Local Government Association

directors of **adass**
adult social services

scie social care institute for excellence

Making Safeguarding Personal

Sector-led improvement

Contents

1. Introduction

This is the final report of a project run by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to undertake some small scale development work in relation to Making Safeguarding Personal. It draws together the findings from four test bed sites and other councils that are using or developing person-centred, outcome focused responses to safeguarding adults.

The findings in this report are based on:

• reports from the test bed sites

• reports from other councils and partners

• output from three workshops

• work with practitioners in the test bed sites

• a meeting with the Restorative Justice Council.

The project took place between February 2012 and March 2013. It was funded by the Towards Excellence in Adult Social Care (TEASC) Project Board (the board steering sector-led improvement in council adult social care), the Social Care Institute for Excellence (SCIE) and the LGA.

This report sets out the methodology used. It then describes the work carried out by the test bed sites and other councils that came forward with experience to share.

The findings from the test bed sites and other councils are grouped together under four headings:

• The process – the practicalities and learning from carrying out the projects. Some of the feedback that councils received, from people who used adult safeguarding services, is included here.

• Outcomes for people – this describes what difference the interventions made for people who experienced them.

• Impact on social work practice – this describes what affect the interventions had on social workers and whether practice changed or improved as a result.

• Cost effectiveness – this section attempts to address whether the interventions were cost effective. Some of the interventions are preventative, with savings anticipated in the cost of long term care. Although there is some discussion about cost effectiveness further work is required before a conclusion can be reached.

The project has provided valuable information on what councils are already doing to focus on outcomes for and the experiences of people who use adult safeguarding services. It starts to explore and identify what works in individual council areas and some of the challenges experienced. More importantly, it starts to raise questions about whether a person-centred, outcome focused, approach could be more cost effective, than a professionally led, process driven one. The transformation of social work practice with adults is key to achieving this.

2. Background

The LGA/ADASS Making Safeguarding Personal development project was drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure.

People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control. Practitioners and safeguarding adults board members want to know what difference they are making, but find it difficult to get this information from national indicators and data, which measure inputs, processes and outputs.

In 2009 the Improvement and Development Agency (IDeA, now LGA), SCIE, British Association of Social Workers (BASW) and Women's Aid worked together to form a body of knowledge, to assist empowerment and support for people making difficult decisions.

This initial work resulted in, 'Review of literature on safeguarding adults supporting 'vulnerable people' who have experienced abuse with difficult decision making' (Deborah Klèe, LGA 2009). The literature review found that there was very little evidence in this field, so we neither know what works best nor have evaluations of methods used.

Following this literature review the LGA developed a toolkit with ADASS and academics, 'Making Safeguarding Personal – a tool kit of responses' (Ogilvie and Williams, LGA 2010), which identified a range of interventions that could be appropriate for adult safeguarding practice.

The Making Safeguarding Personal development project aimed to establish some evidence of measuring college outcomes and tried to set out some proof of concept in relation to some small outcomes based responses, outlined in the Making Safeguarding Personal toolkit.

The Making Safeguarding Personal development project was set up by the authors and supporters of the toolkit, who formed a project group together with the funders and the College of Social Work:

Adi Cooper
ADASS safeguarding lead

Cathie Williams
LGA safeguarding adults lead

Oliver Mills
LGA sector-led development (TEASC)

Owen Davies
College of Social Work (TCSW)

Robert Templeton
SCIE

Professor Jill Manthorpe
Kings College London

Professor Michael Preston
Shoot University of Bedfordshire

The original ambition had been to establish both research and development work. However, the resources available were insufficient to support this and therefore a project manager, Deborah Klèe, was appointed with a brief to additionally support the test beds and work with them on development.

In February 2012 councils were invited to participate in the Making Safeguarding Personal development project as test bed sites, testing out an outcomes focus and person-centred response to safeguarding adults. Five councils were identified, through a selection process. Four of these have made good progress but the fifth had to withdraw from the project due to limited capacity during a major reorganisation of adult services.

The project was broadened in September 2012 to include other councils with learning to share, who were exploring similar areas and had relevant experience.

Making Safeguarding Personal was funded by the Towards Excellence in Adult Social Care (TEASC) project board £20,000, SCIE £10,000 and the LGA £7,000. This has funded project management support, development work and dissemination and £5,000, (plus VAT) to two of the test bed sites. The other two were supported as social work practice pioneers.

A project board directed the project. This included partners and valued academics. They met on five occasions and attended three workshops.

3. Methodology

The Making Safeguarding Personal toolkit set out to develop person-centred responses to safeguarding circumstances, by encouraging councils and their partners to develop a portfolio of responses they can offer to people who have experienced harm and abuse, so that they are empowered and their outcomes are improved. This included ways to ensure that outcomes can clearly be identified through safeguarding processes. The following methods were used:

- test bed sites – implementation and review of approaches

- learning from other councils and their partners

- three workshops to share learning

- support for each of the test bed sites in developing tools and approaches.

3.1 Test bed sites

Following an invitation to express interest, five councils were accepted as test bed sites. Two of these were Social Work Practice Pioneers (SWPP). The test bed sites selected were:

- Central Bedfordshire Council (Social Work Practice Pioneer)

- Royal Borough of Greenwich (Social Work Practice Pioneer)

- Royal Borough of Kensington and Chelsea

- London Borough of Hounslow

- London Borough of Hackney.

The Royal Borough of Kensington and Chelsea reluctantly had to withdraw due to a lack of capacity, as arrangements for bringing together adult's services across three boroughs was underway. As part of the application process, test bed sites were asked to identify their areas of interest. Table one below, shows the spread of interest across the five sites.

Table one – Areas of interest as given by the five successful test bed sites in their applications.

Areas of interest	CB	RBG	Ha	Ho	RB KC
Empowering people – personalized information and advice	Y		Y	Y	
Building confidence, assertiveness, self esteem and respect	Y		Y	Y	
Supported decision making	Y		Y	Y	
Peer support					
Risk and problems when employing personal assistants					
Family group conferences	Y	Y			
Therapeutic and counselling support					
Brief interventions					
Advocacy					
Mediation and conflict resolution	Y	Y			Y
Support for people who have caused harm					
Restorative justice		Y			Y

CB Central Bedfordshire, RBG Royal Borough of Greenwich, Ha Hackney, Ho Hounslow, RBKC Royal Borough Kensington and Chelsea

3.2 Learning from other councils and their partners

In September 2012 with the withdrawal of the Royal Borough of Kensington and Chelsea from the project the project group decided to invite other councils that had learning to share, to participate in the project.

A request was sent out through the ADASS network and the LGA Community of Practice asking for authorities who had experience in using person centred approaches to safeguard adults, to share their learning, examples of the following approaches were requested:

• therapeutic counselling and support

• brief interventions such a cognitive behavioural therapy

• peer support

• outcome focused interventions

• restorative justice

• mediation and conflict resolution.

Several councils responded with reports on work that they were doing to improve and assess outcomes for, or the experiences of people who use safeguarding services. Some sent case studies to demonstrate developing practice.

In October 2012 a request was made by the Health and Social Care Information Centre for councils to help contribute to the development and piloting of a national outcome indicator for adult safeguarding.

As it was developed following concerns raised by the LGA and ADASS during the 'zero based review' of adult social care indicators, that current indicators do not measure the difference that is being made, a request was sent out through the ADASS and LGA networks. The councils that expressed an interest in piloting the indicator were invited to the third in January 2013.

3.3 Workshops

Three workshops were held in May, September 2012 and January 2013.

May 2012 workshop
The purpose of this first workshop was to bring together the test bed sites for the first time with the project board. The test bed sites were invited to share what they were doing, what they planned to do and what they hoped to achieve. They exchanged information, resources, tools and offers of support.

The group explored what difference they hoped to achieve. How this could be measured and the approach evaluated. Some methods and tools for evaluation were shared with the test bed sites by the project board.

September 2012 workshop
This workshop was midway into the project. The purpose was to share learning and take stock of the emerging messages and next steps.

The test bed sites shared their achievements and challenges. They started to identify what difference their work had made to people who use safeguarding services and to practitioners and social work practice.

The output from this workshop was used to inform the TEASC interim report 'Making Safeguarding Personal – interim report' (Deborah Klèe, LGA/ADASS November 2012).

January 2012 workshop
An invitation was extended to all of the councils that volunteered to share their experience as part of the Making Safeguarding Personal development project as well as those who were taking part in piloting the proposed indicator.

Further invitations were extended through the ADASS and LGA safeguarding networks. There were twenty two participants including leads from the test bed sites, universities and some project board members.

The purpose of this workshop was to share findings from the test bed sites and the work of other councils and their partners. Participants were asked to prepare posters addressing the following questions.

- What did you do?

- What difference has it made?

- How do you know?

- Can it be measured?

- What did you learn?

- How has it improved or changed practice?

- How can learning be maximised?

3.4 Support for test bed sites

All four of the test bed sites were offered the support of the project manager and/ or Professor Jill Manthorpe to assist with developing tools, resources, workshops, etc.

Support given included meetings with Hackney, Central Bedfordshire and the Royal Borough Greenwich to explore earlier work and how it might develop with their practitioners managing complex cases. This included the development of practitioner tools and workshops with team leaders and senior social workers.

4. Description of projects

4.1 Test bed sites

Two of the test bed sites focused on supported decision-making, and two on the outcomes for and the experience of the person using safeguarding adult services.

Supported decision-making
Central Bedfordshire and Royal Borough Greenwich explored supported decision-making and a person centred approach in managing complex cases.

They both used variations of a family group conference model. This approach brings together the person at risk with their family and friends, to help them explore the options available to them and to support the person in making a decision.

Central Bedfordshire used experienced in-house social workers to facilitate network meetings. The Royal Borough of Greenwich commissioned an experienced organisation Daybreak, to do this on their behalf.

In addition to using family group conferencing both sites explored other approaches to support a personalised approach in managing complex cases.

Central Bedfordshire developed three tools to support social work practice:

- complex case evaluation model
- individual evaluation (including person-centred planning)
- a carer's evaluation.

When this wider range of responses was introduced midway in the project, staff reported that it resulted in a significant increase in the number of positive outcomes for people and their families and a higher levels of client engagement.

The Royal Borough of Greenwich is planning a series of workshops with social workers to develop a complex case evaluation tool. Both Central Bedfordshire and the Royal Borough of Greenwich are basing this approach on a specific evaluation model – the Winsconsin logic model: http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html

Experience of people who use the safeguarding adults service
The London Borough of Hackney and the London Borough of Hounslow used different methods to find out the experiences of and outcomes for people who used safeguarding adults services.

Hackney used discovery interviews carried out by safeguarding leads in Hackney and the City of London. Care was taken in the selection of interviewees to ensure that they were able to participate without risk of further harm or distress. Those that lacked mental capacity were excluded from the study. The interviews were carried out at a location of the person's choice. The person was invited to tell their story.

The interviewer focused discussion on the service user's views of the professionals who worked to safeguard them, their view of the outcomes, whether they felt safer after the intervention and whether they had been involved in the process. Eight people were interviewed, including one person alleged to have caused harm.

Hounslow used two different methods to:

- establish what outcomes the person wanted at the outset and then a review of the extent to which they were realised, and

- gather feedback from people who use services on their experience of the safeguarding adults process.

To find out whether or not the person's outcomes were realised they included a new section on the templates for recording minutes of strategy meetings. Social workers discussed what outcomes the person wanted from safeguarding at the beginning. The social worker was encouraged to keep a focus on the desired outcome throughout the process and then to evaluate at the end, with the person, whether or not it had been achieved. Hounslow audited 25 per cent of cases at random to review whether outcomes had been met. The outcomes people wanted are reported under findings at 5.2.

To find out about the person's experience of the safeguarding adult process, Hounslow developed a questionnaire. Completion of the questionnaire was intended to be facilitated in a number of ways including:

- a phone call to explain the questionnaire and then a postal questionnaire sent

- agreeing an advocate with the service user and sending the questionnaire to both the person and advocate

- a family member or friend completing on the person's behalf with their permission

- where there is no advocate the safeguarding adults team arranged support for completing the questionnaire by telephone or a home visit.

In total nine questionnaires were completed, ten per cent of all cases.

4.3 Other councils with experience to share

Six councils and their partners came forward with significant experience to share in using approaches that either focussed on outcomes or people's experiences. A further two were planning projects that may provide valuable information in the future.

A brief outline of each is given below and the findings reported in section 5.

Dudley Metropolitan Borough Council
Dudley put in place a system for discussing the experiences of people who have been through a safeguarding process. It allowed the views of people who used the safeguarding service to influence and inform service improvement.

Hampshire County Council

Hampshire County Council have a number of person centred, outcome focused initiatives for safeguarding adults. These include a trading standards safeguarding service, flexible approaches to safeguarding meetings and family group conferencing.

Trading standards safeguarding service – there are approximately fifty complex referrals a month to the trading standards safeguarding unit. Officers often facilitate family meetings. They provide mediation and negotiation to redress the situation, for example, getting a refund, debts written off or the renegotiation of a contract.

Flexible approaches to safeguarding meetings – this approach was developed as a result of a wide scale audit of safeguarding processes, based on an audit tool, developed by people using services. The person receiving a service decides where and when their meeting will take place. They are always invited to attend with or without a friend or advocate. Their wishes are always central to decisions and the focus of any protection plan.

Family group conferencing – family group conferencing had been established in Hampshire for three years. They have found it particularly helpful when a person is at risk but refusing to engage with statutory services. They believe the family group conference enables them to remain in control.

Royal Borough of Kingston

Kingston Royal Borough Council worked with the University of Kingston to develop three questionnaires to get the views of people who use safeguarding adult services in Kingston.

One was for adults at risk, another for people alleged to have caused harm and a third for carers. The questionnaires were introduced at every safeguarding conference. They include a question on whether or not the person felt safer as a result of the intervention.

A rolling audit was carried out to get statistical and qualitative data regarding the satisfaction of people using services with safeguarding policy, procedure and services in Kingston. The audit was carried out over a twelve month period. The trial demonstrated that it was possible to get the views of people who use adult safeguarding service. The Royal Borough of Kingston considered it a worthwhile exercise.

Southend Council

Southend Council developed a questionnaire to get feedback from people who had used the safeguarding adult service. Over a ten month period they approached fifty five people, of these thirty five responded. The results were collated and recurring themes identified.

Surrey County Council

Surrey County Council carried out interviews with people who used the safeguarding adults service as soon as possible after completion of the process. At the close of every safeguarding meeting, the chair made a referral to the area quality assurance manager, who made contact as soon as possible with the person.

A face-to-face interview was carried out with the person who used the adult safeguarding service and a safeguarding experience feedback form was completed. The interview sought views on the process, the investigation, meetings and outcomes. There was a question on whether the person felt safer as a result of the intervention. Twenty five people have been interviewed to date.

Sutton Council

Sutton Council have completed two interesting and relevant studies. The first in 2010 was a quality network review of safeguarding which provided qualitative information about the person's quality of life based on ten outcomes. It was designed by the British Institute of Learning Disabilities to ascertain the impact on a person's life of new or changed services or of an intervention.

People who had experienced the safeguarding adult service were interviewed to find out whether they felt safer and whether their quality of life had improved. Although twelve people originally agreed to be interviewed, only six took part. One of the main findings was that although participants felt that they had been a part of the safeguarding process, and safer, they did not feel that their quality of life had improved.

More recently in 2012 Sutton Council piloted a model for performance monitoring safeguarding cases for adults at risk. The model involved reviewing the extent of improvement in areas of self and life as a result of the safeguarding intervention. The approach was developed using an outcomes framework.

Participants were contacted at the point of the safeguarding case closure and again some months later to pick up on long term or developing outcomes. A template was completed by the social worker following the interview. This process has been integrated into existing social work practice, at the review stages.

Planned initiatives

Cambridgeshire County Council

Following an approach to the Department of Health Safeguarding lead and discussions with the LGA and ADASS leads, the University of Cambridge and Cambridgeshire County Council are planning to carry out a study this year on the experiences of adults referred to Cambridgeshire County Council adults safeguarding service. It will look at:

- whether the service is delivering outcomes that people using it value

- are safeguarding leads and IMCAs making efforts to involve service users in decisions about protective measures

- what efforts are being made to meet client's expectations or, where they lack capacity, promote their best interests?

Oxfordshire County Council

Oxfordshire County Council are planning to look at how safeguarding can become more outcome focused. They will hold two focus groups, one for people who use adult services and one for safeguarding professionals to get their views. They will use this to identify the barriers that they need to overcome and actions to take to make policy and procedure more person centred.

A number of councils and partners who responded, are looking at ways of getting the views of people who have used safeguarding services and some are asking whether the outcomes they wanted have been met. A few are using family group conferencing or meetings and other outcome-focused interventions. There was also an example in Hampshire, where the trading standards department are using restorative justice and mediation to support people who have experienced financial abuse.

5. Findings

The key findings from the test bed sites and other councils that shared their experience with us have been grouped under four headings: the process; outcomes for people; impact on social work practice; cost effectiveness.

5.1 The process

Although the information gathered from people about their experience of the safeguarding process was invaluable in improving services, it did present a challenge at times, particularly if the person was interviewed after the safeguarding process had concluded.

The more successful approach was to ask the person at the beginning what outcomes they wanted to achieve, to check these midway and then review whether or not the outcomes had been met at the end. This focused discussions on how the desired outcomes could be realised, and the likelihood of this happening if various options were pursued. It was agreed by all of the councils that this approach should be an integral part of the safeguarding process.

This is of course different to getting more general views about the safeguarding process, when it was agreed that the person should be approached as soon after the conclusion of the safeguarding process as possible.

Southend indicated that if the interview was part of the 'closure' of safeguarding, people found it a helpful communication that the intervention was concluding.

Finding suitable people to interview in Hackney and Hounslow required the investment of a social worker's time to review cases, to check that the person had capacity and that an interview or questionnaire would not distress them. Hounslow seconded a social worker to assist with this task but other work demands and priorities resulted in the secondment coming to an end.

Hackney and Hounslow did not include people who lacked capacity but Kingston did, using a different questionnaire. Surrey invited a family member or advocate to be interviewed when the person at risk could not be interviewed.

Once people were selected for interview or questionnaire many declined or failed to respond, even after they had agreed to take part. Kingston had a return rate for questionnaires of 3-4 per cent and Hounslow an encouraging 10 per cent.

Hounslow changed their safeguarding adults templates so that every person was asked the outcome that they wanted to achieve at the beginning, again at midway and at the end of the safeguarding process whether or not it had been met. Hounslow found it easier to audit whether or not outcomes had been met than getting views by questionnaire.

As everyone was being asked about their desired outcomes and these were being recorded it was a simple process for someone to audit the files. Fifty-eight (25 per cent) of files were selected at random for this purpose.

There was a significant shift in social work practice and culture in Greenwich and Central Bedfordshire as social workers started to understand the impact of a person centred approach. Initially Greenwich and Central Bedfordshire found it difficult getting referrals from social workers for family group conferencing/ network meetings. They felt that this was because social workers thought it would take up more of their time in a pressured environment. It also took time for social workers to understand family group conferencing and to see its benefits. They needed to be supportive of this approach to explain the benefits to people at risk and their families.

Over time social workers did understand the benefits and could see that it would save time and money in the long term, as often people were supported to remain living at home independently, and achieve better outcomes for those involved.

Central Bedfordshire worked with social workers to review why the approach was effective and applied this learning to develop alternative models of intervention for complex cases where family group conferencing was not considered appropriate. They had great success when the range of responses for managing complex cases was extended in this way. There was better engagement by people and their families and social workers felt more confident in supporting the person to make difficult decisions.

There was a general view that outcome focused, personalised approaches to safeguarding adults should be integrated in to the mainstream business of social work practice and not an 'add on' or specialist service. Greenwich like Central Bedfordshire is transferring the learning from safeguarding adults to the management of all complex cases.

The experience and skills of the interviewer was also debated by councils. Hackney felt that the interviewer should know the case well and have a wider knowledge of what was available to be able to answer any questions. Surrey asked a quality assurance manager to carry out the interviews, intentionally choosing a person who had no knowledge of the cases.

Central Bedfordshire facilitated network meetings themselves, whereas Greenwich and Hampshire commissioned an independent service to do this on their behalf. People who used the service reported that what mattered most was how the person talked to the family, not who employed them.

Getting the views of a wider and more diverse group of people that have used adult safeguarding services was a challenge for all councils.

The independent service working with Hampshire and Greenwich is planning to invite experts by experience to assist with family group conferences. Central Bedfordshire is considering working with the Alzheimer's Society and Carers Association to improve engagement with people at risk and their families.

Hounslow has trained members of the Adult Abuse Awareness team, a group of volunteers, to carry out interviews and will be supporting them to take on this role in the future.

These experts by experience may successfully reach a wider diversity of people.

5.1.1 What people said about safeguarding adults services

A few of the comments from people that were interviewed were reported by councils. All of the councils that used questionnaires and interviews to get people's views used these to change policy and practice.

• Safeguarding is not a term that people recognise or understand

• A quick and assertive intervention is valued

• Having a clear conversation with the person who is being safeguarded about the outcomes that they want is important in the early stages of the intervention. This helps social workers to communicate better and in a more timely way with person at risk

• Social workers need to be on hand at critical time and be prepared to give on-going support when needed

• People need to know when the safeguarding process has finished, what the outcome is and what happens next

• People need continuity of staff involved in the processes

• People should be made aware that they can ask a friend or advocate to support them at meetings.

5.2 Outcomes for people

It is encouraging that in general, in all cases, people that were asked felt that their outcomes had been met. When there were exceptions it tended to be because either they hadn't been asked early enough what it was they wanted or because there was no retribution for the perpetrator.

Hounslow found that 98 per cent of people were satisfied with the outcome of the safeguarding process. One person's outcome was not met, as police were unable to pursue an allegation of theft.

Dudley, Hounslow and Southend reported that people's outcomes often changed throughout the process. In Hounslow 15 per cent of outcomes changed during the safeguarding process.

Hounslow reported that people wanted to feel safe. Where they felt paid carers had provided a poor service, they wanted a different carer, and in some cases a different agency or residential/nursing placement. A few wanted to know that where the alleged abuse had been substantiated, the perpetrator had received appropriate disciplinary action.

In cases where property or money had been stolen (not by their family), they wanted the perpetrator caught and brought to justice.

Where family members were involved in the abuse, people wanted different things. In a few cases people wanted help to keep the person away, for example, an injunction.

People wanted help to manage their finances and keep them safe from the perpetrator, in some cases requesting a court of protection. In cases of neglect, some people recognised the pressure their informal carer(s)/family member was experiencing and wanted them to have more help.

In quite a few cases the person specifically requested no action be taken, preferring to manage this themselves. In a few cases people decided that their relationship with the family member was paramount and they did not wish to do anything to jeopardise this. In these cases a capacity assessment was part of the decision making process

Another important outcome that people wanted was to be listened to and believed when they reported abuse. Hounslow received comments like, "I'm pleased with the action they've taken", "I'm glad this was taken seriously," I was worried no-one would believe me but you've all listened to me", "I'm so relieved that somebody has done something to help me".

Surrey and Sutton both reported that people felt safer after safeguarding interventions. Surrey also reported that people felt listened to and more confident in speaking up. Five out of seven people felt safer in Hackney. Of the remaining two, one felt unsafe because the perpetrator had not been convicted and the other, because the perpetrator had not been charged with a criminal offence.

Sutton's study of the impact of interventions on the quality of life, found that feeling safe in their own home did not on its own add up to feeling happy. It was also important to people that they were able to make choices about where they lived and their lifestyle.

In Hampshire where family group conferencing is well established, evaluations have found that the person feels empowered and listened to as they are at the heart of the process.

Greenwich reported that people who had used family group conferencing, said that it gave them back control over the situation and they felt supported.

Those using it felt that family group conferencing identified the person's networks and the personal resources that they have to manage their situation. It helped them and their family learn how to resolve complex problems within the family by drawing on their personal resources and networks.

Central Bedfordshire saw a significant increase in the number of positive outcomes for people at risk and their families, when a range of responses to managing complex care was introduced alongside family group conferencing.

5.3 Impact on social work practice

All councils reported that getting the views of people that had used safeguarding adults services was worthwhile as it had led to service improvement.

Where questionnaires and interviews were carried out to get people's views on the safeguarding process in Dudley, Surrey, Sutton, Hackney, City of London and Kingston, the results were shared with the Safeguarding Adults Board and more widely. They were used to update and change policy and practice.

In Surrey staff were encouraged to invite the person at risk to their case conference. As a result attendance at case conferences rose by 34 per cent. Issues raised by people that experienced the safeguarding process were fed back to area teams and addressed through staff supervision and skills development.

Surrey found that initially social workers did not want to get people's views on outcomes as they felt it was too risky. It is a testament to the process and resulting change of culture, that at the end of two years they felt comfortable asking people whether their outcomes had been met.

The councils that reported the biggest impact on social work practice were those that had used family group conferencing. Hampshire, Greenwich and Central Bedfordshire, all reported that there had been a cultural shift across all adult services as a result of this approach. They saw social workers thinking about the person's family network and the resources that they could bring at an early stage using an asset based approach.

It was agreed by Hampshire, Greenwich and Central Bedfordshire that although family group conferencing is a slow process and initially resource intensive, that it results in better outcomes for the person and their family. It results in savings through a reduction in future interventions, as the person and their family learn how to be self reliant, and often delays long term care by increasing independence. This is discussed further below.

The learning from the pilots continues as Central Bedfordshire are planning a series of workshops in March 2013 for social work staff.

At the beginning of the pilot Greenwich trained 48 social workers in family group conferencing and restorative approaches. They also asked them to complete a questionnaire on their assumptions about adult safeguarding. They will send out the same questionnaire at the end of March, to find out if social worker's attitudes have changed as a result of the pilot.

Greenwich like Central Bedfordshire are also planning a workshop in March 2013 to develop a complex case evaluation tool with social workers, so that the principles of family group conferencing, an asset based approach and managing risk can be applied confidently to practice.

5.4 Cost effectiveness

Finding out about people's experience of safeguarding adult services and using this to improve practice was considered a worthwhile exercise. The findings from those councils that took this approach can be used more widely to influence safeguarding policy and practice.

Asking people the outcomes that they want to achieve throughout the safeguarding adult process, keeps the practitioner focused on a person centred approach and leads to better outcomes for the person and their family. This does not cost anything and should be common practice.

Family group conferencing and other approaches that use an asset based, person centred and outcome focused approach presented more of a challenge to ascertain cost effectiveness in the short time scale of the testbed sites.

Greenwich believe that family group conferences are cost effective, as the cost per case of a family group conference is £1,500 and their experience is that admission to a care home can be delayed. The cost of supported accommodation can cost up to £1,500 a week (Natalie Valios 2013)

A study undertaken by Hampshire Adult Services (Daybreak Feb 2013) recognised savings of £77,360 associated with 49 referrals to family group conferencing. The cost savings were realised by avoiding admission to a care home, reduced or cancelled domiciliary care and reduced social work and care management time.

It is also possible that by increasing a person's confidence to manage difficult situations and draw upon the support of their family and friends, that they may be better able to cope in the future without requiring assistance from adult social care.

Those participating felt that family group/ network conferences are best used as a preventative approach to avoid getting to the point where a safeguarding referral is required. Early intervention allows for a planned and considered response, engaging the person and their network of family and friends in the process. They felt they can prevent a crisis situation and the need for emergency admission to respite care. It is an example of where there is a good case to invest to save in the long term.
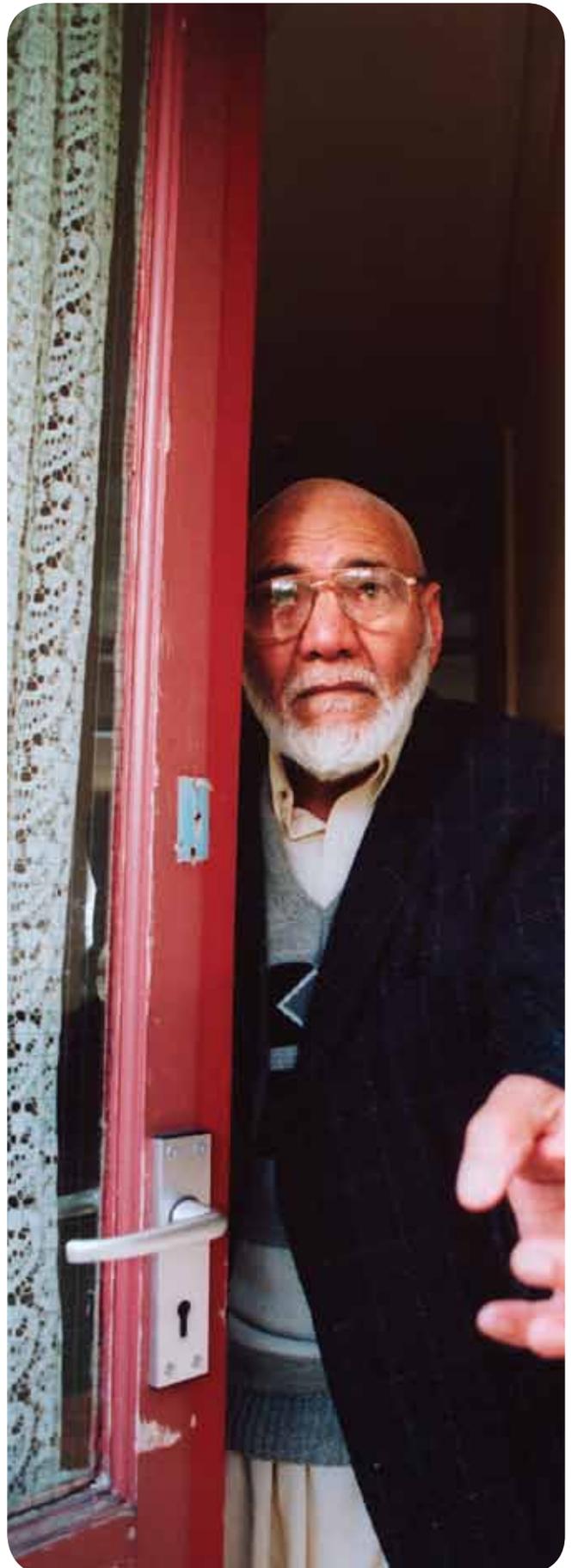
6. Summary

The Making Safeguarding Personal development project, supported four councils to test the proof of concept, in supporting people to make difficult decisions using person centred, outcome focused approaches.

Two test bed sites used family group conferencing or network meetings to support people to make difficult decisions in complex situations, whilst remaining in control. Social workers were trained in the application of these approaches and explored how the principles could be applied to managing other complex cases.

A small number of family group conference or network meetings were held by both test bed sites. The benefits were felt to be preventative in helping people and their families, to find solutions that were acceptable to them, sometimes addressing longstanding complex relationships.

There was a significant change in culture and social work practice as a result of using this approach. Social workers in both councils, have applied the principles of family group conferencing and network meetings to managing complex cases, keeping a focus on the person and the resources and networks that they can draw on to help them to manage their situation.

The other two test bed sites worked on the outcomes and experiences of people in safeguarding circumstances. One of them asked at the beginning, middle and end of the safeguarding process, the outcomes that people wanted and can now demonstrate the extent to which they have been met. This has changed social work practice and is now integral to the way social workers work.

Another test bed site produced detailed qualitative information on people's experience of the adult safeguarding process. This has been used to shape practice and will influence policy and practice in London. Both of the test bed sites that asked people about their experience of the service found that most people were satisfied and their outcomes were met. The main reason for dissatisfaction or not having an outcome met was when a person had failed to be prosecuted or they had not been asked early on what they wanted to achieve.

Six other councils have engaged with the Making Safeguarding Personal development project. Most of these used a quality assurance approach to get people's views on their experience of the safeguarding adult service.

The key messages from the Making Safeguarding Personal development project are:

- If practitioners only focus on making people feel safe, they compromise other aspects of their wellbeing, such as feeling empowered and in control.

- Using an outcome focused approach and engaging with the person throughout the safeguarding process can be done. It leads to better outcomes for the person and does not cost anything.

- Using an asset based approach to identify a person's strengths and networks can help them and their family to make difficult decisions and manage complex situations, preventing future referrals and potentially delaying long term care.

- In the councils we worked with, approaches such as family group conferencing, that focus on a person centred, outcome focused approach and empower the person to draw on their strengths and personal networks, are having a positive impact on social work practice in general, as social workers start to apply these principles to all complex cases and there is a gradual shift in culture.

The Making Safeguarding Personal development project set out to test some approaches as proof of concept. The findings are encouraging, but more research and development is needed on approaches to help people resolve their circumstances, when faced with difficult decision making, if we are to change social work practice in safeguarding adults from being process driven to having one with a focus on outcomes.

The frustration of people, who felt that there was no retribution for the perpetrator, highlights the need to support people in getting better access to justice and using restorative approaches. This too is an area for further development supported by research.

The Making Safeguarding Personal development project, although small in size and funding, has made some important observations. It is clear that people want to feel in control and are more likely to do so when an outcome focused, person centred approach is used.

There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.

Small changes can be made at relatively no cost to social work practice, but further research and development is needed to explore more fully approaches that help people make difficult decisions in complex circumstances.

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