

Making Safeguarding Personal

Sue Lewis
Jane Lawson
Associate consultants, LGA

2014/15

www.local.gov.uk

Making Safeguarding Personal Context and Introduction

Learning objectives

- Support your understanding of the aims of the Making Safeguarding Personal programme
 - Outline the key findings from Councils involved so far, and how person-centred, outcome-focused practice can be applied using a range of approaches
 - Help councils new to MSP to think about making a start on making safeguarding personal
 - Help councils previously involved in MSP to make further progress in mainstreaming MSP into safeguarding activity locally: what will you do now? and where do you want to be with this in three years' time?
 - Explore the links with implementation of the Care Act and with wider sector-led improvements in safeguarding
 - Give you some ideas from the Toolkit and other councils about: developing personalised responses; recording and aggregating information on outcomes; and effecting cultural change
 - Offer the opportunity to begin to formulate a plan in discussion with other councils
-

Making Safeguarding Personal: background

A sector led initiative in response to findings from peer challenges, consultation and engagement etc.

To develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

The work is supported by ADASS, LGA, RiPFA, TCSW and key academics. The programme reports to the TEASC Board

2011/12: A Toolkit of Responses developed

2012/13: 5 Councils were 'test beds'

2013/14: 53 Councils participated

Making safeguarding personal is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

Peer review messages LGA June 2013

What we want to achieve:

- Something that enables safeguarding to be done with, not to, people
 - Something that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
 - Something that utilises social work skills better than just 'putting people through a process'
 - Something that enables practitioners, families, teams and SABs to know what difference has been made
-

Some of the things that were said by councils involved in the project last year....

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

“Commitment to quality assurance requires time and a shift of emphasis from “care management” to effective professional social work”

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

“Adopting an outcome focussed approach with increased levels of engagement from the service user gave staff the confidence to think more creatively”

...and about the challenges

Additional time is needed at key points in the process, with the person, family, representative

Investment in increased face-to-face contact at the start of a safeguarding episode is key

After an intensive early stage, an outcomes approach can result in avoiding meetings, resolving matters more quickly

More intensive input sometimes results in more effective intervention

People who are more empowered can have reduced dependency on services and this release capacity

Councils recognise the challenge in climate of austerity

“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”

Peer review messages LGA June
2013

“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 review messages LGA June 2013

Excerpts from an SCR

written by a service user's wife

'The point is that one constantly needs to place oneself in the other's shoes to retain some inkling of another's wishes and retain a bond of humanity'

"The word "protection" suggests altruistic idealism and protection of the vulnerable. The reality is otherwise. The word is a euphemism for bullying power and a tendency to deny the positive elements that create happiness in a person's life.)"

"The "protection plan" was a bureaucratic system my husband endured with mostly patient resignation because it helped me to some extent. In my opinion, such plans should be abolished as they are dictatorial and intellectually unrefined. I mean this in a profound sense".

appendix to a SCR, Mrs BB, Westminster Council

A service user perspective: what is to be gained from a person centred approach?

Fire fighting to long-term solutions
Helped find right people to support me
Helped us see the severity of the risk
Supported my family
Put me at ease to share my story
Built my self confidence
Help and results came quickly
I apply the principles on an ongoing basis in my life
I did it myself!

Making Safeguarding Personal 2013/14

53 councils joined last year

43 councils provided impact statements used in final report, including some councils here today

Excellent quality of work, resulted in Report of Findings, Guide, Case studies and a selection of Tools from councils

Work at Bronze level focuses on...

1. Enhanced social work practice ensuring that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity;
 2. Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met;
 3. Recording the results in a way that can be used to inform practice and provide aggregated outcomes information for Boards
-

Work at Silver level...

For councils who are well on the way to achieving points 1-3 (Bronze level). At silver level councils will consolidate this and enhance it by developing one or more safeguarding responses to support the realisation of outcomes people want/need.

Work at Gold level...

Involves a higher education institution for robust evaluation drawing on research

Choosing outcome measures

The outcomes measures chosen can be a powerful tool in changing the culture, giving direction to improving practice, and sending important messages about what the service is about.

In MSP 2014-15 we are continuing to work with a 'sector outcome measure' for safeguarding adults:

Number and % of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with advocates)

Number and % of people whose expressed outcomes are fully or partly met

Making Safeguarding Personal 2013/14: the findings

Key Findings:

- Many/most councils reported that people felt more empowered and in control of their safeguarding experience when they (or their representative) had been involved *from the start*
 - Every council has reported benefits to social work practice
 - A significant number of councils have begun to include discussion and recording about outcomes in key safeguarding meetings (and developed information, support etc to enable this to be meaningful)
 - Many councils have produced information and guides for people about safeguarding and what to expect and talked through with them what this means
 - Many councils have gathered and reported on both qualitative and quantitative evidence to demonstrate that good outcomes have been achieved (using more than one measure of effectiveness)
-

Key findings continued

- A number of councils reviewed outcomes, and developed an understanding of how these changed through the process
 - A significant number of councils found that partners were able to see the benefits of an outcome focused approach: engagement of partners was critical to realise the outcomes people wanted
 - Some councils reported that MSP led to prevention and awareness raising activities (with under represented groups)
 - The majority of councils identified impact on workload and capacity; some councils reported that matters were resolved more quickly through more focussed and intensive input and empowering people to take action on their own behalf
 - A number of councils found that an outcomes approach enabled people to take action themselves, which reduced dependency and ensured longer term resilience
-

Key findings about the approach

- Most said that MSP approach increases consideration of the involvement of advocates, IMCAs and significant others
 - Sound practice in applying the Mental Capacity Act and Deprivation of Liberty Standards in safeguarding is needed
 - The majority of councils said that assessment and management of risk is integral: person centred safeguarding care support risk enablement
 - Almost all Councils amended or improved their recording systems or created new ones to help record and measure outcomes
 - Many councils highlighted the need to revise policies and procedures to reflect MSP and remove potential barriers to person centred practice
 - Many councils have concluded that the shift is more about skills than procedures
-

Key findings about the approach

- Giving leadership and finding champions were key
 - The majority said that supporting practitioners and front line managers to shift practice was a key component of introducing person centred practice in safeguarding (reflection, supervision, focus and practitioner groups), identifying skills and confidence gaps to be addressed
 - Most councils said this is a cultural change that needs wide ownership and feeds into a broader context – ‘a shift in focus from process to people’
 - The majority of councils who operated pilot projects identified impacts on workload and capacity
 - All the councils who began to introduce an outcomes approach to safeguarding as part of MSP 2013/14 have identified benefits and intend to continue with the work in some way.
-

Plenary discussion/questions

Moving forward with MSP in 2014/2015

Councils new to MSP: making it manageable; beginning the journey

Councils involved in 2013/14: mainstreaming and moving forward

The Guide: what do I need to focus on?

Service delivery: Do your services or procedures need to be more focussed on **engagement with people**? Are discussions with people about the outcomes that they want embedded at key stages in processes so that your service and procedures drive engagement with people?

• **Staff development:** How will you brief and support staff? How will you address workforce development issues required to ensure your staff are skilled and competent in having difficult conversations with individuals at risk of harm or abuse. Are your staff equipped to negotiate outcomes and seek resolution? Do they have skills, knowledge and permission to use the full range of legal and social work interventions needed?

• **Information systems** How will you capture whether outcomes have been identified and then realised? How will you ensure that you are developing the means to measure whether the outcomes people want are realised, so that practitioners, teams and the board know whether safeguarding is making a difference

Making Safeguarding Personal 2014/17

No longer a time limited project

Ongoing adjustment in approach

Application in safeguarding adults

Mainstreaming and the broader applications

Meshing this approach with the implementation of the Care Act so that the benefits derived from MSP are much more widely applicable and recognised

Mainstreaming MSP

Key overlapping areas of focus when engaging in MSP

- The Care Act
 - The Human Rights Act
 - The Mental Capacity Act
 - Responses to Domestic Abuse
 - Legal literacy
-

The Care Act

Our vision

- To promote people's independence and wellbeing by enabling them to prevent and postpone the need for care and support.
- To transform people's experience of care and support, putting them in control and ensuring that services respond to what they want.

This means that, in the future, we expect people will be able to say:

1. "I am supported to maintain my independence for as long as possible"
2. "I understand how care and support works and what my entitlements are"
3. "I am happy with the quality of my care and support"
4. "I know that the person giving me care and support will treat me with dignity and respect"
5. "I am in control of my care and support"

27

Safeguarding Outcomes from the Care Act

Our vision

- To promote people's independence and wellbeing by supporting and empowering them to prevent and manage risks of harm.
- To transform people's experience of safeguarding support, putting them in control and ensuring that safeguarding responds to what they want.

This means that, in the future, we expect people will be able to say:

1. "I am supported to recognise and manage risks in my life."
2. "I understand how safeguarding support works, and what my options are"
3. "I am happy with the quality of my safeguarding support"
4. "The person supporting me will treat me with dignity and respect; if required will assess my capacity and then act in my best interests"
5. "I am in control of my care and support if I have capacity; if I don't my voice is still heard and I may have an IMCA."

28

Care Act: Draft Statutory Guidance

Informs and informed by MSP

- LA must arrange independent advocate where adult has 'substantial difficulty' in being involved in contributing
 - Aims of adult safeguarding include: 'to safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives'; 'to promote an outcomes approach in safeguarding that works for people resulting in the best experience possible'
-

Care Act: Draft Statutory Guidance

'avoid safeguarding arrangements that do not put people in control of their own lives, or that revert to a paternalistic and interventionist way of working. People have complex lives and being safe is only one of the things they want for themselves'

'We are all individuals with different preferences, histories, circumstances...It is...unhelpful to attempt a prescriptive process that can be followed in every case for concern'

Care Act: Draft Statutory Guidance

‘Wherever possible, the adult should be supported to recognise risks and manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to risks’

Don't miss the opportunity to feed into the consultation your own views and experience in the context of MSP

Human Rights' Act

“The State’s obligations under Article 8 (Human Rights Act) are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision-making process. It is simply unacceptable (and an actionable breach of Article 8) for a Local Authority to decide, without reference to P and her carers, what is to be done and then merely tell them (to ‘share’ with them) the decision.”

*Lord Justice Munby, July 2010, Keynote Address
to the Community Care Conference 14th July 2010*

Mental Capacity Act

Some key issues highlighted recently by Lucy Bonnerjea,
DH Lead MCA/DoLS

MCA and Safeguarding

We can't do safeguarding without the MCA

It has the potential to be of huge benefit to people
And to lead to high quality personalised safeguarding.

And yet...

House of Lords scrutiny of MCA found that the relationship between
Safeguarding and the MCA not yet clear and developed – often operate
separately

MCA needs to provide a challenge to safeguarding practice (human rights).
Knowledge of MCA needed for effective safeguarding

HoL scrutiny throws up challenges about: extent of implementation of MCA in
practice; about paternalism affecting ability to implement MCA; about extent to
which people who lack capacity have access to justice

“The Empowering Ethos has not been delivered”

Capacity not always assumed

Assessments of capacity not done well

No time or effort for supported decision making

Unwise decisions face institutional obstruction

Prevailing cultures of *risk averseness* (social care)

Culture of *paternalism* in NHS

Clinical judgements or resource led decisions more important than P's wishes and feelings

Least restrictive option not adequately considered

MCA must be considered as part of the safeguarding agenda

Wishes and Feelings

Wishes and feelings are important in the MCA

How do we find out about people's wishes and feelings?

We ask them.. .. again and again

We think about what their behaviour tells us

We ask their relatives

We ask their social workers/ care managers/ key workers

Help people make their own decisions

As professionals one of our key roles is to empower

To help people make their own decisions

To weigh up their own risk and benefits

This is called 'supported decision making'..

And

Is different from substitute decision making – which is a last resort, but should still consider people's wishes and feelings.

What is domestic abuse?

Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been intimate partner or family member regardless of gender or sexuality

Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; FGM; forced marriage.

Age range extended to 16.

Messages from practice and research:

- On average 2 women per week are killed by current or ex partners in England and Wales (British Crime Survey)
1 in 4 women in the UK will experience domestic abuse in their lifetime (Women's Aid)
 - 50% of disabled women are likely to have experienced domestic abuse in their lives - twice the rate of non-disabled women (Women's Aid)
 - Disabled women, regardless of age, sexuality, ethnicity or social class, may be assaulted or raped at a rate at least twice that of non-disabled women (Magown, 2004)
-

Messages from practice and research:

- One in four lesbian, gay, bisexual or transgendered (LGBT) people may experience domestic violence
 - Being disabled strongly affects the nature, extent and impact of abuse; abusers may deliberately emphasise and reinforce dependency to maintain control
 - Older people may be more physically vulnerable, socially isolated, economically dependent; may have put up with a lifetime of abuse; may be assumed to have social care needs if injured or depressed
-

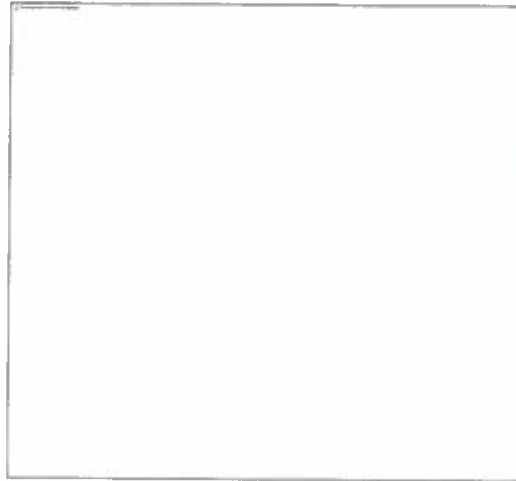
Responding to domestic abuse in safeguarding:

- Estimated proportions of safeguarding work that are also domestic abuse vary – 25-75%?
 - Older and disabled people are rarely included in domestic violence and abuse services – case work tends to be with younger people with children
 - Essential to consider fear, undue influence/ coercion and to think carefully how this compromises people's capacity to make decisions
-

Responding to domestic abuse in safeguarding:

- Non-molestation and residence orders are key legal responses to consider
 - Links between safeguarding and community safety are needed
 - 'Adult safeguarding and domestic abuse: A guide to support practitioners and managers' (LGA April 2013) looks at how approaches can be developed in safeguarding
-

Supporting people in situations of domestic abuse case example MSP 2013/14



Legal Literacy

Importance of ensuring staff competence and awareness of the range of legal remedies that could be applied

Input from councils involved in the programme during 2013/214

- Making it manageable
 - Deciding upon an initial focus
 - Including a focus on cultural and organisational change
 - Thinking across and mainstreaming MSP
-

Group discussion

- Why and how is this a priority for us?
 - What is our motivation and how can we capitalise on this?
 - Where will our focus be at this point?
 - Who do we need to involve locally?
 - Where do we want to be in three years' time?
-

Recording and measuring outcomes: what did councils do and find out?

Some key messages

- The process and recording/reporting are structures to support decision making *with* (and not about) the individual
 - Recording and what we record is crucial because often what is reported becomes what is important. We need to include outcomes in this
 - Start with aggregated information on the sector led outcomes measure and work back from there to think about the questions you want to ask and the conversations you want to have to get to this
 - Beware of treating data about personal outcomes as performance targets or benchmarks
-

A determined focus on using recording to support good practice

- Amending existing forms, developing new formats, requiring a different approach to record-keeping – all have supported the transformation in practice
 - Using aide-memoires and prompts: not a set of boxes to tick; not a script; the person's own words are used; this is a challenge being addressed by many councils.
 - Using questionnaires or other ways to seek views at up to three points in the process – outcomes change
-

Each council has adapted to their own situation

- ▲ Finding ways to record desired outcomes (not process) at the start and at key points a major feature of work undertaken on the project
 - ▲ Some councils have embedded recording of people's wishes, feelings, outcomes in existing systems, including prompts, mandatory fields
 - ▲ Other councils have used / invented stand-alone systems
 - ▲ Many councils are looking at ways to amend / update their systems to record person-centred practice better
-

Case studies are providing a rich source of information

- ✧ Bringing data to life through anonymised case studies not just valuable, essential!
 - ✧ Indicative of understanding the need for qualitative as well as quantitative information – stories really are powerful
 - ✧ Some councils have developed tables of brief qualitative quotes directly related to tables which show outcomes fully / partly met
-

Measuring the effectiveness of an outcomes approach

- Councils are beginning to use the data from improved recording systems
 - Outcomes are being measured by triangulating information from more than one source: case file audits; focus groups; post-safeguarding questionnaires
 - A number of councils have commissioned independent bodies to ask 'what does the service look like?'
 - Boards are demanding and getting data which captures views and experiences; assures them that person-centred practice is taking place
 - Achieving outcomes is about effectiveness of the whole system and not just adult social services
 - Performance management staff significantly involved
-

What councils tried in recording and aggregating information

Input from councils involved in 2013/14 and discussion

**Person- centred / outcomes-
focused practice: what did
councils do and find out?**

Underlines involving people *from the start* as a critical first step

- *Every council so far reports enhancements in practice in understanding and acting upon outcomes people want*
 - The approach requires more time at the start
 - Clarity about outcomes leads to greater clarity about what needs to be done and by whom...enhanced protection planning and ownership of actions
 - Involving people at the outset can ensure mental capacity is considered early on
 - Information early on about what is happening enables informed choice and meaningful engagement. Considering outcomes at the end is a reminder that we need to end safeguarding support in a clear and helpful way
-

People's quality of life & wellbeing

- The outcomes achieved by engaging people in conversations about the outcomes they want often leads to outcomes that empower and protect key elements of the person's quality of life and wellbeing (outcomes that are quite different from those professionals might have chosen)
- The very act of involving people can develop them: their understanding of their situation and the alternatives; their resilience, their confidence

The way in which we get to the information about outcomes really counts!

An outcomes approach enabling people to feel more empowered/ in control

- Positive results about people feeling more in control
 - Supporting people to understand what safeguarding is and what it entails is important
 - Involving people in meetings (strategy meeting)
 - Advocacy (and IMCA): a key consideration. Some councils report increased use of advocacy; others the need for this
 - The importance of consideration of how best to involve those who may lack capacity
 - Meetings need to change if people are to participate: guidance; participants; chairing etc
 - Enabling us to get at the truth
 - Risk enablement
-

Supporting good practice

- Development of aide memoires to help structure conversations. In some councils this has led to more positive professional relationships with families
 - Conversations about outcomes have led us to reflect on use of jargon/language. Many people don't know what "safeguarding" is
 - Implementation of tools: one page profiles; supported decision tool; positive/person centred risk tools
 - Negotiation and the relevance of skills in : working with risk; advocacy; mental capacity act principles; understanding of the legislative framework
-

MSP 2013/14 has engaged to a greater extent with enhancing core skills than in testing out specific responses
Staff development is a key issue:

Embedding the approach through "champions" development of tools to support conversations

Opportunities for Reflective practice and case discussion Staff briefings

development of skills in respect of MCA/IMCA

Recording negotiation skills: conflict/unrealistic

Understanding confidentiality in the context of involving people who use services Key role of supervision in developing, supporting and monitoring practice

Developing practice in assessing and managing risk (alongside people who seek safeguarding support)

What councils tried in developing personalised safeguarding responses

Input from councils involved in 2013/14
What needs to be in our toolkit?

Findings: Supporting organisational and cultural change

Sue Lewis & Jane Lawson

Facilitating cultural/organisational change

- Project groups and the involvement of senior leadership
 - Engagement of SABs, Cabinet, Health & Wellbeing Boards
 - Changing policies and procedures (emphasis on engagement/outcomes/timescales)
 - Engaging with a wider engagement/awareness/prevention agenda
 - Feeding into development in how we work with people in the broader context: "We will incorporate some of the principles into general care management practice"
 - Focus groups for people post-safeguarding
 - Engaging partner organisations at practice and strategic level
-

Transforming relationships & people

- “Social workers are seen in a different context...this has developed a relationship of increased trust and respect between people, their families and social workers. Social workers in the past have often been seen in a negative light”
 - “Adopting an outcome focussed approach with increased levels of engagement from the service user gave staff the confidence to think more creatively and to challenge current practice.”
 - The approach has effected change with partner agencies who have seen the benefit of an outcomes approach at safeguarding meetings and see the benefits of this. Other agencies are more likely to adopt and understand the value of the approach when they see it in action.
 - “Good partnership working was noted with Providers in respect of Safeguarding Planning and all parties involved in the investigation striving to achieve desired outcomes of Adult at Risk”
-

Risk enablement

- The case for a risk enabling culture: “The outcomes that people want following allegations of abuse may not be safest from the professional's perspective. The professional's perspective can be more restrictive and risk averse”
 - Need for a culture that supports consistent focus and approach to positive person centred work with risk alongside people. This will support addressing practitioners fear of blame if something happens as a result of individuals determining a “risky” outcome. Some councils have begun to develop this
-

What councils tried in progressing cultural change

Input from councils involved in 2013/14
What needs to be in place to support cultural and organisational change in the context of MSP?
Who will lead this and how?

Framework for MSP activity for 2014/15

4 Initial workshops for a first cohort of 83 councils, July 2014 and recruitment of a second cohort of councils

September 2014: 4 initial workshops for cohort 2 and ongoing support for cohort one

October to December 2014 regional conferences for all councils (cohorts 1 and 2) and these will link to the broader safeguarding agenda/priorities

From October 2014 specialist workshops to address specific areas of need

December to January ongoing support

Impact statements received from councils January 2015

February 2015 workshops to share learning and plan next steps.

March year end report

The Knowledge Hub

<https://knowledgehub.local.gov.uk/web/makingsafe-guarding-personal>

Area where useful documents, forum queries, tips and advice are shared.

Register on the [Knowledge Hub](#)

In the 'groups' tab, search for 'Making Safeguarding Personal'

The Knowledge Hub

Library tag will hold some files which may be helpful in supporting your participation in the project (eg. the guide, resources on person centred practice and tools; resources on outcomes and measuring outcomes)

The forum has a resources section too. This is a space for resources complementing those in the library space. This is also a discussion space where you can ask each other questions. You can ask for help from or offer help to other Councils.

If you get stuck there are contact details on the k hub where you can get help.
