

Making Safeguarding Personal 'is everyone's business'

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Programme

- Making Safeguarding Personal: background, history and approach
- Making Safeguarding Personal in the Care Act (2014) and core principles for safeguarding adults
- Duties & responsibilities
- Making Safeguarding Personal Temperature check 2016 findings
- Resources for Safeguarding Adults Boards, what good looks like for partners, essential steps and impact
- Some practice challenges

Why did we want to make safeguarding personal?

- We knew we are not getting it right
Feedback from: Consultation on “No Secrets”, Department of Health 2009; Speaking up to Safeguard (Older People’s Advocacy Alliance, May 2009)
- People wanted to be listened to and to make choices
- Not many people attributed any positive resolution to the safeguarding process itself
- People wanted to be safe, but not at the cost of other qualities of life. They wanted support to explore whether they could maintain valued relationships and stop the abuse
- People wanted to make their own choices / weighing up the risks and benefits of different courses of action
- The focus was on abuse directly, and related issues, not on the outcomes wanted or desired i.e. developing self confidence, making a complaint, stopping the abuse

Why did Making Safeguarding Personal happen?

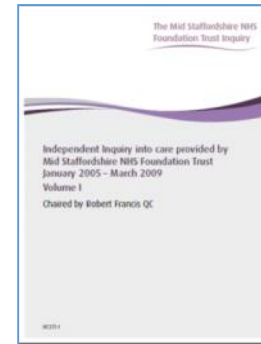
“It is probably fair to say that the emphasis of safeguarding activity so far has been on investigation and conclusions rather than on improving outcomes. This has been strongly affected by the fact that national reporting has focused on this. Although ‘outcomes’ are recorded, they are in reality, outputs rather than outcomes (‘increased monitoring’ or ‘increased services’ for example)”

“Peer challenges highlight that people tend not to be asked the outcomes they want. Often they want more than one outcome, which are sometimes not easy to reconcile. People generally want to feel safe but also to maintain relationships. For some people the only human contact they have is with the person/people who is/are harming/abusing them”

Informing an effective way forward

Lessons Learnt:

- Need for respect for Human Rights
- Dignity, respect and compassion in care are crucial
- Patient involvement/empowerment & relationships with families/carers are central
- Listen to patients. Welcome criticism. Make it easier for concerns to be raised
- Importance of working effectively with risk
- Importance of staff support, supervision, recruitment, reflective practice
- Change of attitude & culture. Emphasis on impact on patients rather than ticking boxes.



Why Making Safeguarding Personal? – service user's views

- People want to be asked what they want to change in their lives to reduce risk of abuse / and whether they have achieved their negotiated outcomes
- People want – to be listened to, to have things explained, to be presented options, to be told when things should happen, to be supported to move on
- self –advocacy organisations can encourage people to speak up, and support people to say what outcomes are important (especially if they can't)

What is Making Safeguarding Personal?

Making Safeguarding Personal means adult safeguarding:

- is person-led
- is outcome-focused
- enhances involvement, choice and control
- improves quality of life, wellbeing and safety

= a 'culture and practice change' or approach to adult safeguarding



Making Safeguarding Personal – a short history

- 2009/10 Literature Review on adult safeguarding
- 2010/11 Making Safeguarding Personal Toolkit of responses
- 2012/13 Making Safeguarding Personal – 5 Council ‘Test bed’ sites; report of findings published
- 2013/14 Piloting Making Safeguarding Personal in 53 Local Authorities; Published: report of findings; MSP Guide; and Case Studies
- 2014/15 Making Safeguarding Personal mainstreamed to all 152 Local Authorities in England; incorporated into the Care Act (2014) guidance; MSP Toolkit, Domestic Abuse and Adult Safeguarding guide updated
- 2015 Journal of Adult Protection Special Issue (June)
RiPFA evaluation of the 2014/15 programme published
- 2016 ‘What’s working’ Learning event Uni of Beds; MSP 2016 ‘Temperature check’ published and recommendations progressed through LGA/ADASS
- 2017 MSP for Safeguarding Adults Boards – resources published

Making Safeguarding Personal is about:

- Enabling safeguarding to be done with, not to, people
- a shift from a process supported by conversations to a series of conversations supported by a process
- talking through with people the options they have and what they want to do about their situation
- ensuring an emphasis on what would improve quality of life as well as safety; developing a real understanding of what people wish to achieve (and how); recording their desired outcomes and then seeing how effectively they have been met
- Utilising professional skills rather than 'putting people through a process'
- Achieving meaningful improvement in peoples' circumstances
- Developing an understanding of the difference we (people working in this area) make in outcomes for people at risk of abuse or neglect

Essentials of MSP practice:

- Enable and empower people to talk about what is important to them and express what they want to happen
- Place the person at the centre, ensuring their wishes (outcomes) are discussed and agreed with them at the start and throughout i.e. What does the person want to achieve?
- Help people / those supporting them to decide how best to act in order to achieve the outcomes that they want
- Seek to enable people to resolve their circumstances, recover from abuse or neglect and realise the outcomes that matter to them in their life i.e. 'What do you want to be different and how?
- Decide with people / those supporting them how helpful or effective responses to harm or abuse have been at a later stage
- Human Rights approach assumed

Aims of adult safeguarding:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguarding adults in a way that supports them in making choices and having control over where they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult
- Address what has caused the abuse or neglect

6 Safeguarding Principles in the Care Act (2014)

Empowerment - support for individuals to make their own decisions.

Proportionality - the least intrusive or restrictive intervention appropriate to the risks presented.

Partnership - working across services and communities to prevent, detect and report neglect and abuse.

Prevention - taking action before harm occurs or risk escalates.

Protection - supporting those in need as a result of abuse or neglect.

Accountability - enabling service users and leaders to challenge agencies for their responses to those at risk of harm.

The 'I' statements

Empowerment – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities that have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

What is safeguarding adults under the Care Act (2014)?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action”

(Care and Support Statutory Guidance, 2017)

Care Act 2014

safeguarding duties and responsibilities

- To make enquiries, or cause them to be made, into circumstances of abuse (Section 42)
- Set up a Safeguarding Adults Board (Section 43)
- Arrange, a Safeguarding Adult Review, in certain circumstances (Section 44)
- Duty to co-operate - in order to protect adults experiencing or at risk of abuse or neglect.
- Provide advocacy for people during safeguarding work
- Adopt the Making Safeguarding Personal approach

Making Safeguarding Personal and the Care Act 2014

- The adult should be involved at the beginning of the enquiry, and their views and wishes ascertained (s.14.77, 14.78)
- The wishes of an adult who lacks mental capacity 'are of equal importance' to someone with mental capacity (s.14.80)
- Safeguarding plans involve joint discussion, decision making and planning with the adult for their future safety and wellbeing' (s.14.90)
- Safeguarding Adult Boards should 'gain effectiveness of the assurance of its arrangements' (s.14.110) and seek feedback from adults who have been involved in an enquiry (s.14.116)
-and the Wellbeing principle runs through the Care Act
(Care and Support Statutory Guidance issued under Care Act, 2017, Chapter 14)

MAKING SAFEGUARDING PERSONAL TEMPERATURE CHECK 2016



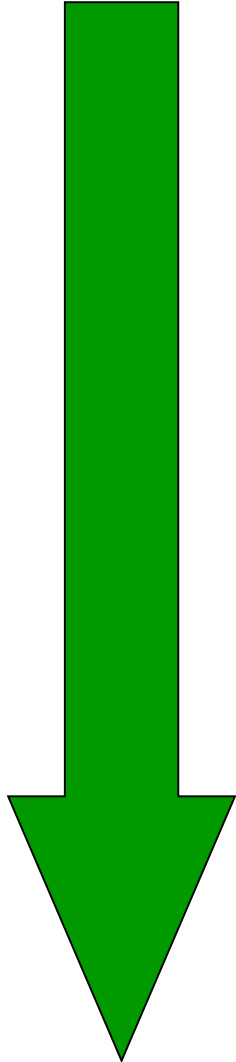
*“People at risk aren't concerned about processes,
all they want is for abuse to stop and not happen again.”*

MSP Temperature Check - some findings

- A substantial shift in the adoption and implementation of MSP by Local Authority adult social care services / the majority had introduced MSP
- An overall increase in agencies' involvement in MSP since the previous year's evaluation of MSP but some partners' involvement had actually decreased
- An MSP approach appeared to take up no more time than a traditional approach but seemed to lead to better outcomes for service users and could save resources in the long run.
- A couple of respondents warned that some staff had misunderstood MSP and failed to take into account the public duty to protect people.
- Lack of resources was often a blockage but workers and managers found ways around this with varying degrees of success

Road map to MSP implementation

Steps



1. Not yet started.
2. MSP agreed as a strategic priority and planning is in progress.
3. Considering, piloting and testing ideas, innovations and recommended models.
4. MSP implementation plan agreed and implementation started.
5. Current systems and procedures revised and modified to incorporate MSP principles, workers trained in MSP.
6. Period of embedding change of practice into the social care culture in the Local Authority.
7. MSP extended into multi-agency call centres and prioritisation arrangements.
8. MSP extended to partners who undertake S.42 safeguarding enquiries on behalf of the local authority e.g. Mental Health Trusts, Care Providers.
9. Shift to user-focussed approach in core partner organisations.
10. Shift to user-focussed approach in all partner organisations.

MSP Temperature check recommendation: **Develop tools/guidance on what MSP looks like in partner organisations and how its principles can be translated into different settings.**

6 Resources

- Support for safeguarding adults boards
- What might 'good' look like for health and social care providers?
- What might 'good' look like for the police?
- What might 'good' look like for advocacy?
- What might 'good' look like for those in the Housing sector?
- A resource for SABs to support increased involvement of people who may be in need of safeguarding support

LGA/ADASS resources include *Making Safeguarding Personal for Safeguarding Adults Boards*

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources>

Some core messages from the MSP resources

Developing Making Safeguarding Personal is not simply a question of changing individual practice, but the context in which that practice takes place and can flourish. It involves cultural and organisational change

Essential steps for developing Making Safeguarding Personal are not new. There are excellent examples (in the MSP resources) that we can develop and draw on now

There are clear links between identified essential steps for making safeguarding personal and existing regulatory frameworks and guidance These links need to be explored and developed (they are set out in the MSP resources)

Engaging organisations across the partnership in MSP

How?

- Mainstream MSP; supporting partner organisations in making the links between MSP and existing: values/principles; priorities; frameworks
- Regulatory frameworks across some organisations clearly accommodate the key areas of focus required to make safeguarding personal. Boards can draw attention to these links into existing frameworks, to help organisations mainstream MSP and avoid duplication. E.g.
- Health and social care commissioners and providers: CQC 5 questions regarding: safe, effective, caring responsive;
- Police: HMICFRS Vulnerability Inspections; the Victims Code
- Advocacy: Advocacy Charter; Advocacy Outcomes framework
- Housing: Chartered Institute of Housing; Housing and Safeguarding Alliance

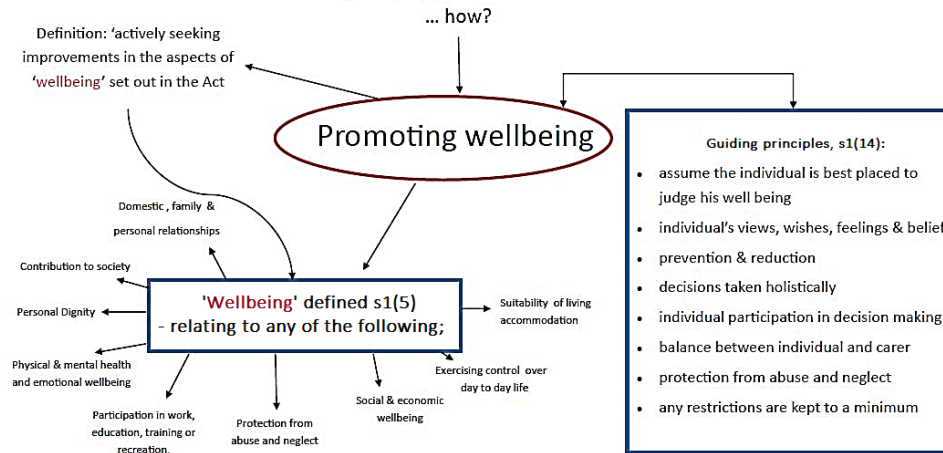
*As well as the Care Act 2015

....and statutory principles are central to this

PROMOTING WELLBEING

Q. What is the purpose of adult social care under the Care Act 2014?

A. To support people to achieve outcomes:



Taken from *Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands*, Sept 2016

What do we all hold in common that can support MSP?

EFFECTIVE; EFFICIENT; LEGITIMACY: LEADERSHIP

- Vision/ and values that connect with **'wellbeing'** and **the 6 principles**
- A need to develop joint approaches to effective working with **risk**
- A role in **prevention and early intervention** that connects with MSP
- Duties that connect with MSP (eg **Human Rights Act; MCA; Care Act**)
- A need to achieve an **understanding of how far we are making a difference** (governance; accountability)
- A **commitment to engage with people** who may be in need of safeguarding services as well as with staff (transparency, candour and responsiveness)
- **Responsibilities to recruit, develop, support and retain a workforce that can deliver on the above**
- A commitment to **working in partnership**

SAFE; EFFECTIVE; CARING; RESPONSIVE; WELL-LED

Essential steps for Making Safeguarding Personal

- **Leading Making Safeguarding Personal**
 - Step 1: Evidence strong leadership of Making Safeguarding Personal
 - Step 2: Promote and model the culture shift required for Making Safeguarding Personal
 - Step 3: Define core principles for strategy and practice
- **Supporting and developing the workforce**
 - Step 4: Promote and support workplace and workforce development
 - Step 5: Seek assurance of and support development of competent practice in applying the Mental Capacity Act

Essential steps for Making Safeguarding Personal continued

- **Early intervention, prevention and engaging with people**
 - Step 6: Ensure there is a clear focus on prevention and early intervention
 - Step 7: Engaging with and include people who use services
- **Engaging across organisations in Making Safeguarding Personal and measuring outcomes**
 - Step 8: Facilitate engagement of all organisations across the partnership in developing Making Safeguarding Personal
 - Step 9: Measure the difference Making Safeguarding Personal makes for people

e.g. Leadership...

- of a culture that applies core principles
- engages with members of the public and staff
- learns from this engagement and from enquiries and reviews, develops accordingly
- includes active cross sector engagement in the local Safeguarding Adults Board to develop MSP together

e.g. Workforce development

'Sometimes staff are as under confident as the service user'

'to empower the person, you must also empower staff'

'It is about our experiences as well as those of our customers'

- Getting alongside staff to explore practice issues and challenges
- Feedback from people and staff directly informs workforce development
- Organisational culture supports putting learning into practice
- Combining across sectors through the SAB to share learning
- Legal literacy (MCA)

e.g. MSP and engaging with people is central to prevention and early intervention

Empowering everyone (including staff and people living in communities) to recognise the potential for abuse or neglect, to raise concerns and to act on these

Being proactive in identifying vulnerable members of the community and taking action to offer protection alongside other organisations.

Empowering, engaging and informing people to develop resilience

Linking priorities to essential steps for MSP; some suggestions

- **Leading Making Safeguarding Personal**
 - Bring principles 'centre stage'
 - Senior managers / Boards connect with people and staff
 - Responsiveness to messages from staff, service users,
- **Early intervention, prevention and engaging with people**
 - Connect MSP into the prevention agenda / strategy. Identify priorities
 - Senior managers and Boards engage directly with people, communities and staff, hearing 'stories' (including through SARs or case studies); they respond to this in developing practice. Boards involve service users
 - Identifying those most at risk by engaging across agencies & with communities

- **Supporting and developing the workforce**
 - Develop competent practice in applying principles of the MCA
 - Develop a range of methodologies for staff development that ‘get alongside’ staff
 - Develop practice in working with risk. Organisational values support this
- **Engaging across organisations in Making Safeguarding Personal and measuring outcomes**
 - Develop understanding of why/how partnership working is central to MSP
Enhance this using MSP resources; check it out in case file audit
 - Design a case file audit methodology to support staff development & MSP
 - Measuring: qualitative; pre S42; all partners ask about outcomes; wellbeing focus

Taking the essential steps set out in the resources means that:

- The six core Safeguarding Adults Principles and the Wellbeing Principle are at the heart of Making Safeguarding Personal across all organisations (Department of Health, 2017).
- All organisations ask people (and/or their advocate) about the outcomes they want to achieve at the very beginning of safeguarding support. They are asked about how far their expectations in respect of both safety and wellbeing have been met at the conclusion of support.
- People are actively involved in achieving those outcomes and develop resilience as a result.
- An outcomes approach is as much part of safeguarding support for those who lack mental capacity as for those with capacity.

Taking the essential steps set out in the resources means that:

- Staff are trained and supported by managers at all levels to embed Making Safeguarding Personal in their practice. There are direct links between strategic planning and training.
- All organisations work alongside communities / individuals to prevent abuse and neglect and to intervene at an early stage where there are concerns.
- Local communities and people who may be in need of safeguarding support are involved in developing approaches to safeguarding support.
- There is an open and transparent culture that values, welcomes and responds to feedback from staff and people who need support from safeguarding services. The Safeguarding Adults Board and leaders act on what they hear from people and staff.

Taking the essential steps set out in the resources means that:

- Information on outcomes is collected and reported on in such a way that the Safeguarding Adults Board and partners can evidence the difference they are making for people and use this to improve safeguarding support.
- Commissioning reflects and supports the values and principles necessary to make safeguarding personal.

Care Act (2014) types of abuse: MSP applies to all types of abuse

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

domestic abuse and adult safeguarding

- Definition of domestic abuse and overlap with adult safeguarding
- Coercive controlling behaviour core to domestic abuse
- Higher levels amongst disabled women and people who access mental health services
- Make every point of interaction with survivors an opportunity
- Empower the victim through non-judgemental support, information and exploring options
- Practice safe enquiry
- Risk assessment
- Strength based, needs led working and safety planning
- Legal literacy
- Multi-agency working

(Pike & Norman 2017)

Self neglect (and hoarding)

- Covers a wide range of behaviours
- Different reasons/multiple factors – unwillingness/ inability – so need to understand why from the person's perspective – 'respectful curiosity'
- Flexible and person centred approach needed
- Co-ordination between agencies (organisational literacy) critical
- Range of legal powers for intervention, depending on the circumstances – what may be done rather than what should be done
- Autonomy vs protection balance – ethical practice
- Support staff through policies, procedures and partnership arrangements
- Support staff through developing the 7 literacies
- (Braye et al, 2017)

difficult conversations

- Background – ‘powers of entry’ debates in England
- Experiences in Scotland – different legal powers
- Working with reluctant families – hindering contact
- Importance of seeing and talking to the person rather than relying on relatives
- Service refusal – professional duties of care
- Mental capacity assessment and unwise decisions
- Autonomy vs protection
- Intimidation and violence
- Supporting front line staff to have difficult conversations, manage risk and assess mental capacity

(Manthorpe et al 2017)

Useful Links & Resources

Department of Health (2016) *Statutory guidance to support local authorities implement the Care Act 2014 Updated August 2017*, London, HMSO

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Cooper A. and White E. (2017) *Safeguarding Adults Under the Care Act 2014: Understanding Good Practice*, Jessica Kingsley Publications

Cooper, A. Briggs, M. Lawson, J. Hodson, B. Wilson, M. (2016) *Making Safeguarding Personal temperature check*, Association of Directors of Adult Social Services <https://www.adass.org.uk/making-safeguarding-personal-temperature-check-2016>

LGA Making Safeguarding Personal resources

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Social Care Institute of Excellence (SCIE) <https://www.scie.org.uk/care-act-2014/safeguarding-adults>

Preston-Shoot, M., & Cooper, A., (2015) eds. Special Issue on Making Safeguarding Personal, *Journal of Adult Protection*, Vol.17, No.3

Pike L & Walsh J (2015) *Making Safeguarding Personal 2014/15 Evaluation* Local Government Association http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

Pike L. (2016) *Involving people in safeguarding adults*, Leaders' Briefing, research in practice for adults Dartington, RiPFA