

Making Safeguarding Personal 2013/14:

Selection of tools used by
participating councils

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Introduction

The Making Safeguarding Personal work for 2013/14 has five components:

Making Safeguarding Personal 2013/14: Guide
Making Safeguarding Personal 2013/14: A summary of findings
Making Safeguarding Personal 2013/14: Report
Making Safeguarding Personal 2013/14: Case Studies
Making Safeguarding Personal 2013/14: Selection of tools used by participating councils

The tools that follow are examples from a wide range developed by councils that engaged in Making Safeguarding Personal 2013/14. They were developed to support outcome-focused practice and the aggregation of outcomes measures. They are from a range of council areas.

Each tool is linked to 8 key headings based on the combined key statements from the main findings that are set out in the Making Safeguarding Personal 2013/14 report. These are presented in the Cross Reference section below. The purpose of this is to highlight which examples best reflect these key statements.

Each of the tools has been devised to support development in the context and circumstances of the council concerned and therefore each council approaching MSP will find some more useful than others.

Please note the use of language/terminology in the tools reflects that of the councils used in the impact statements submitted.

This document has been collated by Research in Practice for Adults for the MSP programme in 2013/14.

Cross reference

1. Benefits in social work practice as a result of implementing **outcome approaches** and engaging people from the start of safeguarding. (Key Statement 2)
See example number: 1-4 & 12
2. Service users who have benefited from **participation** in outcome focused safeguarding meetings. (Key Statement 3)
See example number: 1, 3 & 6
3. Service users who have benefited from simplified **information guides**. (Key Statement 4)
See example number: 6 & 9
4. Councils that have been able **evidence** good outcomes for people using more than one method to measure effectiveness. (Key Statement 5)
See example number: 1-5, 8, 10-11, 13 & 15
5. Councils that have developed **staff competencies** in assessment & management of risk and person-centred safeguarding. (Key Statement 11)
See example number: 2 & 6
6. Councils that have improved or created new **recording systems** to measure outcomes and enable person-centred practice in safeguarding. (Key Statement 12)
See example number: 1-5 & 14-15
7. Councils that have revised safeguarding **policies and procedures** to reflect MSP. (Key Statement 13)
See example number: 3, 6 & 13
8. Councils that have introduced **person-centred practice** in safeguarding through briefings, training & development and supervision. (Key Statement 15)
See example number: 7 & 13

Tools

Tool 1: Gateshead Council

This tool demonstrates how to develop and measure outcomes to enable person-centred practice

Capacity

Does the adult at risk have capacity to understand this process?

- Yes – Complete Outcome Section
- No – Complete Best Interest Section

Best Interests

Who was the Best Interest /decision Maker?

IMCA or other advocate	
Input from another person	
Family / Friend	
Lasting Power of Attorney / Deputy	

Outcomes	
What were the DESIRED OUTCOMES from the adult at risk at the start of the process:	
An increase in safety balanced with the need for independence	
Access to justice	
Accountability and/or support for the person alleged to be responsible	
Becoming better able to self protect	
Knowing where to access support from in the future	
Help to develop a more supportive social network	
System change where this has played a part in abuse occurring	
That others are protected from similar risk and abuse	
An improved quality of life	
Would like the abuse to stop	
Return of stolen goods	

Any others	
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At the end of the safeguarding process had the outcomes identified at the beginning of the process changed?

Yes/No

At the end of the safeguarding process were the outcomes:

- Fully Met
- Partially Met
- Not Met At All

If outcomes were partially or not fully met please give reasons why

Feedback	Yes	Partly	No
Does the adult at risk feel safer as a result of the safeguarding investigation?			
Has the adult at risk had the help that they needed need to recover from harm or abuse?			
Has the adult at risks life changed for the better as a result of the safeguarding investigation?			
Was the investigation conducted in such a way that the adult at risk felt in control, informed and involved?			
Did the involvement of the adult at risk in the investigation increase their ability to self-protect in the future?			
Did the safeguarding investigation achieve what the adult at risk hoped for?			

What is now different for the adult at risk?

What has improved?

Comments on the whole process (experience of meetings, safeguarding adults' manager, others)

What did they value?

What would have made it better?

How has the safeguarding process made them feel?

Tools 2: Royal Borough of Kingston Council (a)

The following tool is a Making Safeguarding Personal aide memoire for professionals to use alongside the person at risk. The tool enables the professional and person at risk to identify quality, process and change outcomes. This tool is accompanied by a practitioner feedback form to assess how the aide memoire was used to identify quality, process and change outcomes.

Royal Borough of Kingston Safeguarding Adults Service User Outcomes Questions

The suggested questions/prompts on the following page are adopted from Safeguarding Adults Outcomes and Effectiveness Framework (SSIA December 2011) and are meant to act as an aide memoire to assist you in discussing with the adult at risk:

- what their desired outcomes are in relation to their quality of life
- the safeguarding process
- changes that they want to make in their life circumstances.

You will need to use your skills, abilities and judgment to adapt and change the questions to suit the needs of the adult at risk, while maintaining a focus on the three defined outcome areas.

If the adult at risk has been assessed as not having the capacity to participate then the family member/friend/advocate that represents them must be included.

The overall aim is to use an enhanced person centred approach to working with the adult at risk to enable them to be clear about what they want – their desired outcomes.

This will be particularly relevant where the adult at risk is initially resisting the safeguarding intervention, or is not sure about the consequences to others.

The information you gather in relation to Quality of Life, Process and Change should be clearly recorded on the Safeguarding Forms and the Investigation Report.

At the Case Conference stage the outcomes for the adult at risk in terms of quality of life, process and change should be recorded as being fully met, partly met or not met. This information should be gained by direct contact with the service user, or through their representative. This will be managed differently in the three teams involved in the Making Safeguarding Personal Project.

Your team manager will take the lead role in ensuring that this procedure is followed. They will report the findings directly back to the Promotion Lead for the Safeguarding Adults and Mental Capacity Act Team who is the Project Lead for Making Safeguarding Personal.

Royal Borough of Kingston Safeguarding Adults Service User Outcomes Question Areas

Aide Memoire

Quality of Life:
<ul style="list-style-type: none">• How do you feel about discussing harm/abuse?• Are there people you can talk to about harm/abuse/safeguarding?• What sort of help do you need at the moment?• What is the best way to describe how you want to be treated?• What is important to you at the moment?• Are you able to have the sort of life you want?• Do you feel prevented from doing some things?• Do you know how to keep yourself safe and not be exploited?• If someone has reported a concern about you, how easy or difficult is it for you to discuss what is happening?• What are the things that are making it difficult for you?• What are the things that are/could make it easier for you?• Do you feel confident that you can get help to keep safe without compromising the other things you want in life?
Process:
<ul style="list-style-type: none">• What do you know about safeguarding?• How did you find out about safeguarding?• Is there any information you need?• What will help you feel in control of what is happening?• How would you feel about the police/courts being involved?• How do you feel about having an investigation into the harm/abuse that has been reported/ you have reported?• Is there anything worrying you about the investigation?• What are some of the things that might be helpful to you about the investigation?• Do you feel able to say what you want to happen as a result of reporting the abuse, or others becoming aware of the abuse ?• What can we do to make sure you are happy about the action being taken?
Change:
<ul style="list-style-type: none">• What do you want to be the end result of the safeguarding activity that's taking place?• What do you think might be the best thing to come out of it?• What do you think might be the worst thing to come out of it?• What can we do to make you feel safe from harm or abuse in the future?• What will help you to feel in control of things?

Practitioner Feedback

Using the MSP Aide Memoire in helping the person to identify Quality, Process and Change outcomes
What were the benefits of using the Aide Memoire?
What were the drawbacks to using the Aide Memoire?
What was your learning from using the Aide Memoire?
Will you continue to use the Aide Memoire after the Making Safeguarding Personal Project has concluded?
How have your skills and abilities around Person Centred Practice increased as a result of involvement in the MSP Project?
Any other comments?

Tool 3: Royal Borough of Kingston Council (b)

Kingston Council use a number of tools designed to aid safeguarding case conferences, reviews and strategy meetings. These provide a good example of where they have formally integrated outcomes into the overall process. The pro-formas also ensure that the wishes of the person at risk are prominent throughout ensuring they are involved in an outcome-focused meeting. Below is an example of where outcomes have been integrated into a strategy meeting:

9. Outcome(s) for adult at risk
Outcome 1:
If 'other', please specify:
Outcome 2 (if applicable):
Has the adult at risk been supported by an advocate, family member or friend?
Has another advocate been used?
10. Outcome(s) for person/organisation alleged to have caused harm
Outcome 1:
If 'other', please specify:
Outcome 2 (if applicable):
If 'other', please specify:

Tool 4: London Borough of Lewisham Council

This example illustrates how service user feedback on safeguarding outcomes are recorded / measured. This example is taken from a review of questionnaire results from participants involved in Lewisham’s MSP project.

Individual Feedback Survey questionnaire	Numbers of participants	% (Percentage)
People who received a safeguarding service which came to a conclusion in the period between 8 October 2013 and 8 January 2014		
Of those referrals, the number of participants who expressed the outcomes they wanted (3 Wishes/ Outcomes)		
Of the participants who expressed their desired outcomes, the number of people whose outcomes were realised fully		
Of the participants who expressed their desired outcomes, the number of people whose outcomes were realised partly		
The percentage of people who realised their outcomes either fully or partly as a % (percentage) of all safeguarding referrals concluding in the period 8 October 2013 and 8 January 2014		
Of the participants those who found the ‘Safeguarding Adults – What Happens Next’ leaflet useful and answered either yes or partly		
Of the participants those who answered yes or partly to the question - ‘Do you know how to keep yourself safe?’ before the safeguarding process began		
Of the participants those who answered yes or partly to the question - Do you feel confident that you can get help if you are worried about being harmed/abused?		
Of the participants those who answered yes or partly to the question - Did you feel you were listened to and could say what you wanted to happen?		
Of the participants those who answered yes or partly to the question - Did you feel in control of the situation?		
Of the participants those who answered yes or partly to the question - Do you feel safe from continuing harm/abuse?		
Of the participants those who answered yes or partly to the question - Are you happy with the action being taken to protect you?		
Of the participants those who answered yes or partly to the question - Do you feel better about your life as a result of safeguarding activity?		

Tool 5: Bracknell Forest Council

The purpose of this questionnaire is to gather the views of people who have been through the safeguarding process, in order that the department can monitor and improve the quality of its safeguarding services. This information is used to: recognise areas of positive practice by Bracknell Forest Council staff as well as identifying areas of practice that require further development.

The questionnaire is inputted onto the system once completed and data from whichever particular question you are interested in recording/monitoring can then be extracted from that. By adapting the IAS recording process and making the actual questionnaire part of the whole recording episode means the data can then be extracted at source.

Post Safeguarding process - questionnaire

Process

The Designated Safeguarding Manager (DSM) will, at the point of closing the safeguarding referral, identify the following:

- Whether it is appropriate for the person to be interviewed
- If it would be inappropriate for a particular reason i.e. they have stated they do not wish for Adult Social Care to have further involvement or they lack capacity or there is evidence that it would be detrimental to them if they were interviewed. Then the DSM will identify an appropriate person (advocate, family, Independent Mental Capacity Advocate) who's views can be gathered on their behalf
- Who will be the most appropriate person to support the person to complete the questionnaire; this may be a Safeguarding Development Worker, the safeguarding assessor or an advocate etc.

Only those people whose circumstances resulted in a strategy meeting will be contacted to ascertain their willingness to complete this questionnaire. The manner in which the questions are asked will be down to the skill and expertise of the questioner.

IAS Number

Social Care Team responsible for supporting the individual at the time of the safeguarding referral

CTPLD	<input type="checkbox"/>
CR&R	<input type="checkbox"/>
CMHT	<input type="checkbox"/>
CMHT (OA)	<input type="checkbox"/>
OP&LTC	<input type="checkbox"/>
Autism Team	<input type="checkbox"/>

Questions
<p>Were you aware that Bracknell Forest Council had concerns about your safety</p> <p>If the answer is no provide detail of answer below.</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Were you invited to a meeting to talk about how to keep you safe?</p> <p>Provide details of answer below eg. individual was invited but declined to attend/individual chose for advocate to attend on their behalf etc.</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/> chose not to attend <input type="checkbox"/></p>
<p>If you attended the meetings, did you feel that you were able to say what you wanted to say?</p> <p>Please provide details</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Did you have an independent person (advocate) to support you through the process</p> <p>eg IMCA, Advocate, Family, Friend</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/></p>
<p>Do you feel your views were listened to and acted upon?</p> <p>Provide evidence for this, ie. a decision was changed or made as a result of the individuals' views</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Were you in agreement with the plan that was drawn up to help you to stay safe?</p> <p>If no please give explanation as to what the individuals would have preferred to happened. It may be that the questioner has to facilitate a discussion between the individual and their social care practitioner</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Were you satisfied the way things were done and what has happened since?</p> <p>If no then the individual must be asked what they would like to happen next.</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Do you feel safer now than you did before the safeguarding process was started?

Also record if the reason for the concern has been resolved or reduced.

Yes No Don't Know

If you could change anything about the way the council helped you, what would it be?

Tool 6: Hampshire County Council (a)

This is an example of simplified information for professionals to use with persons at risk. The purpose of these tools is to inform service users of the safeguarding process and to help them work out their desired outcomes.



**Making Safeguarding Personal
Our Promise:**

Respect me

 Treat you well


 Believe you and take what you say seriously


 Listen to you


 Be honest with you about what we can do and explain what we can't do


 Tell you the name of the person you can speak to when you need help or want to know something

 Involve you, at the level you want at every stage and keep you informed


 Provide you with support, if needed, to understand what is happening and help you to tell us what you think


 Invite you to meetings at a place you can get to


 Support you to have access to the legal system

 Respect your choices and the right to change your mind

Your contact

 **Tel:**

 **Name of Social worker**

 **Email**


2




























What do you want to happen?

Things to think about:

1. I want the abuse to stop and to feel safe
2. I want help to protect myself in future
3. I want help to feel more confident
4. I want to be involved in what happens next
5. I want people involved in my case to do what they say they will do
6. I want the police to prosecute
7. I want help to access any support that may be available to me
8. Other

 **What is most important to you?**

If you want, you can write down the three most important things you want to happen. You can also say what you want us to do to help make those things happen. They can be changed at any time.

Feedback Questions	? 	Yes	No	Partly
1. Have you got the outcomes you wanted?				
2. Did we give you the chance to say what you wanted to happen?				
3. Did you feel you were listened to?				
4. Are you happy with what we did for you?				
5. Do you feel safer?				
6. Do you feel happier as a result of safeguarding?				

Tool 7: Hampshire County Council (b)

This is a staff guide to making safeguarding personal. It explains the safeguarding process and provides an aide memoire to assist professionals in making decisions / developing desired outcomes.

Making Safeguarding Personal Staff Guide



Making Safeguarding Personal aims to:

- Make safeguarding more person centred and develop more meaningful engagement of people in safeguarding and improve outcomes
- Give staff permission to spend time with people asking people what they want by way of outcomes at the beginning and throughout the safeguarding process
- Find out to what extent those outcomes have been met at the end of the process

Outcomes the person may want to achieve from safeguarding? (Discuss and encourage the person to consider their top 3 outcomes)

1. I want the abuse to stop and to feel safe
2. I want help to protect myself in future
3. I want help to feel more confident
4. I want to be involved in what happens next
5. I want people involved in my case to do what they say they will do
6. I want the police to prosecute
7. I want help to access any support that may be available to me
8. Other

Alert Stage: Actions (Record on AIS & spreadsheet)	Discussion to include:
<ul style="list-style-type: none"> • Meet service user/representative and have a face to face conversation • Consider mental capacity & complete a mental capacity assessment if appropriate. • Give user/representative MSP leaflet with your contact details on • Explain safeguarding process • Identify suitable person to provide support, if required, it may be an advocate/IMCA • Consider Family Group Conference to help service user obtain outcomes • Record conversation with service user to include assessment of capacity and service user wishes. • Record alert as per departmental guidance. • Records should remain factual 	<ul style="list-style-type: none"> • What is important to the service user. Have a conversation to help the service user to identify their top 3 priorities, & encourage the person to record them in leaflet • What could be done to help the service user feel safer • What the service user wants to happen as a result of safe guarding (Outcomes) • What the service user doesn't want to happen • What help and support is needed to help service user understand process and express their views • What will happen next

<p>Strategy Planning discussion / meeting: Actions (Record on AIS & spreadsheet)</p> <ul style="list-style-type: none"> • Ensure service user/representative views are presented to meeting/ discussion and the actions reflect desired outcomes • Meet & give feedback to service user/ representative asap after strategy planning discussion/ meeting, ensuring actions and next steps are clearly explained • Record details as per guidance 	<p>Discussion after SPM/ discussion to include:</p> <ul style="list-style-type: none"> • Outcome of Strategy Planning discussion/meeting • Service user priorities. They may have changed • Where the service user would like the meeting/s to be held • What help and support is needed to help service user understand process and express their views
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<p>Case Conference: Actions (Record on AIS & spreadsheet)</p> <ul style="list-style-type: none"> • Ensure service user or if appropriate, representative is invited to the case conference and knows what to expect • Ensure service user/ representative is offered support to attend • If service user/representative is not present put forward their views at the meeting • Record details of conversation with service user before and after case conference • Record outcomes of case conference and responsibilities for actions as per guidance • Record whether there have been any changes to the services users wishes/ desired outcomes 	<p>Discussion before Case Conference to include:</p> <ul style="list-style-type: none"> • Recap the outcome of Strategy Planning discussion/meeting • Service user priorities/ desired outcomes. They may have changed • What will happen at the case conference • What help and support is needed to help service user understand the process and express their views • Ensure the service user/ representative is ok after the meeting • Discussion after Case Conference: • Confirm arrangements for next meeting (if known) • If additional help and support is needed to help service user understand process and express their views
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Case Conference Review: Actions (Record on AIS & spreadsheet)	Discussion before Case Conference Review to include:
<ul style="list-style-type: none"> • Ensure service user/ representative is invited to the case conference and knows what to expect • Ensure service user/ representative is offered support to attend • Record details of conversation with service user, including any changes to wishes/ outcomes 	<ul style="list-style-type: none"> • Outcome of Case Conference • What will happen at the case conference • What help and support is needed to help service user understand process and express their views

At end of safeguarding process, meet with the person and discuss the following questions. Ask and record reasons why service users outcomes were wholly, partly or not met and how we could have done better. Record answers on AIS.

Yes No Partly

1. Have you got the outcomes you wanted?
2. Did you feel you were listened to?
3. Did we give you the chance to say what you wanted to happen?
4. Are you happy with what we did for you?
5. Do you feel safer?
6. Do you feel happier as a result of safeguarding?

Tool 8: Kent County Council (a)

This example is taken from Kent's Making Safeguarding Personal project report. The following tables illustrate the outcome measures from practitioners followed by qualitative comments from vulnerable adults. This tool was implemented to help measure how people experience safeguarding services.

Table 4 Outcome responses for cases commenced in the pilot period, captured and reported by practitioners within existing documentation:

(This table identifies where desired outcomes were discussed and recorded at commencement of safeguarding involvement)

Outcome results of cases commenced and completed in pilot period 01/10/13 – 10/01/14		
Vulnerable adults who received a safeguarding service which commenced and came to a conclusion in the period 01/10/13 – 10/01/14	No.	%
Of those referrals the number of vulnerable adults (or someone acting for them) who expressed the outcomes they wanted initially.		
Of the vulnerable adults who expressed their desired out comes, the number of vulnerable adults whose outcomes were realised Fully		
Of the vulnerable adults who expressed their desired out comes, the number of vulnerable adults whose outcomes were realised Partly		
The Number of vulnerable adults who realised their outcomes either fully or partly as a % of all safeguarding referral participants concluded in the period 01/10/13 – 10/01/14		

Vulnerable Adult comments:

Examples of case studies	1- 3 and 5
Example of comments received	
Type of allegation and summary of outcome	Comment from vulnerable adult
Vulnerable adult (VA) to vulnerable adult incident. Where the VA wanted the alleged perpetrator told off.	I can tell him to stop or he will be in trouble.
Discrimination reported. The VA wanted to be treated properly.	They explained it well
Institutional. The VA is concerned about being identified - allegations related to specific staff and wanted things to be better.	Happy that the Investigator spoke to everyone. Feels that if she has a problem now the staff will sort it out.
Allegation of psychological abuse against family carer. VA did not want action taken against the carer or for them to move out.	Advised that everyone was very kind and carers assessment helpful in arranging support for family carer
Allegation of neglect. Advocate informed wanted Standards of care to improve for vulnerable adult.	Thought action taken would make staff more alert. Added that they had never found fault with the service themselves. Advise that all staff from manager down had been polite, friendly and professional throughout.

Table 5 Outcome responses for cases commenced prior to the pilot period but completed within the period; captured through questionnaires and review of outcomes; reported by practitioners within existing documentation.

Outcome results of cases commenced and completed in pilot period 01/10/13 – 10/01/14 but were commenced prior to pilot date 01/10/13		
Vulnerable adults who received a safeguarding service which commenced and came to a conclusion in the period 01/10/13 – 10/01/14	5	100%
Of those referrals the number of vulnerable adults (or someone acting for them) who expressed the outcomes they wanted initially.	3	60%
Of the vulnerable adults who expressed their desired out comes, the number of vulnerable adults whose outcomes were realised Fully	2	40%
Of the vulnerable adults who expressed their desired out comes, the number of vulnerable adults whose outcomes were realised Partly	1	20%
The Number of vulnerable adults who realised their outcomes either fully or partly as a % of all safeguarding referral participants concluded in the period 01/10/13 – 10/01/14	3	60%

Vulnerable adult comments:

Example of Case study	
Example of comments	
Type of allegation and outcome wanted	Comment by vulnerable adult
Allegation of theft by staff member at service. No return of money lent. Did not want staff member to get into trouble but thought it needed reporting, because most other residents had varying degrees of dementia.	The safeguarding process was well managed and VA was kept informed throughout. VA declined the offer from police to take it further as she felt it was her own fault for giving the staff member the money in the first place.
Allegation raised by care agency of theft from VA by friend. Different professionals advised what was happening but did not feel he had sufficient support to help him.	Felt the process was a bit heavy handed. Advocate supported re-instatement of friendship as VA had been to embarrassed to.
Allegation of emotional/psychological abuse made by directly by vulnerable adult against care worker.	Did have support and information. Would have preferred more face-to-face contact with Investigator in view of sensory impairment to explain written information provided. Note that client file with chronology of events would be useful for client to have.
Allegation made directly by vulnerable adult of financial abuse. Uncertain of perpetrator, wanted it investigated and Monies returned.	Was pleasantly surprised at the speed and attention received from social services and the police and Would not hesitate to call again.

Tool 9: Kent County Council (b)

This is an example of a simplified information guide on safeguarding journey information.

Safeguarding (Adult Protection): Journey Information

1. WHEN WE ARE TOLD THAT SOMEBODY HAS SUFFERED ABUSE

It is everyone's right to live in a safe environment, free from harm. If you or someone you know is being harmed or at risk of harm you need to contact us.

For more information you can contact us on:

Kent County Council on 0300 333 5433

Kent and Medway out of hours service on 0845 626 777

If you think you or someone else is at **immediate risk of harm** take yourself out of danger if you can and contact emergency services **by dialling 999**.

2. WE WILL CONTACT THE PERSON OR THEIR REPRESENTATIVE

Once we are told that you or someone you know (the person) is being harmed or at risk of harm we will always try to contact the person or their representative unless it is assessed as unsafe to do so.

If you or the person are unable to provide consent and have no-one appropriate to act on your or their behalf, we will ensure an independent mental capacity advocate is provided.

Where someone may lack the ability to make a decision on whether to consent to the investigation, it is our legal duty to make a **'best interest'** decision to manage the risks faced to ensure safety from harm for the person or others who maybe affected. **APPENDIX 3** Pilot document 20.08.13

3. GATHERING INFORMATION ABOUT WHAT HAS HAPPENED AND WHAT MAYBE DONE TO ENSURE THE PERSON AND OTHERS ARE SAFE

We will discuss with you, your representative or the person what you/they want to happen. We will then gather the facts about what has happened and what may need to be done to make sure you and others are safe.

As part of the investigation we will gather relevant information from others such as your/their family, district nurse, doctor, care support worker, the police or anyone else we feel can help.

Once we have gathered all the necessary information we will discuss our findings with you, your representative or the person. We will agree with the relevant person how we will **keep them updated** through each stage of the investigation.

4. WE WILL DECIDE WITH THE PERSON WHAT ACTION TO TAKE TO KEEP THEM AND OTHERS SAFER IN THE FUTURE

We will reach a decision with you or the person on what action to take to make sure that you and others are safe and remain **safe in the future**.

This may take place in yours or their own home or another location convenient for you or the person. It may take place during a meeting called a case conference to which you and/or your representative/ or the person will be invited along with other representatives involved in the information gathering to discuss the findings of the investigation and outcomes.

If there are any concerns over misuse of finances, we will ensure that arrangements are in place for the appropriate management of the finances.

If someone lacks the mental capacity to make a decision to agree to recommendations, a 'best interest' decision will be made to take the necessary steps to prevent or reduce risk of abuse from happening again.

Tool 11: Halton Borough Council

This is an example of the headings used for MSP aggregated results to help review/ evaluate the safeguarding process.

Making Safeguarding Personal-Aggregated Results	
Number of safeguarding referrals involved during the pilot	
Number of investigations concluded during the pilot	
Number of individual feedback records completed	

	Number answering yes	Percentage of outcome successfully achieved	Number answering No	Number answering Partly
Do you feel safer as a result of the safeguarding investigation?				
Have you had the help you need to recover from harm or abuse?				
Has your life changed for the better as a result of the safeguarding investigation?				
Was the investigation conducted in such a way that you felt in control, informed and involved?				
Did your involvement in the investigation increase your ability to self protect in the future?				
Did the safeguarding investigation achieve what you hoped for?				

Primary Outcomes	Required outcomes identified by client/ representative at start of investigation	Outcome achieved at end of investigation		
	Number answering yes	Number answering yes	Percentage of outcome successfully achieved	Percentage of outcome partly achieved
Increased safety balanced with the need for independence				
Access to justice				
Accountability and/ or support for the person alleged responsible				
Wanting to be better able to self protect				
Knowing where to access support from in the future				
Development of a more supportive social network				
System change where this played a part in abuse occurring				
That others were protected from similar risk and abuse				
An improved quality of life				
Wanted the abuse to stop				
Return of stolen goods				
Any others				

	Yes	No	Partly	Ongoing-not yet able to answer
Do you feel safer as a result of the safeguarding investigation?				
Have you had the help you need to recover from harm or abuse?				
Has your life changed for the better as a result of the safeguarding investigation?				

Tool 12: Essex County Council

This is an example of a service user safeguarding experience questionnaire which professionals use alongside their vulnerable adult. This format uses simplified images to help the participant answer the questions.

Note: to be completed with the resident, or with the resident and their representative.

Service user PRN:

Part 1 - To be completed at the start of the safeguarding enquiry in the residential care home

- Is there anything that worries you about the care or carers in this home?



Comment:

- Do you feel safe and well cared for?



Comment:

- Do you feel that people listen to you when there is something that worries you?

Comment:

- There has been a safeguarding issue in this home/there has been a safeguarding issue regarding you - what would you like to see happen to make you feel more comfortable or safe?

Comment:

Part 2 - To be completed at the end of the safeguarding enquiry in the residential care home

- Is there anything that worries you about the care or carers in this home?



something that worries you?
Comment:

- Following the safeguarding investigation have you seen any recent changes that make you feel



more comfortable or safe?
Comment:

Tool 13: North East Lincolnshire Council



This is an example of a safeguarding investigation guidance report, which integrates tools

to help create and measure appropriate outcomes.

Safeguarding Adult
Investigation Report

Confidential
SA4
(Guidance)

PERSON AT RISK / CASE NAME	
NHS NUMBER	

Date of Referral	
Date of Completion of Investigation	

Consent to an Investigation:			
Has the Person at Risk consented to the investigation? <i>(Please provide the decision maker with the signed Consent Form SA1a)</i>	Yes	No	Could Not Consent
If the Person at Risk could not consent to an investigation, was a Mental Capacity Assessment undertaken? <i>(Please provide the decision maker with the Mental Capacity Assessment Form)</i>	Yes <input type="checkbox"/>	No See Below <input type="checkbox"/>	<input type="checkbox"/>
If you ticked 'No' to the above question, please explain your reasons why:	<input type="checkbox"/>	<input type="checkbox"/>	

Allegations/Concerns Investigated (List each)	
<ul style="list-style-type: none"> Each alleged type of abuse to be stated as per AVA definitions (e.g. neglect, physical, institutional etc.) as a heading and numbered. Key incidents(s) demonstrating each allegation summarised as a bullet point 	

Background	
<ul style="list-style-type: none"> Provide a brief background summary to the allegation. An overview of the person's circumstances, such as their vulnerability, current support network, significant family history, health and mental state, financial information (as appropriate), Any previous referrals etc., 	

What is the person at risk's identified outcomes as a result of this investigation, please list them accordingly and state what progress has been achieved thus far.

In this section please list the identified outcome(s) and state whether they have been achieved, partly achieved or not achieved. You can group outcomes within the same theme together. If you have more than 6 outcomes you can detail them in the comments box under the table but again you need to specify whether they have been achieved or not. The following list provides some guidance around the type of outcomes that someone may state although you need to expand and be specific with these. The outcomes need to be SMART* outcomes and specific to the person and the case in hand.

- Improvements in physical, social and emotional well-being
- Having a good environment (i.e. specifics such as clean, tidy, smell nice etc.)
- Being safe and secure (i.e. living free from abuse)
- Having social contacts (i.e. specifics such as family/friends being able to visit / contact)
- Having control over daily life (i.e. such as being independent / making own decisions)
- Feeling valued and respected
- Being treated as an individual
- Having a voice (i.e. such having a say and a choice, making a decision)
- Being understood
- Being aware of safeguarding and knowing how to get help (i.e. being informed)
- Being able to report abuse and have a say in the investigation (i.e. being consulted)
- Feeling safe and maintaining and enhancing well-being

*SMART (Specific, Measurable, Achievable, Realistic, Time-related)

Identified Outcome	Please select ONE for each			Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rationale/comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Who identified the person at risk's outcomes?

Person at risk themselves: Yes:

OR, if other (i.e. representatives, family members, advocate etc.)

please provide specifics:

Name (s):

Relationship (s):

In this section we need establish who identified the outcomes for the person at risk whether this is the person at risk themselves or someone on their behalf.

Chronology of Investigative Activities

Activity	Date
<p>Based upon the SA3, this section is only to include the activities undertaken by the investigating officer in the course of their investigation. This chronology is not for the recording of incidents leading up to the allegations detailed. A separate diary record should also be completed by the investigating officer, which details records of any phone calls and/or conversations relating to the investigation (i.e. dates that meetings are arranged, receipt of additional information etc.) This section should ensure clarity on how the detailed evidence was collected. The investigative activities should follow the SA3 and/or any subsequent strategy review.</p> <p>The investigating officer should complete this section to:</p> <ul style="list-style-type: none">• Detail the activity e.g. witness interview, review of case records, adult at risk and/or alleged perpetrator interview, liaison with other concurrent investigators from other agencies etc..• The activity should include very brief bullet points of the purpose for each activity with reference to the evidence recorded in the following section.• The date that the activity was undertaken should be recorded in the final column.	

APPENDICES of Evidence Reviewed: List details of Interviews: Documents: Body Map: etc. /Location of evidence if not attached

This section should record the evidence related to each allegation/concern gathered through the investigative activities detailed above. Where evidence includes information from the referral and/or previous strategy meetings this should be referenced. As detailed in the 'allegation/concern investigated' section, the format established should be continued including:

- Each type of abuse, under headings and numbers as above.
- Ensure where possible that within each allegation that the adult at risk and the alleged perpetrator if known are clearly stated with SURNAMES written in capital letters.
- The incidents and evidence detailed should be presented in an easy to read chronological order
- All the evidence collected, including key incidents, key points from witness statements, evidence from documentation seen etc., to be referenced to each allegation and incident heading.

In the instance that other investigations are taking place, and evidence is shared from these processes this must also be referenced accordingly.

In the event that the investigation produces further potential allegations, then:

- Immediate discussion should take place with the decision maker to agree whether a strategy review is required to change the plan of the investigation.
- Depending upon the nature of the allegation and in line with the thresholds set within the policies and procedures, alternative actions should be considered, i.e. contract management, referral to other agencies etc. or no further action.

If such additional allegation has been included in the current investigation it must be clearly stated in this section and detailed with the allegations originally reported above.

Person at risk's or their representative's account of the incident(s)

A summary should include:

- Chronology
- Personal account of the incidents(s) that make up the allegation
- A response to the investigator's initial findings
- Views on the protection plan arrangements currently in place and any concerns with these

Who is providing this account?

Person at risk themselves: Yes:

OR, if other (i.e. representatives, family members, advocate etc.) please provide specifics:

Name (s):

Relationship (s):

In this section we need establish who is providing this account. If both applies please put a tick in the Person at Risk themselves box and also list any other person.

Investigation findings and Analysis

Narrative in this section should inform the recommendations in the next section, and give an evidence base as to how those views have been reached. To achieve this, the investigating officer must be able to record a professional objective formed through evidence-based arguments.

There should be narrative detailing how the actions and incidents fit alongside best practice guidelines, local and national policy, legal requirements etc., and how these have affected risk levels for the adult(s) at risk.

The key to this section is to think in terms of 'how' and 'why', not just the 'what'.

When completing your investigation, the principal purpose is to collect evidence and background into the allegations, providing accountability and rationale for the decision maker.

Again, this section should be written using the same headings, layout and paragraph numbering system as in the section 'allegation/concerns investigated'. That is, the type of abuse should be a heading, and each incident should be listed in the same order, with the relevant analysis detailed under each one.

Summary/Investigating officers view as to whether abuse has occurred (on the balance of probability):

This section should focus on:

- The investigating officer's professional judgement as to whether abuse has taken place following the collection and analysis of the evidence detailed above.
- The recommendation should be written in a clear manner that ensures unambiguous interpretation of the investigating officer's opinion.

In completing this section the investigating officer must:

- Detail each recommendation against each allegation, headed and structured as in the earlier sections.
- Only recommend a conclusion for each allegation as per the defined conclusions, i.e. substantiated, partially substantiated, not substantiated, not determined/inconclusive, taking into consideration the briefing note of November 2012.
- In the instance where there is more than one allegation, it is not required to give a recommended overall case conclusion, as this will be a task for the decision maker.

Risk management, actions taken, and information sharing.	
Outline actions taken to minimise risk and identify any unmanaged risks. List information already shared with others, i.e. feedback already provided to the person at risk's family members and/or service providers, what and when this was shared.	
COMPLETED BY (INVESTIGATING OFFICER):	
DATE:	SIGNATURE:
DECISION MAKER:	
DATE:	SIGNATURE:

Tool 14: City of York Council (a)

This is an example of a guidance document for professionals to ensure the MSP approach works. It ensures that the process is outcome focussed from the outset. The tool includes an aide memoire and practical guidance for engaging with the relevant persons.

Guidance for outcomes focused conversations

The guidance below is largely for safeguarding investigators and Investigation Lead Managers, but should prove useful to those involved in safeguarding at any level.

To ensure that the MSP approach works, we need to be outcomes focussed from the outset. Once an adult safeguarding alert is received, the Safeguarding Investigator should **ensure that a discussion takes place with the person concerned** (and/or with their advocate, representative or Best Interest Assessor if they lack capacity).

Before you can start to talk about outcomes you need to **develop trust**. Reassurance and validation is key, as is using the person's own language and constantly checking your understanding; don't assume what they think or feel. The person's account, and your record of it in the SAIA and beyond, can make the difference between a successful or disastrous outcome for them.

Research highlights the importance of using a **biographical approach** to safeguarding work - understanding the person and their context, and drawing on the resources of their informal network in order to achieve the outcomes they want.

When people disclose that they have been abused they usually want something done about it, but may be very unclear about what this is. Again, do not make any assumptions of what you think they need, and do not discount any unrealistic outcomes, but listen and note. You are interested at this stage in looking at **broader aspirations and underlying values/principles for outcomes as well as tangible/specific outcomes**.

You will need to be in a position to **offer the right information** to the person to enable them to make choices about the outcome they wish to achieve-you will need to explain the safeguarding process where this is unknown to them; know the legal options and framework before you speak with them; and know who else can help.

It is natural that you will want to make the person safe as soon as possible, but there is an important distinction between putting people at risk and enabling them to choose to take reasonable risks. The emphasis must be on **sensible risk appraisal with the person**, not risk avoidance. You may wish to use a risk assessment tool such as the DH Decision Support Tool to assist in this (appended).

Some people may want things that are not possible, and as the process moves along you will need to work with them to see what the next best option is within principles that they have stated. The Investigation Lead Manager (ILM) and Safeguarding Investigator have a role in building the person's confidence, as research suggests that confidence can support people in reaching realistic and desired outcomes. Please remember that while we are trying to achieve outcomes linked to the allegations of neglect or abuse, in doing so we may find that people also achieve outcomes, which improve their quality of life more generally.

Example questions to ask at the start of a service:

- What do you know about safeguarding?
- Do you know how to keep safe?
- Who would you talk to if you were being harmed/abused?
- What could be done to help you feel safer?
- What help and support do you need to tell us what has happened?
- Do you give your consent for an investigation to take place?
- What will help you to feel in control of what's happening?
- What would you like to be the outcomes/results of safeguarding action?
- What would you like NOT to happen?

The safeguarding process will usually finish at the point when the person's outcomes in relation to the alleged abuse/neglect are achieved. However they may only be partially achieved or some not even reached at all, so when does the process stop? Quite simply an agreement should be reached by the person and those who are assisting in the safeguarding process, around what can and has been achieved and what can be planned for through protection planning and other means.

If you have worked in a person-centred way then the conclusion will come quite naturally. You will then need to re-evaluate with the person the levels of risk that remain and how they will deal with them. You should leave them with knowledge of their support system and what to do if they feel at risk again. Some will require a regular review if the risk of harm remains high.

At the point of closure, the investigation Lead Manager should ask people their view as to the extent that the outcomes they wanted have been realised. This should be clearly recorded in your safeguarding documentation, as should any reasons why you have been unable to achieve them.

Example questions to ask at the end of a service:

- Do you feel safer from harm now?
- Do you feel you will be safer from harm in the future?
- Have you had the help you need to recover from harm or abuse?
- Are you prevented from doing anything because of safeguarding concerns?
- What difference did we make?
- Do you feel better about your life as a result of the safeguarding activity?

Recording this information should help us to understand whether we have been person-centred in our work with the individual. There is also an opportunity for people to speak with someone from our quality assurance team about the experience of the safeguarding process, and whether this can improve. This option should be offered by the ILM.

Working in a person-centred and outcome-focussed way requires a commitment to the person, but also a commitment between professionals to ask the right questions at the right times throughout the process. It is important to remember to use 1:1s between the safeguarding investigator and the ILM for the investigation; and to use supervision and reflective practise to support you in this process.

Tool 15: City of York Council (b)

This is an example of a tool used to review the safeguarding process with the relevant persons involved. This tool enables the professional to review how the relevant persons were actively involved and to gauge their levels of satisfaction at each stage of the safeguarding process.

		Comments
1.	Are you the customer/Carer/ Advocate/ other?	
2.	Did you or someone else decide to contact the Council?	
3.	If it was yourself, was it easy to find the right person to speak to?	
4.	Do you know if you were put in contact with the Safeguarding Team straight away?	
5.	Did you feel you were listened to and could say what had happened?	
6.	Were you made to feel comfortable and supported by the staff you spoke to?	
7.	Did you feel you were actively involved in every appropriate stage of the process	
8.	Were you asked your opinion about any decisions that were made?	
9.	Do you feel your opinions about what should happen were listened to?	
10.	Do you feel that you were able to actually influence what happened?	
11.	From your experience, do you think there is any part of this process that could be improved?	
12.	Is there anything that you have learnt from this experience, which may enable other people to be more protected from harm?	
13.	Is there anything else you want to comment on?	
14.	Do you feel confident that you can now get help if you are worried about being harmed or abused?	



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