Making Safeguarding Personal

For safeguarding adults boards

Support for boards in Making Safeguarding Personal across the Safeguarding Adults Partnership

Acknowledgements

Contents

1 Introduction

This resource is part of a suite of resources to support safeguarding adults boards and partners in developing and promoting Making Safeguarding Personal (MSP). It supports Boards both in their assurance role and in actively supporting and leading a culture change towards Making Safeguarding Personal.

These resources describe what 'good' might look like in Making Safeguarding Personal and promote ownership of this agenda within and across all organisations. References to the full suite of resources is available in the resources section below.

What is Making Safeguarding Personal?

Making Safeguarding Personal sits firmly within the Department of Health (DH) Care and Support Statutory Guidance, as revised in 2017 that supports implementation of the Care Act (2014). It means safeguarding adults:

- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety (paragraph 14.15)[1]

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry (Care Act, 2014, Section 42 enquiry[2]), but also in the whole spectrum of activity.

The resource sets out essential steps in Making Safeguarding Personal. These steps underline that development of Making Safeguarding Personal is not simply about a focus on personalised front line practice. It requires a whole system approach across and within organisations. The board has a coordinating role in this. The resource sets out steps towards achieving this.

"A shift in focus from process to people involves fundamental cultural and organisational change. It is not simply a question of changing individual practice, but the context in which that practice takes place and can flourish… Many [organisations] believe that skills development for practitioners will ultimately form part of a wider strategy for safeguarding, risk enablement and...practice as a whole."

(Lawson et al, 2014)

This resource draws on evaluations of national Making Safeguarding Personal programmes. (Lawson et al, 2014;[3] Pike and Walsh, 2015;[4] Cooper et al, 2016[5]

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1   Department of Health (2017) Care and Support Statutory Guidance

2   An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

3   Lawson J; Lewis, S; Williams, C; (2014) Making Safeguarding Personal 2013/14; summary of findings; LGA/ADASS
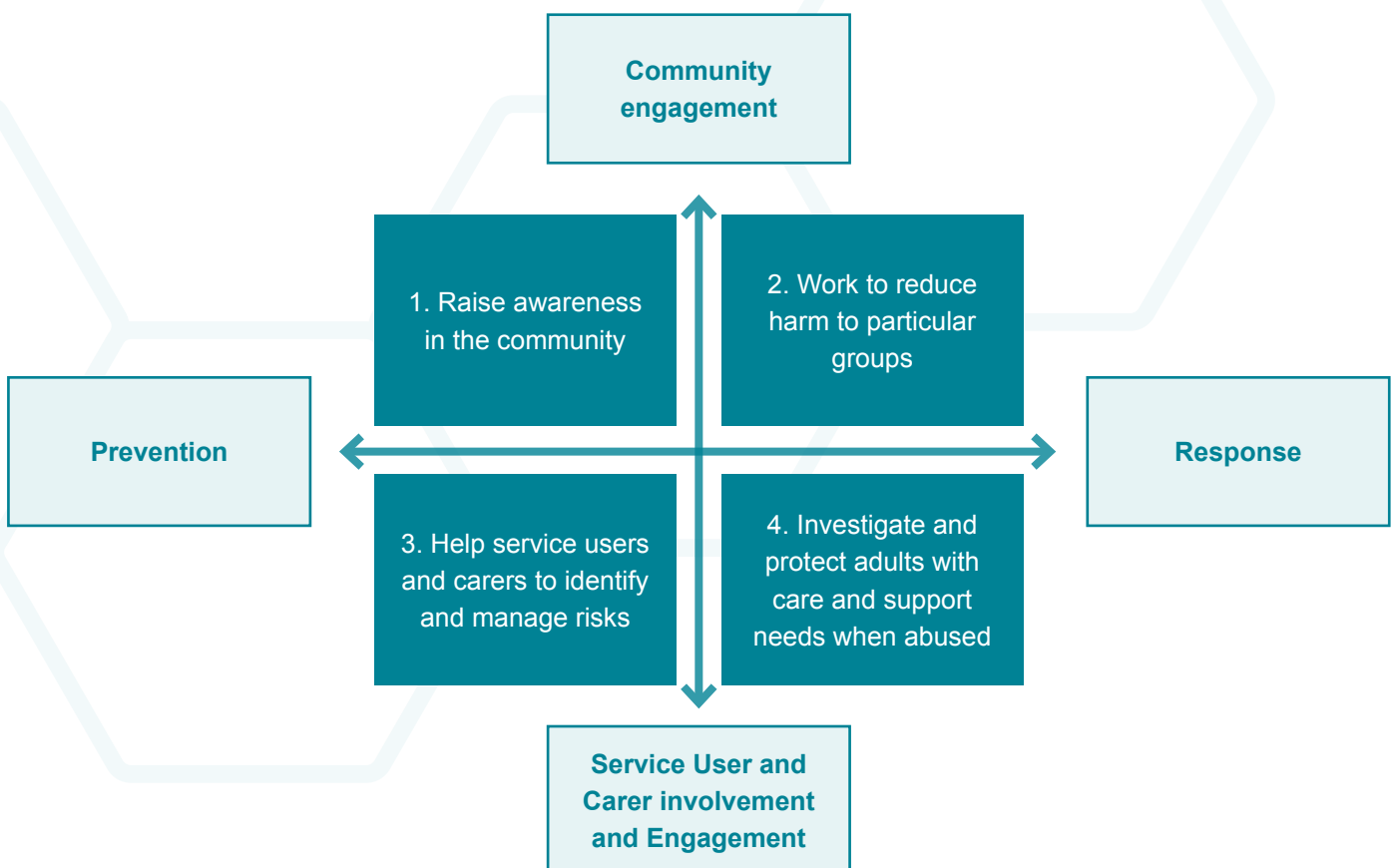
4   Pike, L; Walsh, J (2015) Making Safeguarding Personal Evaluation; Local Government Association, LGA

5   Cooper, A; Briggs, M; Lawson, J; Hodson, B; Wilson, M; (July 2016) Making Safeguarding Personal Temperature Check, Association of Directors of Adult Social Services, ADASS

Appendix 1 provides a summary of priorities and expectations of organisations and safeguarding adults boards drawn from the statutory guidance and learning from these evaluations. Appendices 2 and 3 offer advice, relevant for boards, on the statutory principles for adult safeguarding and highlight what these principles mean in practice and for determining strategy.

The statutory guidance sets out a range of areas of interest for safeguarding adults boards which is illustrated below.[6]

This includes taking a broad community approach to establishing safeguarding adults arrangements. The guidance promotes: a focus on outcomes delivering wellbeing alongside safety, prevention of as well as protection from abuse and neglect, engagement and empowerment of individuals and a whole partnership approach (paragraph 14.7).

Community engagement

1. Raise awareness in the community

2. Work to reduce harm to particular groups

Prevention

Response

3. Help service users and carers to identify and manage risks

4. Investigate and protect adults with care and support needs when abused

Service User and Carer involvement and Engagement

The statutory guidance sets out the various roles of the board both in assurance of safeguarding arrangements (paragraph 14.133) and as a "source of advice and assistance...in helping others improve their safeguarding mechanisms" (paragraph 14.135). This range is reflected in this resource.

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6   This is a version of a diagram presented by Braye, S; Orr, D; Preston-Shoot, M,(2011); The governance of adult safeguarding: findings from research into Safeguarding Adults Boards, SCIE . It has been slightly adapted by the Solihull Safeguarding Adults Board for its local guidance

2 Summary

This summary sets out the headlines of what should be promoted and facilitated by safeguarding adults boards across all sectors and organisations – the essential steps to make safeguarding personal.

These essential steps are expanded on throughout the main body of the resource in section 3 which sets out, under each of these headings, suggestions for the leadership role of the Safeguarding Adults Board in supporting and seeking assurance on the development of Making Safeguarding Personal.

The following are essential steps in developing Making Safeguarding Personal for safeguarding adults boards:

Leading Making Safeguarding Personal

Step 1: Evidence strong leadership of Making Safeguarding Personal

Establishing and developing Making Safeguarding Personal as a core objective of the Safeguarding Adults Board.

Step 2: Promote and model the culture shift required for Making Safeguarding Personal

Strategies, policies and training are put in place across the whole partnership that support Making Safeguarding Personal and provide consistency and transparency of culture and values.

Step 3: Define core principles for strategy and practice[7]

The Safeguarding Adults Board leads on defining and embedding the six statutory safeguarding principles as core to Making Safeguarding Personal, and wellbeing alongside safety.

Supporting and developing the workforce

Step 4: Promote and support workplace and workforce development

A focus on workforce issues, promoting workplace values and culture, seeking assurance on baseline practice standards that deliver Making Safeguarding Personal (including in respect of staff: recruitment, supervision, induction, development).

Step 5: Seek assurance of and support development of competent practice in applying the Mental Capacity Act

The Mental Capacity Act is empowering legislation and supports Making Safeguarding Personal. Competent practice enables effective balancing of sometimes competing principles in complex situations.

Early intervention, prevention and engaging with people

Step 6: Ensure there is a clear focus on prevention and early intervention

The Making Safeguarding Personal approach applies to the prevention responsibilities of safeguarding adults boards. Prevention and early intervention requires empowering everyone (including staff and people living in communities) to recognise the potential for abuse or neglect and to raise concerns.

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7   Core principles for Safeguarding Adults are central to success in Making Safeguarding Personal. These are familiar to boards and organisations. For ease of cross reference, they are set out in Appendix 2: 'Core principles for safeguarding adults in support of Making Safeguarding Personal.'

Step 7: Engaging with and including people who use services

Having regard to statutory responsibilities and research evidence about making this engagement effective and worthwhile.[8] Support responds to the issues that people have themselves identified. Engagement supports people's resilience.

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,

Encouraging and promoting these essential steps for all organisations.

Step 9: Measure the difference Making Safeguarding Personal makes for people.

This is essential as part of the assurance role of safeguarding adults boards. It must include qualitative and quantitative information, both regarding Section 42 enquiries and in those situations which do not reach a formal enquiry. There must be encouragement of a whole partnership commitment to asking people about outcomes at the initial point of discussing a concern.

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8   Detailed support and ideas for engagement at a strategic and policy level is offered in the 'resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support'. This is one of this suite of resources.

3 Developing Making Safeguarding Personal

Leading Making Safeguarding Personal

Step 1: Evidence strong leadership
Establishing and developing Making Safeguarding Personal as a core objective of the safeguarding adults board.

What needs to happen?

- Establishing Making Safeguarding Personal as a core objective running through the safeguarding adults board's strategic plan. This should include areas identified in the Care and Support Statutory Guidance and by national Making Safeguarding Personal programmes (See Appendix 1).

- Threading Making Safeguarding Personal across all safeguarding adults board subgroup activity, including: communications, community engagement, quality assurance, learning and development, and workforce development (reflecting the steps set out below).

- Making sure people know what to expect from safeguarding support and how they can participate. Ensuring that communication strategies convey that Making Safeguarding Personal is at the heart of the board's strategy and supports people in participating and making choices.

- Seeking assurance (through organisational self-assessments and multiagency case file audits) that safeguarding adults board commitment translates into frontline practice.

- Facilitating mutual challenge and development across the partnership where organisational issues impact on ability to make safeguarding personal.

Step 2: Promote and model the culture shift required for Making Safeguarding Personal
Strategies, policies and training are in place across the whole partnership that support Making Safeguarding Personal and provide consistency and transparency of culture and values.

What needs to happen?

- The safeguarding adults board and partner organisations articulating clear and accessible values which are aligned to Making Safeguarding Personal.

- Making sure that there is an open and transparent culture so that the board listens to the voices of people in need of support and services and their families, and responds. This includes in the context of Safeguarding Adults Reviews (SARs). The board seeks assurance that all partner organisations do this too.

- Evidencing that the safeguarding adults board acts on what it hears. It seeks assurance of governance processes at all levels and across organisations, where these are capable of influencing practice and outcomes in response to feedback from people who may be in need of safeguarding support.

- Seeking assurance that the vision, values and culture of all organisations support staff in carrying out expectations of policy and training in relation to Making Safeguarding Personal. The board welcomes and responds to feedback from staff.

The safeguarding adults board should facilitate the following through its support and assurance roles

- There are explicit links in strategy and policy to the six safeguarding principles and to the wellbeing principle.

- There is support for staff (consistent with stated values), who must balance sometimes conflicting principles of autonomy and protection.

- There are agreed partnership principles for working with risk, embracing positive risk taking and person-centred approaches. This gives permission to staff to work in risk enabling ways.

- There is effective and appropriate commissioning and provision of advocacy as a key enabler to making core principles real for people.

- Commissioning frameworks across the range of service provision reflect the values and principles necessary for Making Safeguarding Personal.

- Innovative approaches to safeguarding adults, promote core principles (eg family group conference and restorative approaches).

Examples of positive leadership of culture change

In developing Making Safeguarding Personal, the safeguarding adults board can promote effective leadership through examples of good and outstanding providers. Although these examples focus on health and social care, they are relevant to all sectors and organisations.

The examples below are taken from Care Quality Commission (CQC) reports (Care Quality Commission, March 2015[10] and April 2017[11]).

- **Welcoming feedback and showing that this results in change and improvement at front line practice level**

  The Salford Health Matters Community Interest Company, "checks with its patients' participation group to see how well it is doing-and there are good examples of improvements made to services as a direct result of responding to comments and suggestions."

- **Creating 'flatter' organisational structures and mechanisms that facilitate communication between all levels of employees. Staff influence decision making in organisations and at safeguarding adults board level.**

  Cambridgeshire Community Services NHS Trust: "Board members spend time 'on the front line' with clinicians, identifying actions that can be taken forward to improve services and the working lives of staff."

- **High-quality, person-centred care depends on supporting, engaging and managing staff well. This includes listening to feedback from staff and empowering staff.**

  Frimley Park Hospital: "A clear vision and values had been developed with staff to ensure they

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9   Core principles for safeguarding adults are central to success in Making Safeguarding Personal. These are familiar to boards and organisations. For ease of cross reference, they are set out in Appendix 2.

10 CQC (March 2015), Celebrating Good Care, Championing Outstanding Care

11 CQC (April 2017) Celebrating good care, championing outstanding care

were aligned with a service they wanted to work for..." as "happy staff will deliver great care".

Salford Health Matters, Community Interest Company [CIC] providing primary care services in Eccles: "To provide great care you need a great place to work. We have a culture of openness and we have tried to reduce hierarchy..."

- **Vision, values and culture translate into front line practice.**

The Ridgeway in Romford provides supported care for up to four adults with learning disabilities and other complex needs: "It's easy to see too many risks and wrap people in cotton wool. The people we support can be vulnerable but we use positive risk-taking to ensure they have the same opportunities as everyone else."

Supporting and developing the workforce

The context in which practice takes place, the culture and leadership within organisations and the way staff are treated, are significant and have an impact on front line practice, and on whether or not people achieve their outcomes (Point of Care Foundation, 2014[12]). Staff need to be empowered, supported and developed to adopt the Making Safeguarding Personal approach in their practice.

> **Step 4: Workplace and workforce development**
>
> A focus on workforce issues, promoting workplace values and culture, seeking assurance on baseline practice standards that deliver Making Safeguarding Personal (including in respect of staff: recruitment, supervision, induction, development).

The safeguarding adults board should:

- Establish a common and robust approach to workforce recruitment and retention across the partnership (consistent with Making Safeguarding Personal values and principles), with reference to a common resource, such as the toolkit produced by Skills for Care.[13]

- Seek assurance on the impact of this through organisations' self-assessments.

- Seek assurance that Making Safeguarding Personal is integral to all training commissioned by the board and partner organisations

- Seek assurance on: which staff are trained and relevant areas of staff development, such as those highlighted in the research (Pike and Walsh, 2015).[14]

- Understand and act on factors evidenced in research that enable and inhibit the transfer of learning into practice (Braye, Orr and Preston-Shoot, 2013;[15] Pike, L and Wilkinson, K, 2013;[16] and RiPFA, 2012).[17] This includes challenging cultures and structures within organisations that get in the way of Making Safeguarding Personal.

- Seek assurance that front line staff have a clear framework within which to achieve a balance between wellbeing and safety. Promote high level organisational support for person-centred, outcomes focused working, linking training to strategic planning objectives.

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12   Point of Care Foundation, 2014; Staff care: How to engage staff in the NHS and why it matters, Point of Health report: https://16682-presscdn-0-1-pagely.netdna-ssl.com/wp-content/uploads/2014/01/POCF_FINAL-inc-references.pdf

13   www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Recruiting-for-values-and-behaviours-in-social-care.aspx

14   This might (depending on local learning needs analysis) include: working with risk; recording outcomes; using the range of legal responses; effective use of the Mental Capacity Act; working with coercive and controlling behaviour

15   Braye, S; Orr, D; Preston-Shoot, M (October 2013) A scoping study of workforce development for self-neglect work, Skills for Care

16   Pike, L; Wilkinson, K (2013) How to get learning into practice: practice tool; Research in Practice for Adults, RiPFA

17   Research in Practice for Adults, RiPFA (2012) Training transfer: Getting Learning into Practice

Messages from research give direction on workforce and workplace development:

"What is required is the whole package of workforce and organisational development to build both the capacity and the context for effective social work practice."

(Braye, S; Orr, D; Preston-Shoot, M, 2013)

"The workplace, its structures and core messages need to support staff in putting learning into practice. The attitudes and culture of the workplace need to align with messages from training."

(Pike, L and Wilkinson, K, 2013, and RiPFA, 2012)

"Ensuring high level organisational support for person-centred, outcomes focused working, ie senior colleagues need to give practitioners 'permission' to work in this way."

(Pike, L, 2015¹⁸)

"Supervision...offered by peers as well as by managers, plays a key part in skills development... [it] must be robust, ethically and legally informed, evidence based... and emotionally supportive."

(Braye, S; Orr, D; Preston-Shoot, M, 2013)

The Point of Care Foundation Report, 2014, refers to the importance of engaging and supporting staff. Director Jocelyn Cornwell, commenting on the report, said: "It's the experiences of staff that shape patients' experiences of care, for good or ill, not the other way around. Working in healthcare ought to rank amongst the best jobs in the world, but far too many healthcare professionals feel over-worked, disempowered and unappreciated."

Some specific steps that safeguarding adults boards might take to support evidence-based approaches:

• Promote a range of opportunities for staff development alongside training: practitioner forums; support from principal social workers, clinics, surgeries, complex case discussions; sitting alongside staff whilst undertaking audits to develop practice; identification of champions (increasingly these approaches are favoured above direct training courses).

• Recognise the role of the principal social worker in offering advice and guidance (Department of Health, 2017, paragraph 14.205). Make connections between the principal social worker and the safeguarding adults board.

• Promote the significance of effective staff supervision in developing practice.

• Facilitate feedback information from quality assurance processes offering constructive learning for staff.

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18 Pike, L (2015) Making Safeguarding Personal Evaluation 2014/15; Executive Summary; Local Government Association, LGA

> **Step 5: Seek assurance of and support development of competent practice in applying the Mental Capacity Act**
>
> The Mental Capacity Act is empowering legislation and supports Making Safeguarding Personal. Competent practice enables effective balancing of sometimes competing principles in complex situations.

Evaluation of national Making Safeguarding Personal programmes has highlighted that effective implementation of the Mental Capacity Act, 2005, is key to Making Safeguarding Personal (Pike and Walsh, 2015; Lawson et al, 2014).

The safeguarding adults board should facilitate the following through its support and assurance roles:

- People who lack capacity are offered person-centred safeguarding support. An outcomes approach is provided to those who lack mental capacity as well as those with capacity.

- The core principles of the Mental Capacity Act (2005), are integrated in safeguarding practice. There is particular emphasis on supported decision making and best interests decision making. Case file audit evidences this.

- Mental capacity assessment is an early consideration in safeguarding adults support.

- There is appropriate use of, and commissioning of, advocacy in supporting decision making both for people who have capacity and for those who lack capacity in safeguarding situations.

The board can support development of practice through quality assurance of the following areas[19]:

- the quality, appropriateness and timeliness of capacity assessments

- the need to embed supported decision making

- addressing risk aversion and paternalistic cultures

- 'best interests' decision-making must be carried out as intended in the Act, prioritising the wishes, thoughts and feelings of the individual

- the use of advocacy to support decision making and in 'best interests' decision-making.[20]

Advocacy partners on safeguarding adults boards can offer valuable insights into front line practice, both on the delivery of the Mental Capacity Act, 2005, but also more generally on the engagement of people being supported through safeguarding enquiries. Boards should utilise this feedback to inform workforce development.

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19 These are included in recommendations (consistent with a Making Safeguarding Personal approach) from the House of Lords Select Committee report, February 2014, on progress in implementing the MCA, 2005. This report referred to the 'empowering ethos' of the Mental Capacity Act not having been delivered to date.

20 This suite of resources includes a resource on advocacy. It highlights available literature, setting out definitions of advocacy; the range of types of advocacy and the need for independence, including a report on commissioning advocacy under the Care Act, 2014, SCIE, December 2016 pp4-5.

Early intervention, prevention and engaging with people

Step 6: Ensure there is a clear focus on prevention and early intervention

The Making Safeguarding Personal approach applies to the prevention responsibilities of safeguarding adults boards. Prevention and early intervention requires empowering everyone (including staff and people living in communities) to recognise the potential for abuse or neglect and to raise concerns.

The safeguarding adults board should facilitate the following through its support and assurance roles:

• Empower, engage and inform people so that they can resolve and prevent abuse and neglect in their own lives, and build their resilience.

• Maintain a focus on capacity in the voluntary and community sectors where there is significant scope for supporting prevention of abuse and neglect, and early intervention.

• Support partner organisations in making the links between Making Safeguarding Personal and effective prevention, for example, challenging board partners to identify and address issues of social isolation to prevent future risk of harm.[21]

• Engage providers and commissioners in making the relevant links between service quality and prevention and the role of Making Safeguarding Personal within this.

Step 7: Engage with communities and those who may be in need of safeguarding support

Having regard to statutory responsibilities and research evidence about making this engagement effective and worthwhile. Support responds to the issues that people have themselves identified. Engagement supports people's resilience.

The safeguarding adults board should:

• Support engagement with the community, particularly with people who may be in need of safeguarding services. Develop their ability to recognise and respond to abuse and neglect; involve them in developing safeguarding strategies. Include, as a priority, those people with protected characteristics. (Equalities Act, 2010)

• Have regard to research evidence as to how to make this engagement effective in developing safeguarding support, and worthwhile for all concerned.[22]

• Safeguarding adult reviews (SARs) and other review processes engage with people in receipt of support and services and/or their families.

• Take account of the Care and Support Statutory Guidance (Department of Health, 2017, paragraphs 139; 153-4) requirements regarding engagement with people and communities.

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21 Jones, H, (2017) Prevention, Social isolation and Making Safeguarding Personal; Think piece; ADASS

22 'A resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support', which forms part of this suite of resources) underlines key evidence based considerations for safeguarding adults boards. The whole resource should be referred to including practice examples provided by councils. There is reference to a range of research within this resource. Key research includes: Pike, L (2016); SCIE (2011) and SCIE (2015) .

Engagement with communities and individuals is important for prevention. Connecting with people in individual circumstances as well as in informing strategy and policy can be empowering for those involved.

Research indicates the connection that the safeguarding adults board needs to make between prevention activity and Making Safeguarding Personal: "prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks".

(Faulkner, A and Sweeney, A, 2011,SCIE)[23]

Key enablers to effective user involvement for safeguarding adults boards include:[24]

• Take account of the Care and Support Statutory Guidance (Department of Health, 2017, paragraphs 139; 153-4) requirements regarding engagement of people and communities.

• Map existing involvement mechanisms of all partner organisations (statutory and voluntary and community sector) to illustrate best practice and identify gaps. Look for opportunities make connections with existing groups.

• Explore opportunities for involving people in all the sub groups as well as the safeguarding adults board to ensure user involvement is core to all board activities.

• Look at engaging users from all groups and across all sections of the community (including those with protected characteristics, see Equalities Act (2010)).

• All outputs from the safeguarding adults board's work should have an element of user involvement but some outputs may be particularly suited to having a significant involvement from users, for example: safeguarding training for practitioners and the local community, peer led research on the experience of people who have been through the safeguarding process, facilitation of community safeguarding events, promoting the work of the safeguarding adults board at conferences, designing information for websites and leaflets (not just proof reading).

• There are further examples in the case studies section of the 'Resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support.' (Droy and Lawson, 2017).

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23   Faulkner, A and Sweeney, A (2011) Prevention in adult safeguarding: A review of the literature, Social Care Institute for Excellence, SCIE

24   Droy, R and Lawson, J (2017) 'A resource for Safeguarding Adults Boards to support increased involvement of people who may be in need of safeguarding support', ADASS; LGA

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
Encouraging and promoting these essential steps for all organisations.

The safeguarding adults board should facilitate the following:

- Mainstreaming Making Safeguarding Personal; supporting all partner organisations in making the links between Making Safeguarding Personal and their existing: values/principles, priorities, regulatory frameworks.

- Harnessing joint commitment to the areas outlined in this resource as essential steps for Making Safeguarding Personal.

- Integrating the steps into self-assessment frameworks for safeguarding adults board partners.

- Promoting and publicising this suite of resources to support all partners' engagement in Making Safeguarding Personal.

The involvement of all partners in Making Safeguarding Personal has been uneven (Cooper et al, 2016). However, there is increasing enthusiasm and motivation across organisations for joint development of Making Safeguarding Personal. This is clear in messages from a multiagency focus group on Making Safeguarding Personal in London. The following issues were identified for boards

to consider in developing Making Safeguarding Personal across the partnership:

- There needs to be joint commitment to Making Safeguarding Personal and associated activity at all levels and across all organisations (from the need for sectors to communicate at a national level, through to front line practitioners).

- A joint response is required in front line practice in order to find the right partnership response and tailored support for each individual. The voluntary and community sector is a key partner in this (this is significant for example, in addressing modern slavery issues).

- Partnership working in early intervention is important; finding an appropriate 'way in' to offer support requires a range of options.

- Partnership working is necessary in order to connect with all sections of the community, including a clear focus on those with protected characteristics (Equalities Act, 2010).

- Experience of the multi-agency safeguarding hub (MASH) model has supported some partnership working on Making Safeguarding Personal in some areas. The benefits of this for Making Safeguarding Personal need further exploration.

- Regulatory frameworks across some organisations clearly accommodate the key areas of focus and the values required for Making Safeguarding Personal. Safeguarding adults boards can draw attention to these links into existing frameworks, to help organisations mainstream Making Safeguarding Personal and avoid duplication.

Step 9: Measure the difference Making Safeguarding Personal makes for people

This is essential as part of the assurance role of safeguarding adults boards. It must include qualitative and quantitative information, both regarding Section 42 enquiries and in those situations which do not reach a formal enquiry. There must be encouragement of a whole partnership commitment to asking people about outcomes at the initial point of discussing a concern.

The safeguarding adults board should facilitate the following through its support and assurance roles:

- Ensure that all staff and professionals from all organisations ask people about outcomes at the point of concern.[25] This is recorded and analysed so that the safeguarding adults board can see the extent of partner engagement in Making Safeguarding Personal and mobilise advice and support where this is needed.

- Ensure that outcome measures focus on wellbeing as well as safety and on achieving a right balance in individual circumstances.

- Ensure that councils complete and send the voluntary Making Safeguarding Personal annual returns to NHS Digital on outcomes. The safeguarding adults board uses this information to drive practice development (for example undertaking an audit or a deep dive on a sample of cases where outcomes are not met).

- An overview of what happens to people who do not require the process of a formal enquiry (Care Act, Section 42 enquiry). This supports understanding of the extent and nature of prevention and early intervention.

- Multiagency case file audits are undertaken to provide qualitative information about engagement in Making Safeguarding Personal across the partnership to identify further areas for development and improvement.

The board can support positive development of this through facilitating:

- Discussion of outcomes throughout the safeguarding process, not just at the end, so that information on outcomes is a product of personalised practice, not a tick box exercise. The way people are involved is as significant as achieving the 'end' desired outcomes and these outcomes may change through this experience.

- Collection of both qualitative and quantitative information to inform the safeguarding adults board, triangulating a range of information including surveys, focus groups and case file audits (See sample case file audit methodology, Appendix 4).

- Active responses to the messages from quality assurance processes so that they result in positive change. This can inform improvement in front line practice.

- Methodologies for assurance that link directly to support and training for staff (for example, front line staff involvement in case file audits).

- Assurance from commissioners that they are monitoring and measuring Making Safeguarding Personal through contracts.

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25   An example of outcomes questions asked consistently across organisations is offered in Cooper et al, 2016): Oxfordshire County Council reported this example as part of the Safeguarding Adults Temperature Check (2016). The safeguarding team had supported staff across partner agencies to ask people three consistent questions, from the very beginning when a safeguarding concern is raised and then through to closure of the process.

4. The impact of a Making Safeguarding Personal approach

The safeguarding adults board has a complex leadership role in Making Safeguarding Personal that requires it to be active both in its support and development role and in its assurance role.

Safeguarding adults boards require engagement in this from the whole partnership. The suite of resources accompanying this resource for safeguarding adults boards offers support to achieve this ambition.

This resource has set out what has to be done and what needs to be addressed in order to make safeguarding personal. If these steps are taken at all levels within and across the safeguarding adults board, safeguarding adults will look like this for people, organisations and practice:

- 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.

- 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.

- 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.

Resources

The full suite of resources is available on the ADASS and LGA websites and comprises:

- Support for boards in Making Safeguarding Personal across the Safeguarding Adults Partnership

- Making Safeguarding Personal; what might 'good' look like for health and social care commissioners and providers?

- Making Safeguarding Personal; what might 'good' look like for the police?

- Making Safeguarding Personal; what might 'good' look like for advocacy?

- Making Safeguarding Personal; what might 'good' look like for those working in the housing sector?

- A resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support.

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources-support-making-safeguarding-personal

Safeguarding resources

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources

Care Act 2014 Role and duties of Safeguarding Adults Boards, Social Care Institute of Excellence (SCIE) (2015)

www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-Boards-checklist-and-resources/role-and-duties.asp

Engagement and communication, Social Care Institute of Excellence (SCIE) (2015)

www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp

Making Safeguarding Personal Temperature Check, ADASS (2016)

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

Appendix 1.

Setting board priorities against expectations in the statutory guidance

What does the statutory guidance indicate should be priority areas for boards in seeking to make safeguarding personal? What does experience from the Making Safeguarding Personal (MSP) national programmes say that helps?

Priorities for safeguarding adult board focus in support of MSP	Care and Support Statutory Guidance[27]	What supports MSP? (findings from MSP national programmes)[28]
• **Principles** (wellbeing; safeguarding core principles; MCA principles) • Board leadership on these	• Outcomes reflect adult's wishes and/or best interests and are proportionate to concerns (14.79) • Everyone must focus on improving the person's wellbeing (14.92)	• Focus on the person's outcomes and wellbeing
• **Culture shift** across organisations • Board models and seeks assurance on this	• Strong multiagency partnership; effective responses and prevention; clarity as to roles and responsibilities; positive learning environment to help break down cultures that are risk-averse (14.12) • MSP underpins all healthcare delivery in relation to safeguarding (14.207) • Policies and procedures across organisations should assist the development of swift and personalised safeguarding responses and involvement of adults in decision making (14.52)	• Achieving the necessary cultural shift • All partners take on board benefits of outcomes focus • All partners develop personalised responses and procedures • Develop commissioners in how to build MSP into their commissioning practice
• **Prevention** is a board priority and the board highlights the importance of prevention in MSP	• Raise public awareness so communities play their part (14.11; 14.136; 14.139) • Aim of safeguarding to prevent harm (14.11) • Strong multiagency partnerships that provide timely and effective prevention (14.12) • Six safeguarding principles (14.13) • Early intervention to prevent abuse (14.66) • Supporting adults to weigh up risks and benefits of different options (14.37; 14.56; 14.91; 14.97) • Early identification and assessment of risk; (14.62)	• Support wider prevention and awareness in community • Enhance prevention of abuse through empowerment • Build a pathway from alerts to a range of lower level responses • Empower people to manage risks in their own lives

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26   This column shows related references from chapter 14 of the Care and Support Statutory Guidance
27   This column references findings from MSP national programmes 2013-2016

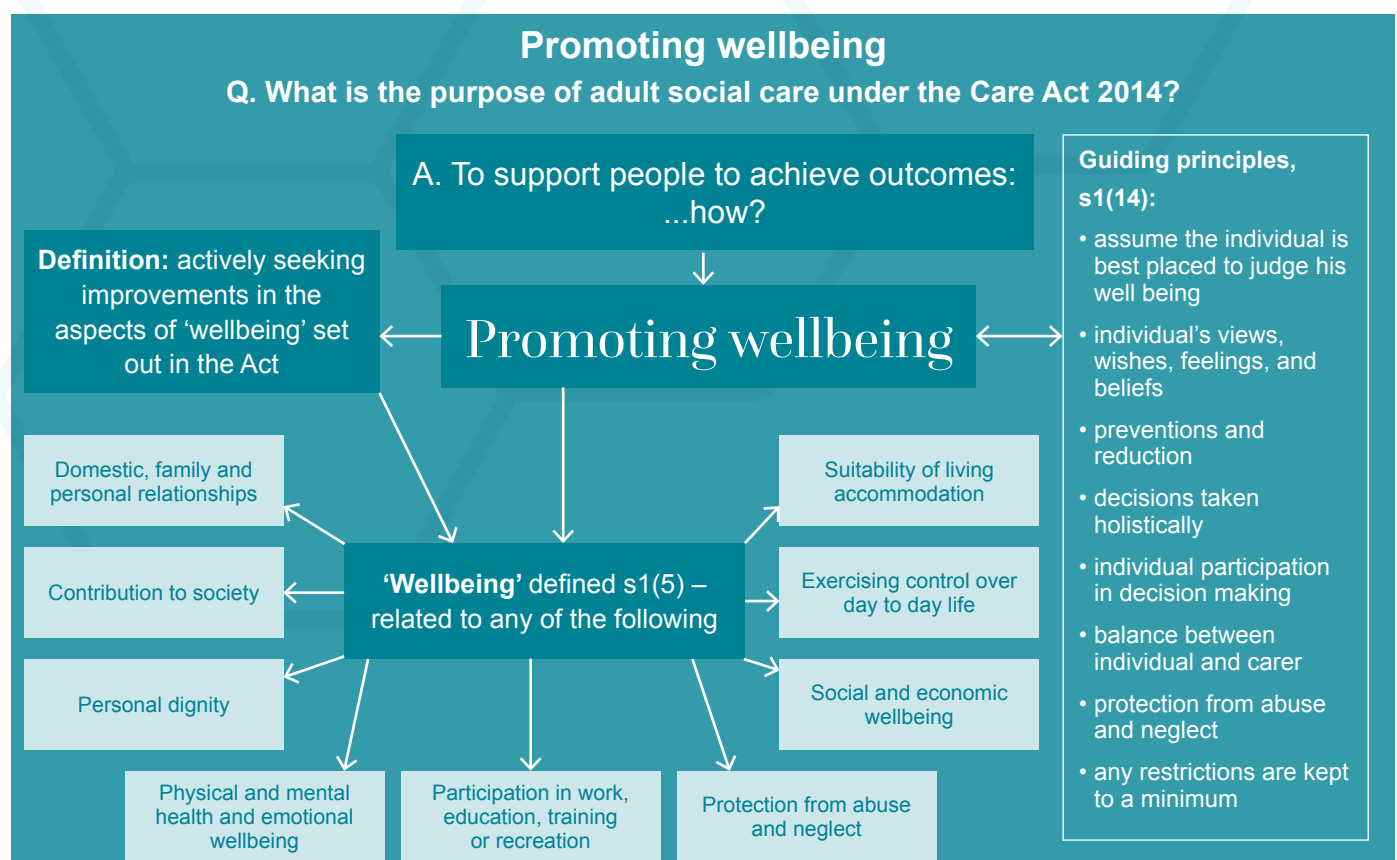| Priorities for safeguarding adult board focus in support of MSP	Care and Support Statutory Guidance[27]	What supports MSP? (findings from MSP national programmes)[28]
• **Workforce development/ support**	• Regular face to face supervision to enable staff to work confidently and competently; guidance and support for staff; skilled knowledgeable supervision focused on outcomes (14.56; 14.57; 14.202)	• Develop core skills/ tools to support practice • Support, supervision, reflective practice • Challenging practice through supervision: 'how good are you at having difficult conversations'?
• **Measuring the difference** made to people through safeguarding support	• Safeguarding adult board should consider the extent to which outcomes have been realised (14.157)	• Meaningful recording and measuring of outcomes
• **Leading the shift to personalised safeguarding support** through elements of a board strategic plan that support Making Safeguarding Personal • Seeking assurance that board commitment translates to changes in front line practice	• Provide accessible information and support (14.11) • Involve local community in strategic planning (14.153.54) • Provide an independent advocate to represent and support adults (14.10; 14.48; 14.54; 14.77; 14.80) • MCA 2005 compliance (14.55-14.61; 14.97) • Supporting adults to weigh up risks and benefits of different options (14.37; 14.56; 14.91; 14.97) • Procedures should assist in a personalised responses and how to involve adults in decision making (14.52) • Clear methodology which involves the person at the centre and proportionate to concerns (14.92; 14.93) • Enquiries range from a conversation through to a much more formal multiagency action plan (14.77) • Enquiries will usually start with the adult's views and wishes, which determine next steps (14.93) • Discussion with person confirms cause for concern and agrees outcomes (14.92)	• Involve people in meetings/ reduce number of formal meetings • Simplify language and guides for people using services • Review outcomes • Involvement of advocates and IMCAs • Sound practice in context of MCA 2005 and DoLS • Support people in managing risks • Policies and procedures need to be revised • Conversations with people and a move away from process and completing prescribed forms

Appendix 2
Core principles for safeguarding adults in support of Making Safeguarding Personal

This appendix explores how the wellbeing principle and the six principles for adult safeguarding can support Making Safeguarding Personal.

Wellbeing

The wellbeing principle is at the heart of care and support (as set out in the Care Act, 2014). The Care and Support Statutory Guidance, states that: 'The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life...Underpinning all...individual care and support functions...is the need to ensure that doing so focuses on the needs and goals of the person concerned' (Department of Health, 2017, paragraph 1.1). This is central to Making Safeguarding Personal, which 'engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety' (Department of Health, 2017, paragraph 14.15). This applies to safeguarding responsibilities in the broadest sense, not just to Section 42 enquiries (under the Care Act, 2014). The wellbeing principle is underlined in guidance across a range of organisations.[28]

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

A. To support people to achieve outcomes: ...how?

↓

Promoting wellbeing

Definition: actively seeking improvements in the aspects of 'wellbeing' set out in the Act

'Wellbeing' defined s1(5) – related to any of the following

- Domestic, family and personal relationships
- Contribution to society
- Personal dignity
- Physical and mental health and emotional wellbeing
- Participation in work, education, training or recreation
- Protection from abuse and neglect
- Suitability of living accommodation
- Exercising control over day to day life
- Social and economic wellbeing

Guiding principles, s1(14):

- assume the individual is best placed to judge his well being
- individual's views, wishes, feelings, and beliefs
- preventions and reduction
- decisions taken holistically
- individual participation in decision making
- balance between individual and carer
- protection from abuse and neglect
- any restrictions are kept to a minimum

Taken from 'Adult safeguarding: multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands', Sept 2016
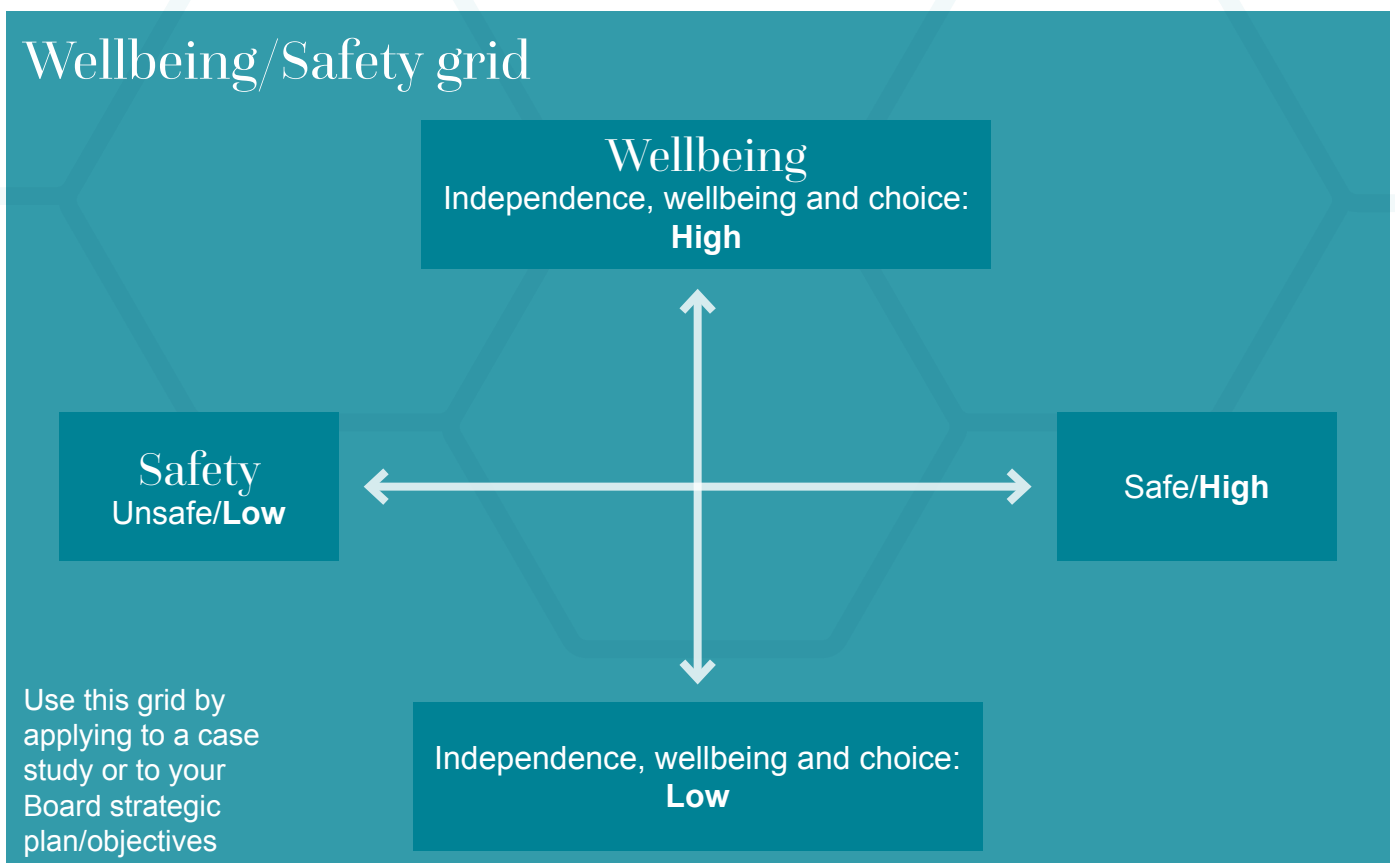
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28 NHS England (2012). Compassion in Practice – Our culture of compassionate care. Available at: www.england.nhs.uk/nursingvision/
Ministry of Justice (2014). Our Commitment to Victims. Available at:
http://londonadass.org.uk/wp-content/uploads/2014/12/Our-commitment-to-victims.pdf

The Care and Support Statutory Guidance (Department of Health, 2017) says that "Promoting wellbeing does not mean simply looking at a need that corresponds to a particular service. At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent advocate." (Department of Health, 2017, paragraph 1.21). Key elements are responsiveness to the person's needs and wishes, creativity in finding solutions and within this, joining up across the partnership. There is a focus on giving people the information they need to take control and to choose the options that are right for them.

Challenge is required within and across the safeguarding adults board partnership, asking 'are our safeguarding approaches specifically focused on promoting well-being alongside safety? Is a Making Safeguarding Personal approach facilitating understanding of what promotes wellbeing in peoples' lives? Do organisational cultures and board culture recognise and support staff with the challenges in balancing wellbeing and safety?'

The following tool can be used to support safeguarding adults boards in considering the extent to which wellbeing is a prominent feature in strategic planning as well as in front line practice. The grid can be applied to individual cases or strategic plans and the questions asked: how can we move from the lower negative axis whether regarding wellbeing or safety, to the higher positive axis, through this objective action or intervention?

Wellbeing/Safety grid

Wellbeing
Independence, wellbeing and choice:
High

Safety
Unsafe/**Low**

Safe/**High**

Independence, wellbeing and choice:
Low

Use this grid by applying to a case study or to your Board strategic plan/objectives

The six core safeguarding principles and the associated 'I' statements.

These principles can be used by the safeguarding adults board and partner organisations to review, examine and improve local arrangements, both at practice and strategic levels. The principles apply to all sectors and settings and must inform the ways in which professionals and other staff work with adults.

Six key principles underpin all adult safeguarding work (Department of Health, 2017, paragraph 4.13)	
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. Communities 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.'

(Department of Health, 2017, paragraph 4.13)

These principles are underlined in guidance for partner organisations, such as the NHSE Safeguarding Accountability and Assurance framework[29] and in the London Multi Agency Safeguarding Adults Procedures (London ADASS, 2016)[30] (which outline responsibilities across all organisations) as well as procedures elsewhere. They are indicated in an adult safeguarding improvement tool[31] developed in partnership by: Association of Chief Police Officers (ACPO), Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA,; NHS Confederation, NHS Clinical Commissioners. (Local Government Association, 2015)

29 NHSE (July 2015) Safeguarding Vulnerable People in the NHS –
    Accountability and Assurance Framework
30 London ADASS (2016); London Multi-Agency Safeguarding Policy
    and Proceduresi
31 LGA (March 2015) Adult Safeguarding Improvement Tool

Appendix 3
Tool to help with the six safeguarding principles

Suggested tool to support boards in assuring the strategic plan against the six safeguarding principles and Making Safeguarding Personal:

The board might carry out the following at a development day or board meeting:

1. Arrange participants in six groups.

2. Each group starts with one of the principles and its associated "I" statement (see Care and Support Statutory Guidance, Department of Health, 2017). All groups have a copy of a case study.

3. As an example, the board could use one of the case studies in the Making Safeguarding Personal case studies report[32] published following the Making Safeguarding Personal 2013/14 national programme. Mrs T is case study 8 in this publication and has been tried and tested with several boards.

4. All six groups work with all six principles (four minutes per principle), recording as a group how as a practitioner you would ensure that Mrs T is:

   ◦ empowered

   ◦ how she/you can prevent this happening again

   ◦ how you can ensure that the response is proportionate

   ◦ protected

   ◦ partnership response

   ◦ accountability.

There is significant overlap which serves to reinforce the fact that all six principles are required to deliver effective safeguarding and to make safeguarding personal.

Once a list has been made under each principle this can be prioritised and condensed, identifying the key factors/practice which will make these principles come alive for Mrs T. Then this can be checked against the board's strategic plan to identify anything significant missed in it in respect of what would support Mrs T's situation. (This tool has been used and developed by the Hampshire Board and subsequently in West Berkshire.)

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32 www.local.gov.uk/documents/10180/5854661/Making+Safeguardi ng+Personal+2013-2014+-+Case+Studies/2460d283-90e6-4a4e-92e6-e3b27ae6fc71

Appendix 4a

Case file audit tool: Leicestershire and Rutland and Leicester City SABs

Draft case file audit tool-SAB Audit MSP February 2017

Agency:

Analysis of how MSP principles were evidenced in safeguarding practice

		1	2
1	Was the person asked about their outcomes? If not, why was this?		
2	Did the person express their outcomes? If so, what were these?		
3	Were there doubts about the person's capacity to make decisions about the enquiry? If so, was a mental capacity assessment undertaken, and were 'best interests' decisions made where required?		
4	Was the need for advocacy considered?		
5	Were there any issues of risk in relation to the outcomes expressed by the individual? If so, were these addressed?		
6	Did the practice of any other agencies involved (such as provider services) evidence understanding of MSP principles?		
7	In your view was the individual kept involved and informed of the safeguarding process throughout the enquiry?		
8	Were the individual's outcomes met? If not, why was this?		

Actions identified/areas of good practice.

Appendix 4b

Leicester City and Leicestershire and Rutland SAB's multiagency audit methodology in support of Making Safeguarding Personal

We have recently completed a multi-agency audit undertaken on behalf of the Leicestershire and Rutland Safeguarding Adults Board (SAB), led by Leicestershire County Council, and also with involvement from Leicester City SAB. This has involved three local authorities (Leicester, Leicestershire and Rutland) and colleagues in NHS safeguarding teams auditing each other's safeguarding practice through observation and talking to the individuals involved about their experience of the safeguarding enquiry, and to workers about their understanding of MSP principles.

The process has involved auditing agency arrangements and questions/areas of focus being agreed within the audit group meetings. Each agency has then identified a safeguarding enquiry and gained consent from the individual involved or their advocate to be involved in the audit. The auditing agency representative has then spoken to the worker involved, the individual/advocate and has observed the practice of the worker with the individual and where possible any safeguarding meetings. A summary of the areas of focus of the audit is as follows:

1. What outcomes did the person express?

2. If there were doubts about the person's capacity to make decisions about the enquiry, was a mental capacity assessment undertaken and were best interest decisions made where required?

3. Was the need for advocacy considered?

4. Did you feel that any meetings arranged were in line with the principles of MSP (eg consideration about venue, how individual would be supported to attend/participate, how record of meeting was recorded)?

5. Were there any issues of risk in relation to the outcomes expressed by the individual? If so how were these addressed?

6. Did the practice of any other agencies involved (such as provider services) evidence understanding of MSP principles?

7. In your view was the individual kept involved and informed of the safeguarding process throughout the enquiry?

The worker involved was also asked the following questions by the auditing agency:

• What was the worker's understanding of the principles of MSP and how has their practice changes in relation to this?

• Did the worker feel they have been supported by their agency in understanding and applying principles of MSP in safeguarding practice?

• Were the individual's outcomes met? If not, why was this?

There was then discussion by the auditing agency representative with the individual involved about their experience of the safeguarding enquiry, how informed and in control they felt of this and whether they were happy with the outcome.

Agencies provided feedback on this part of the audit within the audit group meeting at the end of February. In addition, because it had only been possible to audit a small number of cases in this way due to the time commitments required, it was agreed that the scope of the audit would be supplemented by a multi-agency case file audit around MSP, and an audit tool was been developed for this process.

It had been previously agreed within the audit group that cases identified for audit should be from those completed within the last three months, and that each agency would bring three safeguarding cases, chosen at random within that time period. Confidentiality arrangements had also been discussed and agreed.

Within the meeting the responsible agency then presented the case but original case records were also reviewed collectively by the group members in order to achieve more independent audit.

The agencies which presented cases were three local authorities (Leicester, Leicestershire and Rutland) and the University Hospitals of Leicester and Leicestershire Partnership Trust Safeguarding Teams, who undertake enquires for in-patient settings, with oversight from the local authorities. There were also representatives from the clinical commissioning group (CCG) and the police on the group.

Fifteen safeguarding enquiries were reviewed by the group within the case file audit, in addition to the cases where practice was observed. A summary of the details of the referral and outcomes of the audit were recorded collectively within the meeting on the previously agreed audit tool, with eight questions regarding whether the principles of MSP were evidenced. Each question outcome was RAG rated and a final field used to flag issues, agreed actions and identify examples of good practice. The audit tool is attached to this report.

Any agreed actions regarding practice which were identified as a result of the audit were taken back by the agencies involved. The outcomes of the audit will also be reported back to both SABs who will consider whether there are any further points of multi-agency learning.

There is also a multi-agency task and finish group established by both Leicestershire and Rutland and Leicester City SABs, which is focusing on supporting partner agencies, such as voluntary and independent sectors and independent provider services to apply principles of MSP across their organisations, and the group is developing a training toolkit to assist with this.

Appendix 5

Example safeguarding adults board strategy framework built on the wellbeing principle

The following offers an example where a safeguarding adults board strategy is built upon the wellbeing principle. This board intends to populate this with specific actions.

Adult Safeguarding Framework 2016-19

I feel empowered to make choices about my own wellbeing

Creating a healthy community

I am aware of what abuse looks like and feel listening to when it is reported

I am kept up to date and know what is happening

All of our choices are important

My recovery is important

You are willing to work with me

Leadership qualities of the SAEB

We are open and flexible to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn with you

SAB strategy for London Boroughs of: Hammersmith & Fulham; Kensington & Chelsea and Westminster

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