

Making Safeguarding Personal:

Guide 2014

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Making Safeguarding Personal Guide

Introduction and context

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice. It was originally drafted to support the 53 councils who signed up to Making Safeguarding Personal (MSP) in 2013/14. It has been updated based on their experience. It gives some guidance about how to embark upon and take forward Making Safeguarding Personal in your council if your local area is interested in the approach.

The Making Safeguarding Personal work for 2013/14 has five components:

Making Safeguarding Personal 2014: Guide
Making Safeguarding Personal : Summary of findings
Making Safeguarding Personal 2013/14: Report of findings
Making Safeguarding Personal 2013/14: Case Studies
Making Safeguarding Personal 2013/14: Selection of tools used by participating councils

Alongside this, you will find it helpful to refer to 'Making Safeguarding Personal: A Toolkit for Responses' (2010); and to 'Making Safeguarding Personal', the report of the work done in 2012/13. These and other documents and tools are available on the Adult Safeguarding Community of Practice on the Knowledge Hub, and listed in the References section of the report of findings, along with other helpful resources.

Councils that engaged in MSP 2013/14 found that the following actions supported putting this approach into practice:

1. Clarify purpose with the Safeguarding Adults Board (SAB), with partners and key managers and gain their support and commitment.
2. Clarify the approach and scope and how the impact will be evaluated (using the impact tool).
3. Engage with key social workers who could act as champions.
4. Develop supportive, reflective supervision and learning opportunities for social workers.
5. Develop and encourage the use of a range of knowledge and skills (including: core practice skills, knowledge in relation to the legal framework, negotiating skills).
6. Review how and in what circumstances advocacy is made available.
7. Re-design policies and procedures to make them person centred.
8. Develop materials to support practitioners and the people they are working with.
9. Develop, brief on and implement new approaches that support and involve people in resolving their circumstances.
10. Develop an appropriate range of recording mechanisms.
11. Link MSP into wider personalisation, engagement and prevention initiatives and strategies.
12. Gain commitment from partner organisations to making the cultural and organisational changes that are required.

1. Background to MSP

‘Unless people’s lives are improved, then all the safeguarding work, systems, procedures and partnerships are purposeless. Currently Directors and Safeguarding Adults Boards are faced with a plethora of input/output data but no way of telling from it if they really are making any impact. Directors must have a means of knowing what works and **how they are making a difference to people**’

Safeguarding Adults: Advice and Guidance to
Directors of Adult Social Services’ ADASS; LGA, (March 2013)

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people’s lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

We have found, through peer challenges and other work that without a person centred approach:

- Whilst they appreciate the work of individual staff, people tend to feel driven through a process in safeguarding. At best they are involved rather than in control, at worst they are lucky if they are kept informed about what professionals are doing.
- Some people want access to some form of justice or resolution, such as through criminal or civil law, or restorative justice, or through knowing that some form of disciplinary or other action has been taken. They may feel disappointed or let down if this does not happen.
- Some people have no wish for any formal proceedings to be pursued and may be distressed when this happens without their knowledge or agreement.
- What we have monitored as outputs have tended to centre on such things as decisions about whether abuse was substantiated or not and what was done as a result: often additional services or monitoring.
- Whilst most people do want to be safer, other things may be as, or more, important: maintaining relationships is an obvious one. We know from a national prevalence study that; “Where people have been subjected to financial abuse... respondents commonly viewed the financial loss to be less significant than the emotional and psychological impacts. For example, respondents could suffer low self-esteem and blame themselves for having ‘let’ themselves be taken advantage of.”UK Study of Abuse and Neglect of Older People: Qualitative Findings’, August 2007.

These themes echo the messages in the report of the DH consultation exercise in 2009 in respect of the ‘No Secrets’ guidance. Here people who used safeguarding services said that they wanted to be listened to and to make choices and not to be treated like children. Their experience of how it felt throughout safeguarding intervention was as important as the end outcomes.

Safeguarding must respect the autonomy and independence of individuals as well as their right to family life. In the context of the Human Rights Act, Article 8, Lord Justice Munby, speaking about people who are vulnerable or incapacitated, states:

'The fundamental point is that public authority decision-making must engage appropriately and meaningfully both with P and with P's partner, relatives and carers. The State's obligations under Article 8 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 adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to “share” with them – the decision.'

What Price Dignity? Keynote address by Lord Justice Munby to the LGA Community Care Conference: Protecting Liberties (14 July 2010)

2. Approach and scope

There is more than one level of improvement work. MSP aims to facilitate a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised.

MSP reflects the sector outcomes measure for safeguarding adults. This is:

- the number and percentage of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with representatives or advocates if people lack capacity)
- the number and percentage of people whose expressed outcomes are fully or partly met.

MSP also continues to explore how to support and empower people at risk of harm to resolve the circumstances that put them at risk. It aims to encourage practice that puts the person more in control and generates a more person centred set of responses and outcomes. In this way the outcomes focus is integral to practice and the recording of practice in turn generates information about outcomes. This information needs to be capable of being aggregated for Safeguarding Adults Boards (SABs).

Three possible levels of approach for councils who want to implement MSP are set out below.

For councils who wish to develop the 'sector outcomes measure for safeguarding' which entails developing person centred, outcomes-focused practice. This can include:

- enhanced social work practice to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity
- follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met
- recording the results in a way that can be used to inform practice and provide aggregated outcomes information for Boards.

Those councils who consider themselves to be either achieving, or well on the way to achieving **the three points above** may wish to develop social work and other responses to enhance this, including enabling responses that reduce risk of or recurrence of abuse and neglect. Alternatively councils who have already developed one or more responses (from the MSP toolkit (2010) or elsewhere) may wish to integrate this work in the context of discussing, recording and aggregating information about outcomes.

Work at this level will therefore involve consolidating the actions above, and enhancing this by developing one or more safeguarding responses to support the understanding and realisation of outcomes people want/need. This will be by helping people to say what they want, and utilising good person centred practice from the outset in trying to achieve the resolution that people want, including introducing different ways to enable resolution.

A third approach is for councils who wish to work on both 1 and 2 above, and in addition, find themselves a partner in a university or other research organisation, who will undertake more formal evaluation of the work.

There are three main areas to consider in planning and undertaking this development:

- **Service delivery:** Do your services or procedures need to be more focussed on **engagement with people**? Are there discussions with people about the outcomes that they want embedded in key processes at the beginning, middle and end of the process 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 work with families and networks 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 how effective they are?

You need to think about making the initial project manageable as well as having a plan to sustain and develop it afterwards.

In deciding which level you want to start at in your project you may want to consider some or all of the following:

- The quality and effectiveness of communication with people. How you will work with them and how they can participate in exploring the options and making decisions.
- The skills that staff need to facilitate conversations with people to find out what they want to achieve and, from their perspective, how best to go about this. Engaging with best interests decision making in this context to achieve this where a person lacks capacity perhaps through advocates/best interests assessors.
- How far your approach to helping people consider risk in their lives is both positive and person centred.
- How to bring into play other more specific ways of working such as those set out in the Making Safeguarding Personal toolkit, for responses (2010).

- Recording and evaluating peoples experience of safeguarding.
- Setting up systems/approaches to collecting and collating a range of information (capable of being used by the Safeguarding Adults Board).
- Through this, monitoring and evidencing improvement in safeguarding adults.

The 'Making Safeguarding Personal 2013/14' Report of Findings reflects a range of focus and depth in the way councils approached this. Three areas of development were a feature in making the shift to person centred and outcomes focussed safeguarding:

- making sure that people being safeguarded were much better informed about what safeguarding is, the process that would be followed and how they might be involved in deciding what outcomes they wanted
- making sure that people were involved in and able to influence the process that was followed
- enabling people to have more control in how safeguarding happened and to decide on the process that would work best for them

Each of the above requires different skills, tools, quality assurance and other mechanisms to make them work. Councils will need to consider their approach to this. They will also need to consider the extent of change that they will need to make in order to effect MSP based on current practice.

Is MSP about a measure or an approach?

Adopting MSP does facilitate the development of quantitative and qualitative measures that enable practitioners, teams and Safeguarding Adults Boards to start to see how effective they are. However it is fundamentally about a change of focus and practice away from putting people through a process and towards engaging with them to identify and realise the outcomes they want. It is about using the process to support a conversation or series of conversations, and about adapting the process to most effectively improve those conversations and outcomes.

This is not simply about the indicator as a measure. The purpose of the work is to bring about more person-centred responses, which can be beneficial in and of themselves to people in safeguarding circumstances. It is about exploring with them (and/or their representatives, advocates or Best Interest Assessors) the options that they have and what they want to do about their situation. This includes asking them what they want by way of outcomes at the beginning and throughout safeguarding interventions, negotiating around those outcomes and then, at the end, to ask the extent to which those outcomes have been achieved.

Councils that ask people what outcomes they want at the beginning, find that this can change in the middle as people become more confident, have greater insight into their situation and their expectations change.

We don't expect, even in perfect circumstances, that the outcomes people want will be realised 100 per cent of the time. In many instances people want more than one outcome; outcomes can be difficult to reconcile with each other; people develop in their understanding of the situation and the level of risk; negotiation of the different perspectives on outcomes means that initial expressed outcomes change. There are often good reasons why outcomes may be only partially met. This is why the sector outcomes measure was slightly adjusted with the experience of the project.

How does this fit with the NHS Information Centre pilot outcome indicator?

This MSP work broadens and complements work on the new proposed measure for Safeguarding Adults for the Adult Social Care Outcomes Framework (ASCOF). This proposed measure is currently under consultation and being piloted. The introduction of this measure in the ASCOF will depend on the outcome of the Information Centre pilot. It is anticipated that the NHS Information Centre pilot and this MSP project will be complementary. They are not one and the same.

'Most of what informs how effective practice currently is is based on data that is collected for national purposes. Most of that data relates to quantity and to outputs. We think we need to change our range of measures to include outcomes and quality as well as quantitative measures. We recognise that one of the fundamental complexities of safeguarding adults work is that people generally want more than one outcome and that these are frequently not easily reconcilable. In many instances these relate to both wanting to be safe and wanting to be engaged in/ maintain relationships. A focus just on being or feeling safe is not enough'.

Adult Safeguarding: Standards and Performance Summary: July 2012, LGA/ADASS (Cathie Williams, Adi Cooper, Sarah Norman)

A number of councils have undertaken retrospective interviews with people to ascertain their views of safeguarding at the end of the process, and have gathered useful qualitative information as a result. However, by that stage it is too late to affect practice for that individual in their specific circumstances. **We have therefore learned that this retrospective approach is not sufficient on its own.** It does not support the shift in culture and practice that we envisage. In engaging in MSP 2013/14 some councils have evidenced this in their data.

Where will we start and how will we ascertain the impact we are having?

You will need to think about timing, where and with whom you will start this way of working. We suggest you consider piloting this with all safeguarding referrals that you receive in a 3 month period and then review how you are progressing. However you may decide to limit this to referrals within perhaps a particular geographical area or with a particular sector. If you start with this approach we suggest that you set a target of 20-30 cases (depending on the size of your council area) and then review, which should give you sufficient range and spread to make the project productive and worthwhile.

This guide includes an impact tool in the appendix, which you can use to plan and evaluate this work. You may also wish to consider whether to engage with a university or other body to undertake an independent evaluation.

3. Engage with practitioners

This section includes information to support staff engagement.

Councils that participated in MSP 2013/14 found that engaging with key social work practitioners and adopting champions was key to success. The majority were enthusiastic about the opportunity to use their social work skills rather than just manage a process. The purpose of this work is to enable staff to use their skills, knowledge and judgement to work with people to Make Safeguarding Personal and to improve and capture outcomes with them, rather than to feel they are only there to follow a process. The suggested staff briefing note in the appendix of this Guide, can be used as a basis to support you in this.

4. Develop supportive, reflective supervision and learning and development opportunities

Whilst the majority of social workers who were involved in MSP in 2013/14 were wholeheartedly enthusiastic about the approach, some were less confident about their ability to engage with people, with their families or representatives or with others. It is important to recognise this and to ensure that staff are enabled to be competent in working with families and networks and have the skills, knowledge and permission to use the full range of legal and social work interventions. Some councils looked at barriers to working in an outcomes focussed way and have put in place actions to address these.

MSP councils found that supervision and opportunities to reflect on practice were key to enhancing skills and confidence.

Some councils may need to focus on improving and enhancing core practice to ensure that people have an opportunity to discuss the outcomes they want. This might require refresher training in aspects of working in a more person centred / outcomes-focused way. There are a range of case studies available in the Case Studies report, to support development work.

5. Developing knowledge and skills

MSP is about talking through with people the options they have and what they want to do about their situation. It is a shift in emphasis from process to the significance of conversations with people about what would improve their quality of life as well as their safety. This emphasis in practice and in recording will facilitate capturing of evidence rather than the capturing of evidence being an “add on”. There needs to be collection of information from a potential range of sources so that this shift in culture/practice can be evidenced. This is just one aspect of the MSP project.

What do we mean by outcomes?

The focus is on both how people experience safeguarding services and the difference that it makes (through outcomes and through experience of the process).

We want to find out:

- What do people want our involvement to achieve – how can we help to make a difference?
- How can we help them to express what they want through social work?
- How can we work out what people who lack capacity would want through engaging with them, and with their representatives, Independent Mental Capacity Advocates or Best Interests Assessment?
- How can we develop/ support practice that does this effectively?
- How do people experience the support they receive?
- What is best practice in terms of working with people to achieve effective outcomes?

We are concerned that outcomes should be defined by the person concerned. They should be about how support has been experienced and influenced change by and for them as well as more tangible outcomes.

Examples of the kind of outcomes that people might want are:

- to be and to feel safer
- to maintain a key relationship
- to get new friends
- to have help to recover
- to have access to justice or an apology, or to know that disciplinary or other action has been taken
- to know that this won't happen to anyone else
- to maintain control over the situation
- to be involved in making decisions
- to have exercised choice
- to be able to protect self in the future
- to know where to get help.

This is not an exhaustive list.

The following are not outcomes in the sense that we mean it:

- harm or abuse is substantiated/ unsubstantiated
- the person is receiving increased monitoring or care.

Those are conclusions or service responses.

Will people want realistic outcomes?

The experience of councils working with MSP in 2013/14 is that by and large people do express a desire for realistic outcomes. Where longer discussions were needed, this tended to be because, for example:

- Someone wanted more than one outcome and realised that achieving both was likely to be difficult. In some circumstances the outcomes were mutually exclusive, therefore negotiation and thinking about 'plan A' and 'plan B' was necessary.
- Someone did not wish to proceed with safeguarding, but it was clear that there was risk to other people. Therefore an honest discussion was needed, though how this was done could take into account the person's preferences.
- Someone needed support in understanding the risk and in weighing this up against other factors.
- Someone wanted something unrealistic or impossible to achieve. This was a starting point for discussion and sometimes this might mean conversations could centre around getting for example, the police, involved early on.
- The person concerned and key family members wanted different things, in which case some negotiation was undertaken with the family.

Working with weighing up risks and benefits

Research and national guidance indicate an imperative around empowering people and proportionate responses: 'Research is clearly showing that the most effective way to manage risk and enable positive risk taking is to work closely with a person in their own context in order to negotiate the levels of risk enablement and safeguarding that are appropriate for that particular individual' Carr, S. (2010) Enabling risk, ensuring safety: self-directed support and personal budgets. London: SCIE

MSP councils found that having honest discussions with people about the possible options and the risks and benefits of each option, framed more focused risk enablement. The very process of engaging with them often gave them a sense of control and self-esteem that enabled them to better safeguard themselves.

Social workers need a range of knowledge and skills relating to engaging with and empowering people, negotiation and the legal framework in which they work. Many have this knowledge and skill base and need permission and support to use it. Others may feel less confident in departing from a process driven approach. MSP councils in 2013/14 found that champions, supervision and the opportunity to engage with others in reflecting on complex cases supported development.

6. Review how advocacy is made available

It is critical that MSP is not seen as only for people who have capacity. It is just as important for people who lack capacity. It is likely that the MSP approach will highlight key practice issues in relation to the Mental Capacity Act.

MSP councils found that identifying representatives, Independent Mental Capacity Advocates (IMCA), other advocates or Best Interest Assessors, where relevant, was a key part of their work. Where people lacked capacity, some engagement was very often still possible.

You may need to review how advocates are accessed. Advocacy was seen as important in some situations where people have capacity as well as where they lack capacity.

7. Re-design policies and procedures to make them person centred

MSP councils found that many of their policies and procedures needed adaptation to facilitate person centred work (for example safeguarding adults policies and staff supervision policies). The majority have not done this at the outset of the project. At the beginning they focused on briefing and permitting key teams or individuals to practice differently. Many are now changing these documents in the light of learning from the project. Involvement of staff and people who use services is seen as important in this. You will need to consider how you approach this.

Key areas of focus in making changes in practice and therefore in procedures were:

- to ensure that there were discussions with people (embedded in key processes) about the outcomes that they want at the beginning, middle and end so that the service and procedures drive engagement with people
- a shift to timeliness and lack of drift rather than on rigid time targets

- enabling social workers, with people who use safeguarding support, to ascertain the process that was most likely to realise the outcomes they wanted rather than following a one size fits all process
- recognition that effective safeguarding has happened, for instance, if things could be sorted out at an initial meeting rather than 'not counting it' because the strategy, investigation, plan, conference process hadn't been followed.

8. Developing materials to support practitioners and the people they are working with

A number of councils developed materials to support staff and the people they are working with to engage in discussions about what they want; how to achieve it; the means to identify whether outcomes have been realised; and, close the safeguarding engagement.

These range from information packs for people using services to aide-memoires to staff and a number are included in 'Making Safeguarding Personal 2013/14: selection of tools used by participating councils.'

9. Develop, brief on and implement approaches to support people to resolve their circumstances

'Making Safeguarding Personal: A Toolkit for Responses'. (2010) and the 2012-13 MSP report are key resources in this field of development. In MSP 2013/14 the focus was much more on integrating such support into core practice rather than on developing new approaches. Some councils used specific tools to support positive person centred approaches to working with risk. There were also instances where councils did adopt or at least considered adopting new approaches in order to support people to realise the outcomes they wanted. This included the use of network meetings to support people in resolving their circumstances, and the use of the family group conference model.

You may find that your local social work education institution may be able to support you with this. You may have principal or advanced social workers who may wish to take this development work forward.

We are particularly interested, in the future, to see a range of materials developed and to think about how we might support people who have been abused or neglected to recover from their experiences. We think that this area of work is much neglected.

10. Develop recording mechanisms

Councils vary considerably in their size and in how amenable their systems are to change. Based on the experiences of 2013/14, it is essential to engage information and performance staff early on so that they understand what it is that you are trying to achieve.

Your approach may include:

- amending forms
- setting up a spreadsheet to capture and aggregate outcomes
- amending your client record system.

The focus should be on ensuring that information is available for practitioners and their supervisors, for teams and for the Safeguarding Adults Board.

Some councils may need to make changes to ensure a more robust data collection and performance monitoring approach to outcomes. It is important here to take on board the advice from ADASS, 2013; “There are a range of internal and external mechanisms available on the Adult Safeguarding Community of Practice on the LGA hosted Knowledge Hub to evaluate whether systems are working effectively and the desired outcomes are being achieved. These run from auditing case files and service user feedback, to peer review and benchmarking, which has become the norm in sector led improvement. It is important not to rely only on a single means but to be able to triangulate information from different sources to objectively evaluate effectiveness”. Remember that quantitative data is not the only information source that will be useful. You may wish to adopt a range of ways of capturing the information. There are examples of tools available that may be of use in ‘Making Safeguarding Personal 2013/14: selection of tools used by participating councils.’

11. Linking MSP in to wider personalisation, engagement and prevention initiatives and strategies

Some councils linked their MSP project in to other initiatives to raise awareness and understanding of safeguarding either in general or in particular sectors of the community. This ties in well with prevention and early intervention strategies.

12. Gain commitment from organisations to making cultural and organisational changes that are required

Councils will need to consider how partner agencies can be engaged in MSP both strategically and in practice. Engagement of the SAB at an early stage is important in this respect. Councils have found that understanding across partner agencies has been enhanced in practice through involving people who use safeguarding services in safeguarding meetings and demonstrating, in this way, the benefits of an outcomes approach.

It is worth considering the strong possibility that statutory guidance will incorporate MSP principles and that this work will need to be done at some point in the future anyway.

The core principles for safeguarding adults are set out in recent government policy on safeguarding adults: empowerment, prevention, proportionality, protection, partnership, and accountability. Making Safeguarding Personal supports translating those principles into effective practice.

Appendix 1

Making Safeguarding Personal: Impact Tool

This tool is based on the one used by councils participating in MSP 2013/14 and has been revised based on that experience.

It has been amended for use by councils who wish to introduce person-centred safeguarding, as a way of thinking about, and recording, how they wish to approach this work.

- Part 1: to help you record a brief assessment of the objectives, likely impact and outcomes of changes you wish to make, and how your objectives will be achieved.
- Part 2: to help you to assess the impact of the changes you have made, at the review point that you set.

Part 1: Initial assessment: complete this at the start to help you plan changes

| | |
|----|--|
| 1. | Who is completing this pro forma? |
| | |
| 2. | Date this pro forma is being completed: |
| | |
| 3. | When do you intend to review this project?: (give dates) |
| | |
| 4. | What issues do we wish to address?: |
| | |
| 5. | Who needs to be involved in leading and managing this project? |
| | |
| 6. | Who do we aim to work with initially in using our new approach? (client group, new referrals, target number of people to involve) |
| | |
| 7. | Where are we now in relation to this area of work? (existing practice, processes, services, engagement with people) |
| | |
| 8. | What needs to change? |
| | |
| 9. | How will we make these changes happen? (information, workforce briefing / development, support, planning, resources) |
| | |

| | |
|-----|--|
| 10. | What do we anticipate will be the impacts / outcomes of the project? (for people needing a safeguarding service, for staff, for others?) |
| | |
| 11. | Are there likely to be any unintended outcomes to manage? How will we? |
| | |
| 12. | How will we measure the results? What needs to be in place now to help us do that? (identify how information is collected, when, by whom, in what format) |
| | |
| 13. | How will we disseminate / use the results? Who to? (people using services, staff, Boards, other stakeholders) |

Part 2: Impact statement: use this to review your progress and help to plan next steps

| | |
|-----|---|
| 1. | The issues you set out to address: |
| | |
| 2. | Description of work completed: |
| | |
| 3. | People involved: |
| | |
| 4. | What we achieved overall - key results |
| | |
| 5. | Have you improved engagement with people, so that your services and procedures involve people (or their representatives) at the beginning, during, and at the end of the process? If so, how? If not, why not? |
| | |
| 6. | Have you made improvements in enabling people to express what they want from safeguarding activity? If so how? If not, why not? |
| | |
| 7. | Are you able to show that people are achieving better outcomes from safeguarding? If so, how? If not, why not? |
| | |
| 8. | Have you harnessed the skills required for effective person-centred, outcome focused safeguarding practice? Are people more skilled as a result? Were there specific tools you used to achieve that? |
| | |
| 9. | Do you need to make any changes or improvements to training and development opportunities to support your staff to use the full range of legal and social work interventions in safeguarding? |
| | |
| 10. | Do you need to make changes to your policies and procedures, or the way that they are operated, to improve practice? |
| | |
| 11. | What did you put into place to help you record and measure how people experience safeguarding services? |
| | |

| | |
|------------|---|
| 12. | As a result of this project, what further improvements do you intend to put into place to help you record and measure how people experience safeguarding services? (eg changes to documentation, record-keeping, case file audits, data, reports) |
| | |
| 13. | How do you think that your work on this project has impacted on your wider participation strategy and / or helped you with this? |
| | |
| 14. | How do you think the project has helped to inform and influence others about how to practice person-centred safeguarding?(eg partners, providers, practitioners and managers not involved, Boards, others) |
| | |
| 15. | What is the way forward for a person-centred, outcomes-focused approach to safeguarding in your council? (strategy, culture change, front line practice, training, collecting information, Board activity) |
| | |

Appendix 2

Suggested briefing note which can be adapted to provide a briefing note for staff and team managers taking part in a project to put outcome-focused safeguarding into practice

- 1. The purpose of this work is to enable you to use your skills, knowledge and judgement to work with people to Make Safeguarding Personal and to improve and capture outcomes with the person you are working with, and / or their representative, rather than to feel you only have to follow a process.**
2. Once you have received a referral, you should ensure that a discussion takes place with the person concerned (and/or with their advocate, representative or Best Interests Assessor if they lack capacity) to ascertain what outcomes they want from safeguarding. Whilst also assuming that people have capacity, in line with the Mental Capacity Act, you should also remember that capacity is decision specific and that people are free from coercion. This should be part of the information-gathering phase of your work.
3. Asking the question “What outcomes do you want?” or even “What do you want to happen?” should start a conversation. Some people are likely to be unclear and this gives you the opportunity to set out the possibilities and to weigh up with them the risks and benefits of different courses of action. You are interested at this stage in looking at broader aspirations and underlying values/principles for outcomes as well as tangible specific outcomes.
4. Some people may want things that are not possible, and this gives you the chance to be frank with them and to see what the next best option is within some broader boundaries and principles that they have stated. For other people you may not be able to follow their wishes, for instance if they don't want the police involved but the person who has abused or neglected them is in a position to do the same to others. Again you have the chance to explain this honestly and to find ways to most closely meet their wishes.
5. You will of course remember that people can be habituated to a situation where they are abused or neglected and that they may be ashamed, blame themselves (particularly if it is their children who are causing the harm) or have low self esteem. So you may need to support and empower people before they are truly able to express what they want to happen. Based on learning, what people want can vary as they become more confident.
6. Once you are comfortable that you understand what people want, you need to decide with them what the best means of realising those outcomes might be. In some instances this might be tentative as you may wish to gather more information to discuss with them.

7. Use supervision and management discussions to support you. The desired outcomes you agree can form part of the strategy meeting, and you should look at whether the person themselves, or their representative, can be involved in this. In some instances, agreeing and following through desired outcomes may not need a strategy meeting to take place. There are a number of examples in the MSP 2013/14 report of councils who have been able to empower people to take part in strategy meetings, with good outcomes as a result.
8. And finally, at the point of closure, you should ask people their view as to the extent that the outcomes they wanted have been realised and record this.
9. How this is recorded varies from council to council, and in our council we are choosing to..... .. (explain and / or give additional guidance about recording and documentation).



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