Local Government Association

Making Safeguarding Personal evaluation 2014/15

Executive summary

Author: Lindsey Pike

A full report of these findings is also available on the Local Government Association (LGA) website.

There is a range of information to support local activity on adult safeguarding on the safeguarding page on the care and support reform page on the LGA website: www.local.gov.uk/care-support-reform.

There is a wealth of additional information available about adult safeguarding on the Adult Safeguarding Community of Practice on the Knowledge Hub.

The information it holds is constantly updated and contributed to by councils and other professionals leading on adult safeguarding. The group can be found by going to: https://khub.net/ and joining the Adult Safeguarding Community of Practice.

Introduction and methods

The Care Act (2014) defines safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect. Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcomes focussed, and moves away from process-driven approaches to safeguarding.

The approach started in 2009, and has been led by councils. Since then it has grown in scale and momentum, culminating in inclusion in the Care Act (2014).

This evaluation aimed to find out the impact of the approach on

- the experience and outcomes of people who use services and their carers and families
- the culture and practice of safeguarding
- factors that have helped and hindered using the approach.

Four methods were used to collect data between January and May 2015:

- a survey of council MSP leads which got 95 responses (63 per cent response rate)
- a survey of multiagency staff who had used an MSP approach, which got 63 responses (44 per cent response rate)
- six telephone focus groups with 16 MSP leads
- five telephone interviews with senior leaders in adult safeguarding.

Findings

In general MSP was seen as a very positive development. 95 per cent of respondents to both surveys agreed that it was the right approach to be taking, and focus group respondents corroborated this. Implementation could be challenging and uneven. Many respondents were still in the early stages of planning or implementing MSP, and it was generally recognised that MSP requires significant change to pre-Care Act practice. Many of the findings from this year reflect those from the previous years' evaluation (Lawson, Lewis and Williams, 2014).

The types of work that councils had undertaken included:

- partnership and project work
- developing approaches to safeguarding (such as family group conferencing)
- staff development and awareness raising
- changing systems
- using feedback and evaluation.

Providing good outcomes for people

Most staff who expressed a view perceived that MSP was leading to a better experience and outcomes in safeguarding for people and their families. They welcomed the opportunity to be more 'transparent' by inviting people to meetings, although being truly inclusive in this way could be seen as a challenge. Rethinking key elements of safeguarding, such as:

- where meetings are held
- who attends
- what can and cannot be discussed
- who needs to know what
- how data, discussions and decisions are documented
- how and by whom meetings are chaired
- and what skills, training and support people need to participate

were seen as important.

Most focus group participants who had started to use MSP could give examples of positive outcomes, and the few negative examples provided useful learning opportunities. The outcomes that people were asking to achieve most frequently were: to be and feel safer; to maintain key relationships; to gain or maintain control over the situation; and to know that the situation wouldn't happen to anyone else.

Conversations around outcomes could be challenging at times, and effectively involving multi-agency colleagues and providers in new ways of approaching safeguarding needed further work.

While this research provides us with a useful snapshot, it also has limitations. The main one is that due to ethical guidelines around research and resource limitations we were unable to include people who use services as participants in the evaluation and it is recommended that more work be carried out to look at how best to achieve this.

Improving practice locally

Respondents agreed that MSP was supporting staff to use social work approaches in their safeguarding practice. MSP was broadly welcomed by the staff group who felt it gave them permission to work in a person-centred and outcomes focussed way.

Staff development that was highlighted as useful to further implement the approach included:

- supporting and managing risk
- recording outcomes
- person-centred planning
- having honest discussions
- using legal responses
- and identifying and working with coercive and controlling behaviour.

Training and other support for staff to use approaches detailed in the MSP Toolkit is also needed. The centrality of reflective practice and confidence in professional judgement was recognised.

Effective implementation of the Mental Capacity Act (2005) was seen as key to using MSP.

Whilst there is undoubted progress in relation to developing an outcomes focus, and while indubitably social workers are using a number of approaches (which are set out in 'Making safeguarding personal: A toolkit of responses'[1]) the evaluation didn't establish that leadership and practice is yet at a stage of more formally developing this aspect of MSP. Therefore, this is an element of development for the next stages of work.

The data collected gave a mixed picture about whether MSP leads to greater use of resource and time in safeguarding. However where it was seen to take more time and resource, this was overwhelmingly seen as worthwhile as it led to a greater chance of 'getting it right first time'. Some practitioners didn't think MSP took any longer than the previous approach. However, working with poor systems increased time and resource spent.

Recording of outcomes is an area that still needs significant work, despite much time and effort already having been spent on it. Data relating to outcomes was patchy and inconsistent and recording systems were often seen as frustrating and not set up to support MSP.

Working together and supporting cultural change

Respondents were in agreement that MSP is changing the culture and practice of safeguarding towards more person-centred, positive, outcomes focussed working. It was also changing the relationship with providers in some places, leading to more productive conversations about outcomes rather than substantiation of abuse. The impact on multi-agency working in safeguarding is unclear, and is in need of further monitoring.

1 Making safeguarding personal: A toolkit for responses, LGA. January 2015 www.local.gov.uk/documents/10180/6869714/Making+safeguarding+personal_a+toolkit+for+responses_4th+Edition+2015.pdf/1a5845c2-9dfc-4afd-abac-d0f8f32914bc

Recommendations

This executive summary provides an overview of the key messages contained through the main document. Key priority recommendations from throughout the text are summarised below to aid future work in local areas.

People – how to provide good outcomes for people

1. Be sure to work to individuals' stated outcomes, rather than imposing outcomes. For example, in cases of domestic abuse, safety planning rather than encouraging people to leave the relationship straight away may be a positive outcome (see the LGA's guidance on safeguarding and domestic abuse[2] for more information).

2. Agree 'desired' and 'negotiated' outcomes with people. This can be helpful to agree on outcomes that are realistic and take account of the broader context (eg law, human resources law and public interest).

3. Ensure that adequate time is spent preparing people for meetings. Do not make assumptions about people's ability to express their outcomes, and involve advocates where needed. Consider how to build capacity in the system for increased referrals to advocacy during safeguarding enquiries. The value of inviting people and their advocates, families or carers to multi-agency meeting could be promoted by using case examples, and collating guidance on how to make the meetings successful.

4. Gather feedback as the enquiry is progressing where possible, to avoid 'opening old wounds' by seeking feedback after the enquiry is closed.

Practice – how to improve practice locally

i. Getting started

1. Councils in the early stages of MSP should focus on approaches around effective use of the Mental Capacity Act and Best Interests Assessment, developing an outcomes focus, and provision of personalised information and advice.

2. Councils should use existing resources, such as the Knowledge Hub, the MSP Toolkit and other documents to develop their own approaches to MSP.

3. Guidance covering issues such as risk enablement, timescales for MSP, managing tensions between working at an individuals' pace and high demand on services, and recording outcomes should be developed to support staff. This should align with the provision of staff learning and development (see section iii). Such guidance may need to be agreed locally and supported by policy.

ii. Sharing good practice

1. Councils should share the experience of and outcomes achieved through using other approaches (eg mediation, family group conferencing, building resilience and confidence) for others to learn from. They should capture and share successful case studies within their teams to show how MSP can work well in their local context.

2. The positive impacts of using MSP on social work practice should be shared and celebrated within and between councils. Consideration should be given to how good practice in safeguarding can be learned from and applied to other areas of social work and social care practice, and vice versa.

3. Standardise and share good practice around what helps in understanding people's experience of safeguarding (eg case auditing, questionnaires etc.), and changes that need to be made.

4. Best practice in recording outcomes should be shared across councils and informed by evidence.

2 Adult safeguarding and domestic abuse: A guide to support practitioners and managers, LGA, January 2015 www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

iii. Staff learning and development

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

iv. Evaluating the impact

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

Partners – recommendations for working together and supporting cultural change

i. Recommendations for better multi-agency and partnership working in MSP

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

ii. Recommendations for promoting culture change for everyone around MSP

1. Leadership should happen at a range of levels within the organisation. Support should be provided to colleagues leading MSP who may be at a range of levels within the organisation. MSP should be supported regardless of whether extra resource is needed.
2. Use the Care Act (2014) as a lever to effect change. The Care Act should be framed as the wider context within which MSP sits, rather than a competing priority. Streamlining changes related to MSP with others related to the Care Act can help avoid duplication. The communication of MSP should be consistent with that of safeguarding being everyone's responsibility, within and beyond adult social care, as reinforced by the Care Act.
3. SAB chairs should promote and encourage an MSP approach throughout all partner organisations, and develop their boards accordingly.

4. Systems should be adjusted to take account of the perception that MSP involves more time and resource at the beginning of an enquiry than previous methods of safeguarding. Systems and processes need to support MSP to reduce inefficiency and frustration within staff teams

iii. Recommendations for future work at a national level

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

Checklist for local action

Key success factors for MSP appear to be:

People

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

Practice

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

Partners

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

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

L15-350