

Making Safeguarding Personal – where we have got to?

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Programme

- Making Safeguarding Personal: background, history and approach
- Care Act (2014) and principles for safeguarding adults
- Duties, responsibilities and some challenges
- Q&A
- Making Safeguarding Personal Temperature check 2016, findings, recommendations & workstreams for 2017/18
- Resources for Safeguarding Adults Boards and what good looks like for partners
- Q&A
- What supports and stops us delivering Making Safeguarding Personal and what we can do next

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?

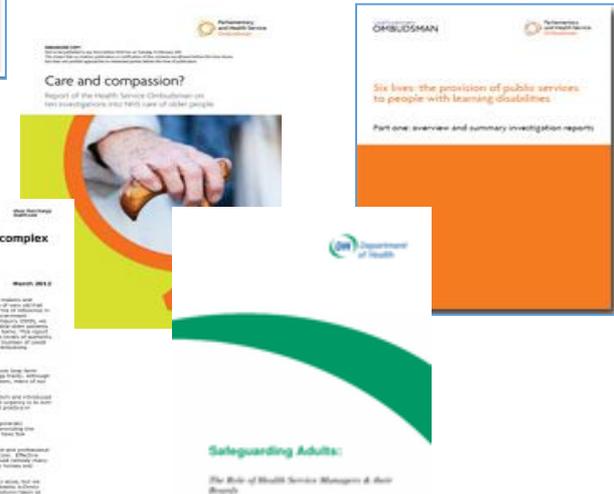
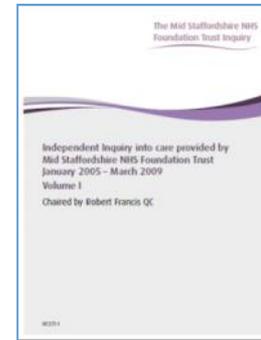
“It is probably fair to say that the emphasis of safeguarding activity so far has been on investigation and conclusions rather than on improving outcomes. This has been strongly affected by the fact that national reporting has focused on this. Although ‘outcomes’ are recorded, they are in reality, outputs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



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 involving 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; Updated: MSP Toolkit; Domestic Abuse and Adult Safeguarding guide
- 2015 Journal of Adult Protection Special Issue (June)
RiPFA evaluation of the 2014/15 programme published
- 2016 ‘What’s working’ Learning event @ U. of Beds; MSP
‘Temperature check’ published – 20 recommendations
- 2017 Taking forward recommendations

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 they want (especially if they can't)

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

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)

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.”

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)

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

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)

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

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)

Questions?

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.”*

Making Safeguarding Personal Temperature check 2016: why and how

- MSP programme had been running since 2010 - mainstreamed to all Local Authorities in 2014/15
- Evaluation of 2014/15 MSP programme indicated that many places were still in the early stages of their MSP journey
- 76% of English local authorities surveyed (115) via telephone interviews
- Aims to: measure progress towards full implementation of MSP; gather information and views from safeguarding leads in order to shape future MSP development programme; and offer reflective coaching and expert advice to MSP leads in local authorities

Findings: direction of travel

- There had been a substantial shift in the adoption and implementation of MSP by Local Authority adult social care services and the majority of local authorities have now completed the first step of introducing MSP.
- Most local authorities were moving into the next phase of embedding user-focused work into their practice and culture.
- Where the MSP approach had started in safeguarding teams and services it was spreading into generic teams.
- There had been an overall increase in agencies' involvement in MSP since the previous year's evaluation but some partners' involvement has actually decreased (primary care, ambulance service and police).

Findings: person-centred outcomes

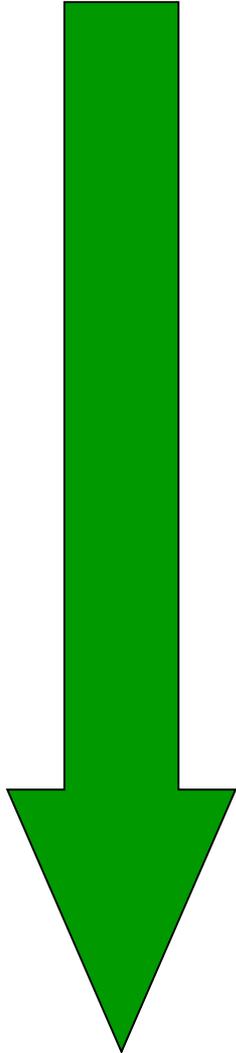
- MSP creates a big turnaround from 'doing to' people to 'doing with' them.
- Services were moving away from purely substantiating abuse to safer and restorative resolutions.
- When actively engaged, the outcomes people wanted were very often very modest, eg. an apology; re-assurance; recognition of the risks and how to deal with them.
- An MSP approach appears to take up no more time than a traditional approach but seems to lead to better outcomes for service users and can 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.

Findings: drivers of change

- The Care Act and enthusiasm of social workers were the main drivers of change but it also required commitment and support from senior management and changes to infrastructure.
- Councils that were outward facing and collaborative were further on with MSP than those who were fairly isolated, regardless of resources.
- Social workers had embraced MSP and see it as a refreshing change from care management to social work core values.
- Lack of resources was often a blockage but workers and managers found ways around it with varying degrees of success.
- Excess pressure from additional referrals and alerts was a blockage to progress, especially the added pressure of the massive increase in Deprivation of Liberty Safeguards.

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.

RECOMMENDATIONS - NATIONAL

1. The current MSP toolkit should be reviewed and updated.
2. The relative effectiveness of IT systems currently in use to support MSP should be reviewed to look at the merits of different systems.
3. Develop national materials to raise awareness of MSP among other organisations, service users, special interest groups and the wider public.
4. Develop tools/guidance on what MSP looks like in partner organisations and how its principles can be translated into different settings.
5. Carry out work with NHS England and CCGs on guidance for commissioners on how to build in MSP into their commissioning practice.
6. Agree an ideal type of outcomes measurement and reporting framework that can be offered as a template to all LAs.

RECOMMENDATIONS - REGIONAL

7. Create opportunities for practitioners to share their experiences of MSP. In particular: reflective supervision; family-based work; positive risk-taking; balancing user wishes against duty to others.
8. Share developments in reporting outcome measures to answer the question 'have we supported people to be any safer?'
9. Commissioners and CQC should work together to ensure that MSP is fully built into regulatory work.
10. Enhance Safeguarding Adult Review repositories to include reflective opportunities from MSP practice and users' views.

RECOMMENDATIONS - LOCAL

11. Improve ways of managing the increase in safeguarding alerts and referrals by considering integration of front doors.
12. Develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a s.42 enquiry.
13. Directors of Adult Social Services should take stock of where their service stands on the road to full implementation of MSP.
14. ASC departments to consider how they can get greater corporate council buy-in to MSP and ensure LA councillors are aware of it.
15. Training providers to modify and update their materials in shifting the culture to embed MSP values.
16. All organisations and SABs to do more to meaningfully engage service users in planning and shaping safeguarding services.
17. Statutory organisations to enhance prevention by building a pathway into voluntary and community assets.
18. ASC and health commissioners to work more closely with independent care providers to MSP into good service quality.

RECOMMENDATIONS – CROSS-CUTTING

19 Leaders and opinion formers use the evidence from this temperature check to demonstrate how MSP does not take longer and produces more effective results.

20. The remaining Councils (36) that were not part of this temperature check should have a temperature check conversation during 2016/17 to inform regional programmes to support and further embed of the MSP approach.

Making Safeguarding Personal: some of the current national workstreams

- Resource/Guide for engaging people who use services in Safeguarding Adults Boards
- Prevention, social isolation and MSP – piloting and testing
- Collecting and disseminating examples of good practice e.g. audio-visual resources
- Developing a national outcomes framework to monitor performance and change
- Resources/Guides for Safeguarding Adults Boards and key partner agencies on 'what good looks like' regarding MSP (commissioners and providers of health and social care, police, housing, advocacy)

Making Safeguarding Personal resources for Safeguarding Adults Boards and partner organisations

- Resources for providers and commissioners (both health and social care), police, housing, advocacy
- Takes forward MSP temperature check recommendations
- Commissioned by ADASS on behalf of the Local Government Association (LGA) Care & Health Improvement Programme (CHIP) which is funded by the Department of Health
- Overarching framework and common core
- Agreed by ADASS and LGA for publication
- Priority to disseminate and publicise via regional and national events, and networks

Continued.....

- Builds on Making Safeguarding Personal programme learning since 2010
- Sets out essential steps in Making Safeguarding Personal for Safeguarding Adults Boards and for partner organisations
- Makes the links to existing frameworks in partner organisations
- Emphasises that the development of MSP is not only about a focus on personalised front line practice, it requires a whole system approach across and within organisations
- MSP is as much about prevention as about enquiries

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

Questions?

What supports or stops us from delivering Making Safeguarding Personal?

In your role –

- What do you do that delivers the MSP approach to safeguarding adults?
- What supports you to promote MSP?
- What stops you delivering MSP?

What could you do next to support the Making Safeguarding Personal approach to safeguarding adults?

MSP evaluation 2014/15

Checklist: what helps to implement MSP

- ✓ Permission' to work differently
- ✓ Development of the right skills
- ✓ Revise policy, procedures and systems
- ✓ Sharing good practice
- ✓ Effective use of the *Mental Capacity Act*
- ✓ Emphasis on and confidence in professional judgement
- ✓ Support from SAB and involve partners
- ✓ Acknowledge challenging financial climate and work on understanding longer term resource impact of MSP

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

Safeguarding Adults Under the Care Act 2014: Understanding Good Practice

- Making Safeguarding Personal – Jane Lawson
- ‘Signs of safety’ – Tony Stanley
- Participative Practice and Family Group Conferencing – Marilyn Taylor & Linda Tapper
- Mediation and Restorative Justice– John Gunner
- Involvement and Engagement in adult safeguarding – Trish Hafford-Letchfield & Sarah Carr
- Assessing and Responding to Risk – Emily White
- Mental Capacity Act and Adult Safeguarding – Dan Baker
- Using the Law – Fiona Bateman
- Difficult encounters – Jill Manthorpe et al
- Self-Neglect and Hoarding – Susy Braye et al
- Domestic Abuse and Adult Safeguarding –Lindsey Pike & Nicki Norman
- Modern Slavery & Human Trafficking – Sean Olivier et al
- Scamming – Sally Lee et al
- How to practice safeguarding well – Adi Cooper