who have experienced safeguarding, Safeguarding Adults Board members, and Health and Well-being Board members, Members of Council Cabinet.

“Whilst not always able to meet outcomes, we can show we have kept them in mind and this has increased service users understanding of the limitations we have – which in turn has increased satisfaction with the service, even when not all outcomes are met.”

“They are more open with sharing their concerns with individuals. They advise they are proactively discussing safeguarding with carers for those who lack capacity.”

“It has made staff more alert to involving individuals and explaining to individuals the process and has changed the way they frame questions – to be more positive and direct.”

# Findings 4

## How do we make this sustainable?

### **F17. All councils who operated pilot projects identified impacts on workload and capacity as a result of implementing MSP**

These included:

- additional time needed at key points in the process
- opportunities to release time and resources at other times
- consequences of more intensive work.

#### **What councils said:**

Emerging feedback from staff has highlighted constraints on time, particularly at the initial stages of the safeguarding process, to be able to ask meaningful questions ... and this has led to some frustrations about how to prioritise work.

Only negative impact (of the project) so far is upon capacity [time and resources], although this was only as the project is commencing and will have a positive impact as the project develops.

Initially there were expressions of concern about impact on workloads but we have accepted now that the project is how we should be working and enhanced practice has been embraced.

Rolling this project out to the wider social care community in the context of austerity, case loads and staffing levels will be a challenge.

Councils found that the **increased time needed at the start of a safeguarding episode** can be significant. Extra time at this point needs to be invested in increased face-to-face contact, and more time is needed for people to understand and consider their options. Time is also needed to help people to prepare for taking part in meetings and other discussions, make links with advocates and IMCA, and involve family members and others in the person's network.

After this intensive early stage, councils have found that an outcomes approach can result in being able to avoid meetings, **resolve matters more quickly** and therefore make the situation more sustainable in the long run. The timescales of this work have been too short to ascertain the extent to which the early investment in time is, or could, be counterbalanced by better outcomes, increased resolution, and/ or decreased ongoing monitoring.

Some people feel **empowered to take action on their own behalf** as a result of being supported through an outcomes focus. This can result in reduced dependency on care services or social work support, and so these outcomes can reduce workload and release capacity.

Some cases receive more intensive input because positive interventions which may not have been originally envisaged, are identified and followed through, in the course of person-centred practice. These cases may have been closed earlier, without a person-centred approach, so these outcomes can increase workload.

Some councils have identified a need to review safeguarding thresholds as a result of applying person-centred practice to safeguarding, for example where there is no individual outcome identified, and an alternative, and less resource-intensive, way to resolve the matter could be sought.

Some councils commented that other imperatives in the wider environment ran counter to the culture change that was needed in practising person-centred social work. For example, finding that the move towards hot desking and or agile working to reduce the need for office space makes it more difficult for practitioners to meet for formal and informal support and reflect on practice in a safe environment.

To approach person-centred safeguarding in a sustainable way, organisations therefore need to recognise these issues and rethink how resources are viewed and allocated.

Many councils set up a project board to oversee the introduction of their MSP project, including a range of people such as: practitioners, managers, and people who have experienced safeguarding. A number of councils also involved participants at senior leadership level including Directors, practitioners, SAB members, Cabinet members, or Well-being Board members, in order to lead and influence the necessary culture change.

Some councils have said that rolling out MSP more widely following the pilot, will be a challenge in the context of austerity, restructuring, budget cuts and redundancies, but have nevertheless stated that they will be continuing with plans to extend person-centred safeguarding practice

**18. All of the councils who began to introduce an outcomes approach to safeguarding as part of MSP 2013/14, have identified benefits from being part of the project, and intend to continue with the work that they started as part of the project, in some way.**

Councils are seeking to take work forward in a number of ways:

- continuing with the small-scale project they have started
- considering how to use what they have learned, across all safeguarding activity
- using their learning to determine Safeguarding Adult Board (SAB) priorities
- applying their learning more widely.



### What councils said:

Make no assumptions about people's understanding of personalised responses to safeguarding, all people involved in the process have been affected and de-skilled to some extent by ... a risk averse culture.

We now need to keep the momentum of our project work over another six months.

The project has provided the foundations to build on the concept of putting the individual and their needs at the centre of all professional interventions in our council.

The biggest challenge is acknowledging that this is a cultural shift in the way that senior management have instructed staff to work in the past and that this cultural shift needs to take effect across all levels of the organisation.

Many councils are going to **continue with their project**. They found the time-scales and the culture change required by this project to be very challenging, and putting the project into place in a meaningful way took time and resources in an already difficult environment. They have said that they see benefits for them in continuing to complete the tasks they set themselves and then they will take stock.

Many councils are now building on what they have achieved in a pilot with a small number of cases, and are **applying an outcomes focus to all of their safeguarding work**.

Many councils are **continuing to adapt their safeguarding activity** in a number of areas to progress an outcomes approach. Based on the results of their project and what they have learned from other MSP councils, they are working on changes to some or all of the following: training programmes; staff briefings; tools; information systems; audit and quality assurance processes; approaches to risk; staff guidance; practice tools.

Many councils are **using their SABs or SAB subgroups** to support the development of outcome-focused, person-centred safeguarding. This may be in addition to one of the above approaches, and may be because they wish to ensure that there is wider partnership working and accountability for developing the approach.

Some councils will use what they have started in the project to develop a **wider engagement strategy**. This enables them to achieve a range of objectives including some or all of the following: building on prevention strategies with people who may need safeguarding services in the future; using focus groups with the public and with a range of professionals; discussing best practice with providers; and improving membership of SABs and SAB sub-groups.

A few councils have also been prompted by the project to **develop a wider range of responses to safeguarding**, such as restorative justice, network meetings or family group conferences.

A few councils are **applying outcome-focused, person-centred practice more widely than safeguarding**, based on their learning from the project, so that practice in Adult Social Services as a whole is benefiting. These councils have seen the project as being part of broader practice development in the wider context.



# Findings 5

## Silver and Gold projects – developing a range of responses to safeguarding circumstances and reflecting this in recording and aggregated information

There was at the outset an ‘Olympics’ theme to Making Safeguarding Personal 2013/14, and councils were asked at the start of the project to decide at which level they wished to work, and where they wanted to focus their energies.

The vast majority of councils set out to work at **Bronze level** by putting into practice an outcome-focused, person-centred approach to safeguarding from the start, and testing out how this could best be achieved. Some councils working at Bronze level achieved significant learning about responses to safeguarding and in recording and aggregating data, well beyond expectations.

Three councils opted to work at **Silver level**, by developing a wider range of responses to safeguarding circumstances and / or to try to capture safeguarding responses in recording and aggregating information. They were:

- Central Bedfordshire Council
- Royal Borough of Kingston upon Thames
- Northumberland County Council.

Two councils opted to work at **Gold level**, by developing a wider range of responses, and in addition working with a research organisation to provide a greater level of analysis and contribute to the evidence base for MSP. They were:

- Solihull Metropolitan Borough Council
- London Borough of Sutton.

Solihull are working with the University of Birmingham and Sutton are working with Research in Practice for Adults (RiPfA). In both cases, research projects are still in progress and we look forward to further analysis and reflections being available through these organisations in due course.

Councils may find it helpful to approach these councils for further insights into the work they carried out. A brief summary of key points of interest from each of the Silver and Gold projects is highlighted below.

## **Central Bedfordshire Council – Silver project**

Central Bedfordshire developed network meetings in MSP 2012/13, as a tool to involve people in safeguarding support. This stage of the project in 2013/14 has seen this approach used more broadly and Central Bedfordshire has focussed primarily on developing a tool for prompting, recording and measuring outcomes, and the impact of the safeguarding intervention as part of their Silver project. They were able to evidence that engagement and discussion of outcomes has occurred and been recorded in 28 cases, which is a 16% sample of their safeguarding investigations between April and December 2013.

It was difficult to establish whether this demonstrates an improvement, as engagement may have happened before but not been recorded in this way. However, there has been an increase in the number of case files independently audited as 'good' or 'excellent' since the introduction of the tool.

### **Top tips:**

Using the opportunity to build the tool into the safeguarding process rather than as an add-on means it is incorporated into our IT systems.

Engagement of the performance team to achieve the data capture and analysis. Mandatory training on use of the tool was provided to all teams at the initiation of the pilot. This was followed up with voluntary 'practice surgeries' to talk through use of the tool. Qualitative comments from people bring the data about outcome measurement to life.

### **Top challenges:**

Limited time to analyse the impact on practice. A suggested further stage to evaluating this pilot will be to ask practitioners who have used the tool to evaluate the effect on their practice and what they did differently as a result.

### **Impact on people and practitioners:**

People are given reassurance that there is a clear mechanism for their views and perceptions to be recorded.

Practitioners are given a clearly recorded evidence base for risk assessment and decision-making, based on wishes and preferences of the person concerned.

This project is the first step to developing a meaningful method of ensuring that individuals are involved in safeguarding at the time that is most relevant, and that risk assessment and decision-making is evidence based. It is intended that wider lessons and implications for strategy and service development can be drawn from the data when there is a larger data set.

## **Royal Borough of Kingston upon Thames – Silver project**

Kingston already had person-centred safeguarding practice in place, including involving people, their carers and representatives in safeguarding meetings; and discussing and recording people's views at the referral and investigation stages. Their Silver project aimed to build on that, and re-focus practitioner knowledge, skills and awareness. They aimed to do this by developing a tool that would enable more clarity around the outcomes that adults at risk hoped to achieve.

Business Support was engaged in the development of a database for the project, and also to advise on how the results could be incorporated into strategic management reporting structures. An aide mémoire was developed focusing on three outcome areas: quality of life; the safeguarding process; and desired change.

Workshops and development sessions were held with practitioners involved in the pilot to look at person centred ways of working, and evaluate current practice. 27 cases were involved in the pilot, including 9 cases where the adults at risk lacked capacity. The majority of the cases audited were graded as excellent and feedback from Team Leads involved in the Project attest to the positive effect on service user engagement and the reinforcement of principles of person centred working.

### **Top tips:**

Keeping the initial pilot to a small scale allowed for more efficient management, data collection and analysis within a short time scale.

Taking the time at the start of the project to put together the data base, and incorporating the outcomes into existing documents, meant a more efficient evaluation of the outcomes and avoided increased pressure on practitioners.

### **Top challenges:**

Managing the project within such short time-scales. Going forward, rolling out the project to all teams involved in safeguarding adults, and continuing to monitor and evaluate the impact on service users, practitioners and service delivery as a whole.

### **Impact on people and practitioners:**

Kingston were able to evidence a more enhanced engagement with adults at risk, through looking at data on outcomes achieved, and case studies. They found people could be much clearer about what they wanted to achieve, and better decisions could then be made about how to proceed, at an earlier stage.

Feedback from practitioners in Kingston indicated their skills had benefited from using the aide mémoire and they would continue to use it. 'I would like to think that I have always worked in a person-centred manner, but involvement in this project has been a useful reminder about ensuring practice is consistent in this area, and has made me more mindful of this.'

## **Northumberland County Council – Silver project**

**Northumberland** chose to work on improving materials to promote engagement and communication for their Silver project. They looked at three areas: service user and carer information packs to promote engagement, the Josephine project - a life-size cloth doll which is an innovative learning resource to support women with learning disabilities to explore a range of health and sexual issues, and materials for younger adults to promote engagement in safeguarding. Northumberland also embedded their episode form, their major source of safeguarding recording, into their electronic recording system and linked to their data base. Monthly reports from this have enabled their progress to be closely monitored.

### **Top tips:**

People benefit from face-to-face discussions and sharing of information with a consistent, identified individual.

Creative resources which are clear and practical are successful at engaging people and ensuring that they feel in control of their lives.

Embed service user feedback into the process itself.

### **Top challenges:**

Rolling this project out to the wider social care community in the context of austerity and current case-loads / staffing levels.

Thinking about how we can provide something equally creative, enjoyable and impactful as Josephine for different client groups.

Consistency across all staff.

### **Impact on people and practitioners:**

The project has enabled us to focus on improving engagement opportunities for people, increase involvement and give people more control.

It has helped us to ensure that service users and carers are as fully informed as possible on entering procedures so that they can join as partners, rather than be pulled along by a process.

The process has been focused on their outcomes rather than be service-led.

Other positive impacts include: greater clarity of purpose for staff; better opportunities for organisations to look at service deficits from the service user / carer perspective; better understanding for the Board of how policies and procedures are translating into service user experience.

“Our service user involvement sub-group has agreed a programme of visits to other community network meetings, boards and forums where we are sharing the work of the project with a much wider community audience.”

## **Solihull Metropolitan Borough Council – Gold project**

**Solihull** set out to use an outcomes approach to all adult safeguarding referrals at the same time as setting up a new central team. In addition, they carried out an advocacy project to look at people's experience of safeguarding, called 'My Safeguarding Experience', and linked up with the University of Birmingham who are formally evaluating their work.

They developed an outcomes guidance document and introduced it to staff via briefings, with an additional briefing and support provided by RiPFA . Two voluntary sector advocacy services were commissioned to ascertain services users' experiences of the safeguarding process after it had concluded.. The University of Birmingham received data, completed "My Safeguarding Experience" questionnaires and facilitated three focus groups for staff to gain feedback from practitioners and managers.

### **Top tips:**

The process for ascertaining a person's experience of safeguarding must be part of the procedure and not an add-on that is optional.

Staff have stated that an outcomes approach is positive but they need to build confidence; there is evidence that this is happening.

### **Top challenges:**

Time. The referral process to advocacy services for them to complete the "My Safeguarding Experience" questionnaires with adults who had been through the safeguarding process, needs improving as it was too lengthy.

### **Impact on people and practitioners:**

People have reported feeling safer as a result of safeguarding.

People who shared their experience with an advocate post-safeguarding have given extremely good feedback.

The alert stage of safeguarding has lengthened and has involved more people from the start and in strategy meetings.

Next year's training programme is being reviewed to ensure that MSP is central to all safeguarding adults training that is commissioned and provided, and that training is practice-based with a focus on social work values.

'Staff say this project has given them authority to start conversations with individuals sooner. It has made them more alert to involving individuals and explaining the process, what they (staff and partners) are doing ... this project has changed the way they frame questions - to be more positive and direct ... more open in sharing their concerns with individuals ... pro-actively discussing safeguarding with carers for those who lack capacity'.

## **London Borough of Sutton – Gold project**

Sutton worked with RiPFA who will evaluate their project. They aimed to engage people to identify the outcomes they want from safeguarding investigations and to evaluate whether or not these have been achieved.

In addition they have worked on developing preventative approaches with service users to increase their resilience and autonomy in order to decrease the likelihood and impact of abuse or neglect. Their approach also aims to enhance the engagement of people in the safeguarding process.

A check-list and guidance was put into place to ensure that outcomes are recorded, meaningful and measurable. A key part of Sutton's project is the involvement of creative therapists (for example drama therapists) who have run focus groups during the life of the project, for people who have experienced safeguarding.

Sutton have also developed a 'What Good Looks Like' questionnaire, a strengths based tool to enable self analysis for care providers. This is focussed on prevention and enabling care providers to identify and build on best practice and has been trialled in 2 residential homes.

### **Top tips:**

Flexible approaches are required to where and when to hold meetings; the use of pre-meetings; preparation with service users for meetings and the use of advocates and representatives.

Communicate the value of considering including service users in the initial information gathering and strategy meeting.

It is possible to engage service users (with a range of verbal abilities) in discussion about safety and safeguarding through the use of creative therapies

### **Top challenges:**

Moving from a process driven safeguarding approach to active engagement and the developing of a relationship with users and their families based on trust.

Engaging flexibly with other agencies, who are not necessarily accustomed to candour and openness. Enabling people to access the focus groups.

### **Impact on people and practitioners:**

Users felt their voice was heard throughout the process and some felt more empowered.

People with a variety of communication styles and cognitive abilities have been included purposefully and effectively.

This has started a change in culture in the organisation and staff are now exploring a range of more personal approaches to safeguarding. This is also having an impact on our partner agencies due to their involvement in strategy meetings etc where the user is present and able to define their outcomes.

Councils are also being encouraged to discuss their findings and learning in journals and at conferences. We hope that through these forums the detail of their work will be more widely available.

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- There is a wealth of additional information available about adult safeguarding on the Knowledge Hub. The information it holds is constantly updated and contributed to by councils and other professionals. It is a first port of call to find up-to-date information about best practice and new developments.
- The group can be found by going to: <https://knowledgehub.local.gov.uk> and by joining the Adult Safeguarding Community of Practice.



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