South West Region

A Safeguarding and Personalisation Framework
Revised January 2011

directors of adass
adult social services

SOUTH WEST
REGIONAL IMPROVEMENT
& EFFICIENCY PARTNERSHIP

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Introduction

The introduction of Putting People First and personal budgets provided great opportunities to develop more personalised services and give service users more choice and control. Personalisation is also a central plank of the coalition government's vision for adult social care published in November 2010. However, striking a balance between empowerment and protection poses challenges for local authorities and those charged with a safeguarding role. There are, of course, risks in the care management system. It encourages individuals to be passive recipients and not to speak up. Services often only intervene when things become critical. The way current services are delivered leaves little scope for developing and building natural support and many people may come and go into a service user's house who they barely know. Personalisation and the choice and control it brings, means that service users can choose people they trust to come into their home. The service user has more of a voice and can say when they are not happy about something. They can also maintain and build natural community support and networks when planning their support. Being involved in your community and having people in your life who are not paid to be there is, in itself, an effective way to guard against abuse.

The DH consultation on the review of No Secrets highlighted these comments from Safeguarding Partnerships about personalisation:

- *A balance needs to be established between empowerment and protection and between the rights for self-determination and the duty to ensure safety of people and safety of public money*
- *We want to support people to be citizens and take risks that they understand*
- *Empowerment in all aspects of life is a protective factor against abuse*
- *We are looking for new approaches to safeguarding*
- *The interface issues have not been sufficiently addressed as yet*
- *We firmly believe that personalisation and safeguarding can work together in a complementary way*
- *We are developing empowering risk frameworks*
- *We have evidence that shifting the power balance within families and between service users and professionals can have very positive safeguarding outcomes……*

In the South West region, we brought together staff working specifically on safeguarding, and staff and service users and key partners developing personalisation and self directed support in order to discuss issues and concerns. The regional working group included safeguarding leads, personal budget /self directed support leads, service users' representatives and representatives from organisations providing direct payment employment support, police representatives, and a representative from an NHS mental health trust. The working group was supported by an independent researcher and consultant.

Purpose

"The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted. What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways which best suit them."
Independence, choice and risk: a guide to best practice in supported decision making. – DH May 2007.

The SW Personalisation and Safeguarding working party adopted the above principle to guide its work. The Safeguarding and Personalisation Framework which the working group developed through 2009/10 was subsequently adopted and launched in May 2010.

The framework and associated recommendations for further work aims to:

- Identify guidance and good practice which both empowers and protects service users within the self directed support process
- Ensure that safeguarding is built into personalised approaches and is not a separate process
- Make the discussion about and ownership of risk explicit
- Support joint and supported decision making
- Identify points in the self directed support process where risk assessment and management are particularly significant
- Include a user perspective which identifies ways to support and empower service users to make informed choices and to better protect themselves

Since the launch, there has been considerable activity across the SW region and good examples of joint working between safeguarding leads and transformation/personal budget leads. Further examples of guidance and policies have been added to the Framework. A survey was conducted over the summer of 2010 to review progress in implementing aspects of the framework – the findings of this survey and recommendations for further work are contained in Appendix 4.

The working group did not look in depth at how the safeguarding process itself can be made more personalised although this is clearly an area of concern. Further work has been undertaken by the safeguarding programme of the Joint Improvement Partnership SW. A document published in January 2011 – Best Practice Guidance on Personalised Safeguarding in Adult Services is now in the Framework.

Details of the Working group objectives and priorities are included in **Appendix 1.**

Risk Assessment and Personalisation – Issues

- Unforeseen risks - who would raise the alert?
- Will the service user be able to manage staff appropriately? Having mental capacity is not the same as having the emotional capacity to manage
- Identifying the risks and agreeing how to meet and address them is not a one off process and must be written into the ongoing business process
- Different service groups may have different needs and abilities and therefore require different approaches
- We need to recognise support systems (e.g. families) who can and will assist
- How do we vet organisations/people that service users choose to use - checking things are in order and happen as they should (e.g. NI & Tax) ?
- There are risks in untrained people becoming involved in the support planning process, they may be less aware of risks
- Whose risk is it? - service user or the LA? – we need a joint decision making process around risks
- Reviews are often too far apart, need to decide the frequency of reviews at the assessment stage
- Self directed support requires a 2 stage risk assessment – one at initial assessment stage and a follow up if the service user opts for a direct payment in order to identify other issues and risks that come up.
- Training around risks is required for people or organisations involved in support planning
- We need to develop Circles of Support so that decisions around risks are shared.

Managing Risk and Personalisation - Issues

- A service user may be less inclined to come forward if there are problems with staff they have employed particularly if they think they have got it wrong
- Assessment and checking of employees/care giver - CRB checks not always wanted when the employee is a family member
- Can a local authority insist on CRB checks? Where does its 'duty of care' lay?
- You can't avoid risk totally – don't throw out good/positive risk taking practice
- LAs need legal clarity around liability and Duty of Care
- Important to allow service users to do things at their own pace - person centred approach, give people time to gain confidence
- Need to manage risk over the long-term not just in the immediate present – practice should reflect this
- Tools to manage risks over time, regular reviews with service users
- Facilitate and develop strategies to manage risk
- Risks are not static – circumstances change – need for pre-planning 'what would you do if….?' Plan for the good times and bad times.
- Having more control brings with it difficult things (like having to sack people who are unsuitable or are abusive). This takes confidence and assertiveness.
- Need for network of support and advice to help people thinking of employing staff (similar to Business Link model)
- Encourage more service user led training to develop assertiveness and confidence
- Front line staff are used to a care management approach – need more outcome focus approaches. Training issues/ culture change
- Lack of skills and availability within the market place to meet needs and contain risks – 'make do' decisions are often made regarding care
- More training for Personal Assistants and creation of PA registers
- Circles of Support model means more 'eyes and ears' if something is going wrong – need to develop this approach particularly for isolated older people
- Ready access to help and advice when things are not working out and before problems escalate – helpline?
- Make better use of other 'partners' who go into service users homes (e.g. health, housing) they can act as 'eyes and ears' and raise concerns.

How to Use This Framework

This framework does not attempt to replace existing policies and procedures; it is intended to show how they can and should be linked and to help you to build on good practice. Not all risks in the self directed support and personalisation process are necessarily linked to safeguarding – there are health and safety issues and environmental health issues which should also be routinely considered.

Please note that many of the policy and guidance documents linked into the Framework contain reference to other useful material.

This Framework is a live document and can be added to and amended – you are invited to contribute. Please contact Pam Richards SW Region Personalisation Co-ordinator pam_richards@bathnes.gov.uk

1. High Level Business Process

Outlines the self directed support business process. At each stage, it identifies where it may be appropriate to link into the safeguarding process. You can check whether your processes are integrated and aligned.

2. Risk Assessment

Identifies issues relating to risk that you will need to consider when undertaking a self directed assessment for a personal budget.

Provides hyperlinks to relevant national and local guidance, policies, and tools to enable you to develop guidance, policy and improve practice.

It prompts you to think whether there are further actions you should be taking.

3. Risk Management

Identifies issues relating to risk management that you will need to consider when developing a support plan based on a personal budget and in particular where the service user wishes to use a direct payment.

Provides hyperlinks to relevant national and local guidance, policies, and tools to enable you to develop guidance, policy and to improve practice.

Allows you to check whether there are further actions you should be taking.

4. Decision making around identified risk

Identifies the issues you should consider and the actions you might take when risks have been identified in the SDS process.

Provides hyperlinks to relevant national and local guidance, policies, and tools and in particular guidance on risk enablement.

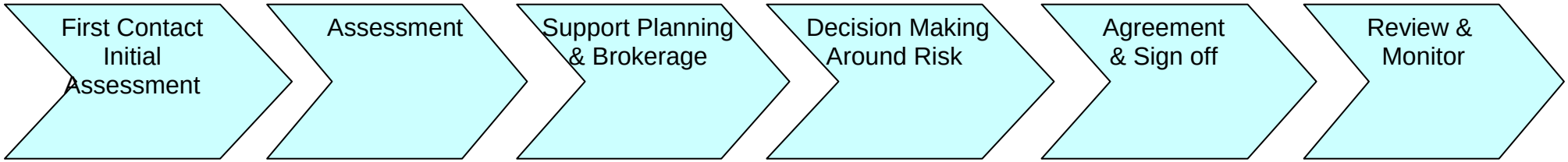
5. Service user Journey

The diagram can also be printed as a leaflet or handout to assist service users to think through the support they may need and to help them to identify and manage risks.

6. Action Plan

This has been updated in the light of the survey on progress undertaken with safeguarding and transformation leads in the summer 2010.

High Level Business Process – Self Directed Support and Safeguarding



- Safeguarding information & advice for single service response and self funders
- Decision to provide a full assessment
- Awareness of safeguarding issues
- Safeguarding referral if there are concerns

- Mental Capacity considered
- Joint risk assessment (include key partners such as health)
- Awareness of safeguarding issues
- Provide information about protecting self
- Safeguarding referral if there are concerns

- Appropriate risk taking discussed and agreed
- Ways to manage risk jointly discussed and agreed
- Requirement for CRB and other checks agreed
- Health and safety
- Explanation of legal liability and responsibilities
- Mechanism to manage changing circumstances
- Safeguarding referral if there are concerns

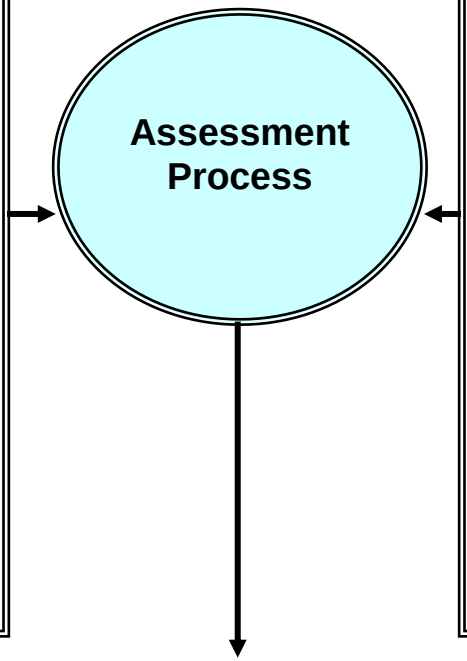
- Identify level of risk
- Multi-disciplinary discussions
- Risk enablement panel if appropriate
- Safeguarding referral if there are concerns

- Legal and financial considerations
- Does package meet needs
- Agreed risk management plan in place
- Set method and frequency of reviews
- Safeguarding referral if there are concerns

- Risks jointly reviewed and discussed – link to finance audit
- Mechanism to manage changing circumstances reviewed
- Helpline or peer support reviewed
- Circle of support – eyes and ears, in place
- Independent Living Trusts if used
- Confirm CRB and other checks
- Safeguarding referral if there are concerns

Have You Considered?

- The Mental Capacity of the service user and whether MCA procedures should apply
- Carers assessment
- Holistic assessment of all needs
- Links with ICPA
- Continuing Health Care eligibility
- Financial assessment (remember that self funders may well require information and advice about risk and safeguarding)
- Initial risk assessment –risk needs to be re-visited at every stage
- Joint decision making about risks
- Who will help with the support plan – social worker, family, independent support planner etc.
- Developing Circles of Support/ Independent Living Trusts to support the service user
- Personal development for the user –building confidence and independence
- Fluctuating circumstances /needs



Resources & Tools

National Guidance

- DH - Independence, Choice and Risk: a guide to best practice in supported decision making
- DH Putting People First Self Directed Support Process (steps 1&2)

Local examples of policies and tools

- B&NES Personal Budgets Policy Statements
- B&NES Embedding Safeguarding in Personal Budgets Process
- Gateshead Positive Risk Taking Policy
- Dorset Supported Assessment for Care Services Guidance
- Dorset Supported Assessment for Care Services form
- South Gloucester – Supporting Choice Balancing Rights, Risks and Responsibilities
- Practical Approaches to Personalisation and Safeguarding

Possible Additional Actions

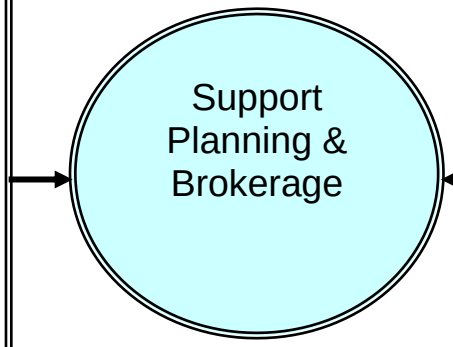
- Referral to re-enablement for time limited intervention
- Referral for special service intervention (e.g. equipment)

Have You Considered?

- Listening to what the service user really wants
- A person centred approach
- Interpretation and/or advocacy services
- Who might support the user to develop the plan
- Circles of Support
- Independent Living Trusts
- Being outcome focused
- Starting small and increasing as required
- The potential for changing circumstances
- Recording decisions about choice and awareness of consequences
- Health & Safety risks e.g. manual handling
- Human Rights issues

Direct Payments

- CRB and other checks
- Who will take responsibility for money management – have you considered all the options
- Who will provide advice about recruitment, employment and payment (choosing a Direct Payment Provider)
- Service users legal liability as an employer - explaining rights and responsibilities
- Contingency planning for emergencies etc
- The issues involved in choosing non regulated services e.g. cleaning agencies
- How risks will be managed (ensure that this is recorded)



Resources & Tools

National Guidance

- DH - Independence, choice and risk: guide to best practice in supported decision making
- ADASS – Personalisation and the Law
- DH Self Directed Support Process (step 4)
- In Control Top Tips -workbook to plan support
- In Control guide 3 – Self Directed Support
- Supporting Safely - care and/or support to someone in their own home or in the wider community
- Supporting Safely – Individuals, their Families and Friends
- Supporting Choice and Control - template
- Person Centred thinking with Older People Work book
- Circles of Support

Direct payments

- Guide for people on DP's to employ PA's S for C
- Getting Started a Guide for PA's S for C
- Getting Started a Guide for Direct Payment customers SFC
- Toolkit for people employing a PA S for C
- A guide to receiving direct payments from your local council 2009 regs
- ISA – Vetting &Barring Scheme
- NCIL – Peer Support and Personalisation

Local examples of policies and tools

- B&NES Personal Budgets Guidance Risk and Independence/Duty of Care
- Cumbria Supporting Individual Choice & Control
- Norfolk – Keeping yourself safe
- West Sussex Guidance on the appointment of agents
- Worcestershire – Staying Safe
- Dorset guidance on provision of DPs to people lacking mental capacity

Possible Additional Actions

- Discussions with a Manager
- Safeguarding Referral
- Identification of Level of Risk
- Referral to a Risk Enablement Panel

Have You Considered?

- Recording decisions about choice and risk and awareness of consequences
- Recording a view of risk as jointly agreed between local authority and service user
- Checking that mental capacity procedures have been followed
- Seeking positive solutions where possible
- Providing support for the service user through the process – advocacy, peer support
- Contingency planning
- Including agreed advance statements, for example, about what to do when a service user becomes mentally unwell
- Determining the frequency and nature of reviews

Decision Making Around Identified Risk

Resources & Tools

National Guidance

- DH - Independence, choice and risk: guide to best practice in supported decision making
- Guidance on Direct Payments – for community care, services for carers & children's services
- Direct Payments and Individual Budgets: Managing the Finances CIPFA (2007) – no link as this is a handbook (cost £ 49. 50) most LAs will have access via their Finance Managers.
- In-Control- Template for Risk Enablement
- Personalisation & IBs – Deployment Options, Safeguarding and Liability

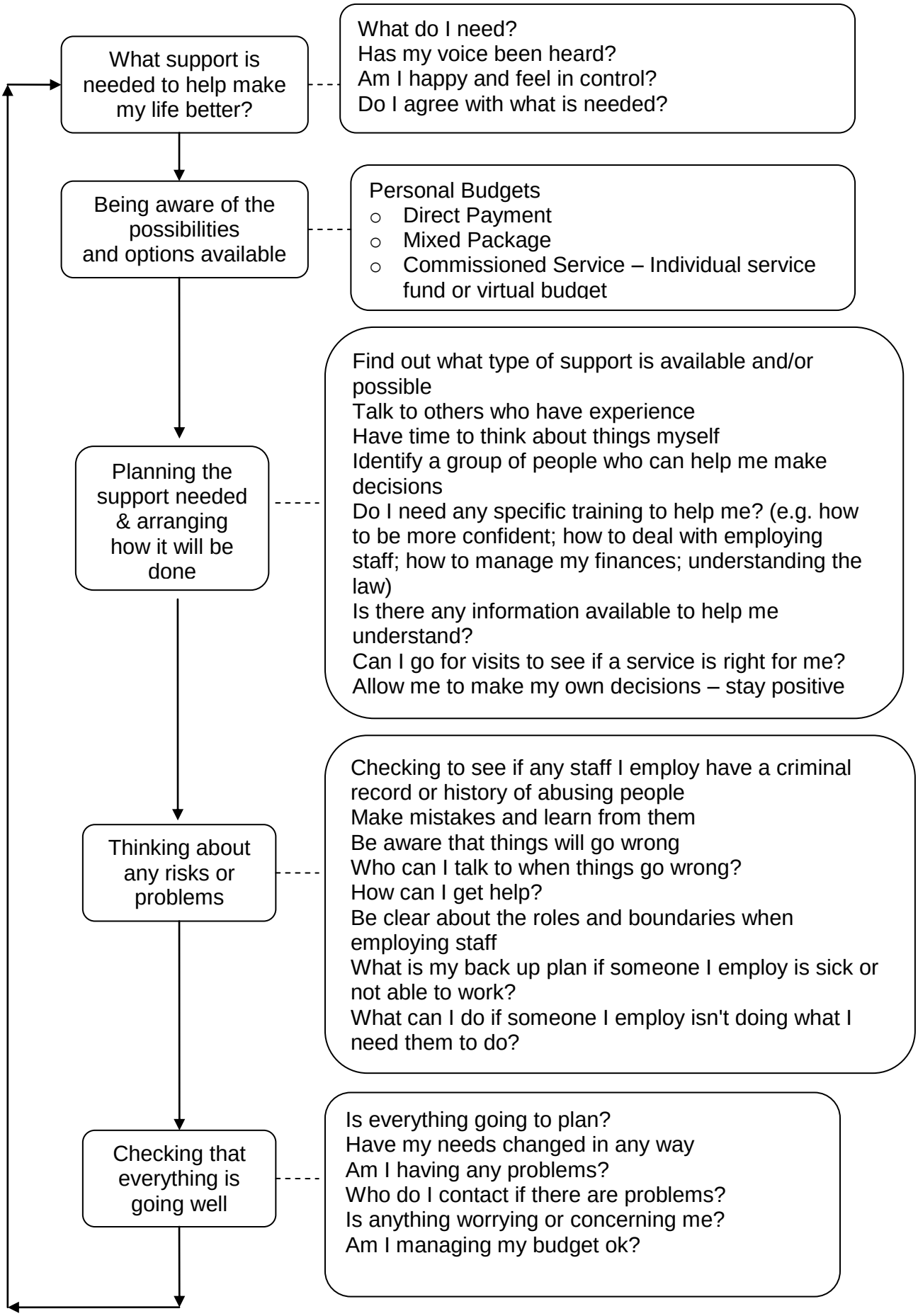
Local examples of policies and tools

- Essex - Putting People First Risk Enablement Policy
- Oldham Managing Risk
- Gateshead Positive Risk Taking
- Newham – ToR Risk Enablement Panel
- Newham - Risk Enablement Panel Form
- Plymouth – Risk Management Tool and Guidance
- Plymouth Risk assessment proforma
- Tameside – Empowering, Choice & Positive Risk Taking Procedure
- Tameside – Empowering, Choice & Positive Risk Taking Procedure context document
- Manchester - Safeguarding and Personalisation
- Cumbria – Positive Risk Taking Policy
- Oldham – Risk Enablement Policy & Process
- Torbay – Choice and Control Risk Enablement Policy

Possible Additional Actions

- Seek legal advice

Service User Journey – with thanks to Bath & North East Somerset and People First



A Service user perspective about risk assessment and risk management and ways to support the joint decision making and planning process.

Compass Disability (a user led organisation) undertook research on behalf of the working group to gain a service user perspective. A meeting was organised with the Direct Payments peer support group in Wiltshire. Six service users attended, and one other who was unable to attend sent in a written response. The discussion is summarised in the full report in Appendix 3.
A questionnaire was sent to each of the 685 members of the Somerset Access and Inclusion Network with their regular newsletter; 28 responses were received. Whilst this seems a small proportion, it should be remembered that only a relatively small proportion of the membership will have received Direct Payments or personal budgets. The quality of responses was generally good; many were obviously already Direct Payment users. The results of this survey are summarised in Appendix 3.

Conclusions
Generally speaking there was some difference of opinion amongst service users on these issues. However, the following conclusions can be drawn from this research:

- A significant number of people would be less likely to report instances of abuse if they were organising their own care. Action therefore needs to be taken to reduce this feeling, or to ensure that other mechanisms pick up any problems.

- People have some reticence in reporting abuse due to their anticipation of the response. Having a person they know and trust would help, and authorities may need to find ways of building relationships so that people believe staff will act appropriately.

- Those people who realise the responsibilities they would be taking on in employing their own PAs would like training and support in this. But many people appear not to understand that they are taking on these responsibilities.

- The ability to access PA training remains a problem for many, but there are still some service users who see no need, or have no wish, to have training for their PAs, or believe that it is someone else's responsibility. Work therefore needs to take place to ensure that any service user employing their own staff realises where the responsibility lies for training staff and who can provide it.

- A large majority did not approve of misappropriation of authority funds by other service users, but some felt that such people should still be able to direct their care choices, either through the local authority or a third party, or with closer checks.

- Peer support groups received resounding support, with the proviso that they are well run and do not become gripe sessions.

- Telephone helplines and known/ named professionals or peers were felt the best methods of obtaining information.

- The peer support group felt that CRB checks were an important aspect of safety, and should be made compulsory, especially in the case of families providing care, but an emphasis should also be put on reviews by care managers. People should also realise that a CRB check cannot totally be relied upon.

- The question of whether personalisation meant greater risk received no consensus of opinion, although people obviously feel there are currently risks under both systems.

Updated Action Plan based on findings from the survey of progress undertaken in the summer of 2010

ACTION	WHO	WHEN	HOW
➢ It is recommended that all personalisation leads, if they have not done so, review their SDS policies and procedures with their safeguarding leads, and where necessary develop a joint action plan to address gaps and weaknesses.	Self directed support lead, safeguarding lead and service user reps.	March 2011	Use the high level business process in this Framework – are all the considerations addressed? Are there policy and procedure gaps? Are safeguarding and self directed support policies and procedures cross referenced?
➢ All local authorities should develop a Positive Risk Taking Strategy to guide and inform policies, practice and procedures to ensure consistency and promote choice and independence for service users.	Transformation team and operational managers - agreed jointly with key partners.	By March 2011	Use existing good practice and examples in the Framework as models. Include training on positive risk taking in SDS training. Ensure that there is adequate support in place for service users.
➢ The Positive Risk Taking strategy should address monitoring and audit requirements both at an individual level and collectively across the local authority. All support plans should indicate appropriate levels and intervals for reviews.	Transformation leads and operational managers and safeguarding Leads	By March 2011	Use existing good practice and examples in the Framework as models.

ACTION	WHO	WHEN	HOW
➢ Risk enablement panels should have clear terms of reference and should be used sparingly.	Self directed support lead jointly with safeguarding lead and operational managers	By March 2011	Check that there is a robust process in place around decision making and risk? Address gaps in the process by using good practice models. Examples of terms of reference are included in the revised framework.
➢ The new Vision for adult social care puts both protection and personalisation at the centre. It is therefore essential that the involvement of Safeguarding Adults Boards is more structured. It is recommended that a standard item on personalisation is included at all Board meetings.	Safeguarding Lead	By March 2011	Agenda item for Board Board to make recommendations for local action planning
➢ Sustaining good working practices around risk in self directed support, requires good induction training and also ongoing training for staff.	Self directed support lead jointly with operational managers, safeguarding lead and training manager	Ongoing	Review safeguarding training provided to staff and partners. Review SDS training provided to staff and partners. Involve service users in review and design of training.
➢ The involvement of service users, providers and other key partners must be sustained beyond the development stage of policies and procedures. In particular, training and peer support for service users needs to be expanded and the	SDS leads, User Led organisations, providers of employment support	Ongoing	Build on good practice. Use existing networks to share and develop training materials. Include training in any specifications for employment support**.** Allocate resources

ACTION	WHO	WHEN	HOW
development of schemes for keeping safe in the community should be encouraged			
➢ Produce a clear information booklet highlighting potential risks of employing staff (for the general public and not just service users)	Regional personalisation/safeguarding programme	May 2011	Highlight potential risks and how they might be tackled and managed. Provide real examples showing risks as they may happen.
➢ CRB checks should be undertaken for all PAs working in households with children.	Safeguarding leads	Immediately	Build this into all processes for SDS and allocation of DPs including the support plan agreement.
➢ Local authorities need to develop systems for DP employers to undertake ISA checks.	Safeguarding leads	During 2011	Build this into all processes for SDS and allocation of DPs including the support plan agreement.

Conclusion

The production of this Framework has been a collaborative effort of safeguarding leads, staff working on personal budgets, employment support agencies, service user organisations, a mental health colleague, and police colleagues. Our thanks go to all those who have contributed their time, ideas and materials. We would particularly like to acknowledge the help of service users, who completed the survey, took part in the focus group and contributed their ideas for the service user journey. The help and advice provided by Louise Close from In Control was greatly appreciated.

We have received very positive comments and feedback about the Framework. The findings from the survey in the summer of 2010 indicated that all local authority safeguarding leads were aware of the Framework and the majority were using it. Two thirds of local authorities said they had jointly reviewed their policies and procedures. Of these, several had developed an action plan to deal with gaps and areas of weakness. There is clearly more work to be done but there is active engagement with all key partners including Safeguarding Boards. The development of robust Positive Risk Taking strategies is underway in most local authorities. Further action is needed to support service users to manage risk and to ensure that there is more community based support.

Jane Smith (Director with the safeguarding lead in the SW region) and the working party would encourage all local authorities and other agencies working in this area to continue to use this Framework to review their policies, practice and processes.

Finally, it is important that the Framework is kept up to date and relevant as practice develops; we would therefore welcome any additional examples or materials etc. Please send to pam_richards@bathnes.gov.uk

Pam Richards
SW Region Personalisation Co-ordinator

Kate Ogilivie
Independent Consultant

Appendix 1

Working group methodology

Objectives

1. Agree key priorities and outcomes
2. Research existing good practice locally and nationally
3. Identify key issues and gaps in practice and support
4. Outline the business process for personalisation for local authority and health staff and link this to key considerations about risk and tools and guidance that can be employed to assess and manage risk
5. Outline the personalisation pathway for service users and link this to support and guidance which will help to empower and protect
6. Seek a service user perspective about risk assessment and risk management and ways to support the joint decision making and planning process - questionnaire, meetings
7. Share work with In Control and national DH personalisation programme
8. Make recommendations and instigate further work
9. Consult with key stakeholders across the region
10. Disseminate guidance and good practice through event (s), through existing networks, website etc.

Key Priorities

Safeguarding Leads from all 16 LAs across the South West Region were asked to rank (on a scale of 1-5) their key priorities for suggested areas of work with potential outputs and outcomes that would be addressed by the working group. The work areas suggested were:

- Self assessment
- Risk Assessment around support planning
- Joint assessment /multi disciplinary working
- Managing risk
- Communication and culture change
- Legal issues and regulation
- Working with personal assistants and providers

Twelve of the sixteen authorities returned their completed proforma giving a response rate of 75%. The highest ranked priority area within the returns was indisputably Managing Risk which received the top ranking from ten of the twelve responding authorities (83%). Risk Assessment around Support Planning achieved a close second in the ranking with the other areas scored in the following descending order: Joint assessment /multi disciplinary working; Working with PA's and providers; Legal issues and regulation; Self assessment; and Communication and culture change.

The working Group confirmed the two priority work areas - Risk **Assessment** and **Managing Risk** around self directed support.

Research into existing good practice locally and nationally

The researcher working with the programme, together with members of the working group identified policies, practice, processes and helpful tools associated with personalisation and safeguarding. The material includes –

- Positive risk taking policies
- Risk decision matrices,
- Joint risk assessment guidance and tools
- Supported decision making guidance
- Templates for planning care and managing risk
- Risk enablement panel guidance
- Guides for employing staff
- Joint agreements around DPs
- Peer support guidance
- Service user perspectives
- Personalised protection plans
- Training outlines
- Circles of support – operational guidance

There are national and local examples. These have been incorporated into the framework to provide references for local authorities looking to develop their own guidance in these areas – see Business Process section.

Appendix 2

Glossary abbreviations

ADASS – Association of Directors of Adult Social Services
CHC – Continuing health care
CRB – Criminal Records Bureau
DH – Dept of Health
DPs – Direct payments
ICPA – Integrated care programme approach
LA – Local Authority
PA – Personal assistant
PBs – Personal budgets
PCT - Primary care Trust
PPF – Putting People First
RAS – Resource allocation system
Reps. – representatives
S for C – Skills for Care
SDS – Self directed support
ULO – User led organisation

Appendix 3

Service user survey

Report on Service User views relating to Safeguarding and Personalisation in Somerset and Wiltshire – Compass Disability

Methodology
A meeting was organised with the Direct Payments peer support group in Wiltshire in which safeguarding issues were discussed. The discussion is summarised below. Six service users attended, and one other who was unable to attend sent in a written response.
A questionnaire was sent to each of the 685 members of the Somerset Access and Inclusion Network with their regular newsletter. 28 responses were received. Whilst this seems a small proportion, it should be remembered that only a relatively small proportion of the membership will have received Direct Payments or personalised services. The quality of responses was generally good; many were obviously already Direct Payment users. The results of this survey are summarised in this report.

Summary of Results
Somerset Survey
11 questions were asked. The answers to these questions are summarised below, with some examples of comments made. The total number of answers for each question does not necessarily come to the total of responses to the survey, as some people chose not to answer some questions.

1. Do you think you would be less likely to report problems in your care delivery if you had organised it yourself?

   11 people answered yes and
   14 people answered no.

2. What could local authorities do to make you more comfortable about reporting concerns over your safety or the safety of another person receiving care support?

   5 people felt they would be more likely to report issues if they knew they would be taken seriously, action would be taken and they were informed about the outcome of any investigations.

Comments:
- Make reporting a face to face experience with some one with experience and knowledge, not a paper filling tick box exercise.
- Just reassurance that they will help without taking your independence away.
- Make it easy to report locally.
- Follow-up phone calls approx once every 2 weeks to check all is well.
- Take positive action, not merely listen and say ‘we will make a note’.
- Take any concerns the client has seriously and report back any findings.

4 people would be more likely to report issues if they had a sympathetic social worker that they knew.
4 people would require any named person to report to.
2 people felt quite comfortable reporting issues currently and a further
2 felt there was nothing that could be done to improve their willingness to report.
1 person felt that carers should be inducted to look for signs of abuse.
1 person felt that a regular survey of service users would help.

3. If you were receiving a Direct Payment to manage your own care what sort of training would you appreciate?

Comments:
- How to pick the right company that does the care I need.
- What help is available to assist me in choosing the right person? What questions should I ask?

7 people would require training around the legal aspects of employing staff.
4 people would require training on record keeping and administration issues.
3 people would require training on recruitment and selection techniques (including selecting the right agency).
1 person would like to do an NVQ course and
1 person wanted training on computer skills and online banking.
3 people wanted no training at all.

4. What sort of training, if any, would you like for people you employ for your care? (please state if you would not want training)

8 people would want Personal Assistants (PAs) to have basic NVQ level care/nursing training.
5 people would like them to have 1st aid training.
4 people wanted them to have health and safety training.
3 people wanted PAs to have moving and handling training.
3 named training relating to their specific impairment.
2 people wanted their PAs trained in communication/people skills.
1 person wanted training for PAs in disability equality and principles around independent living.
5 people wanted no training at all for their PAs.

Comments:
- They should have been trained before applying for the job.
- Some training for emergencies, but the main thing is common sense.

2 people raised the point that they would want their PAs CRB checked. This was not asked as a separate question.

5. If you were organising your own care support, who would you feel was responsible if there were legal issues with staff (such as a dispute over the employment contract)?

12 people felt they were responsible.
7 people felt the local authority should be responsible.
4 felt that there should be joint responsibility.

Comments:
- Myself, following job description and employment contract from my Direct Payment advisor.
- Whoever constructs the employment contract.
- The girls I use are self employed and pay their bills.

6. Who would you feel was responsible for unexpected or unpaid staff costs (such as redundancy pay if your care package ceased)?

7 felt that the service user would be responsible.
12 felt the local authority should be responsible.
1 person felt the responsibility should be shared.

Comments:
- Redundancy? – Surely this is contract work.

7. If you were managing your own care support, what support would you want when things go wrong (e.g. your employee is not doing their job properly)?

10 people felt that the local authority should step in and sort out the problems, or be available to give support.
6 people wanted another named person, such as the support service, to support them.
4 people would not require support.

Comments:
- None, I would sort it out.
- A person from the funding authority to arbitrate.
- A named person to contact and discuss things with.
- The funding authority to take over and sort it out.

8. What do you think should happen if a service user misuses the money they are given to pay for their care? How do authorities ensure they still get the care they need?

Comments:
- Money should be paid direct to the Company but we as the client should have the choice of which Company's care we have.
- Prosecution! Provide block care provider and take away DP.
- I don't think they should control the money they are given. It should stay with the authorities as long as they are flexible.

8 people felt that the funding should be withdrawn and a direct service put in place.
7 felt that personalised care should continue but regular checks should be undertaken to ensure that a repeat does not happen.
4 felt that personalised care should continue with the money going to a third party.
4 people felt that legal action should be taken against the service user.

9. Would you find it helpful to have a local network of people who are managing their own care to link in to?

18 answered yes.
6 answered no.

Comments:
- This is vital – we need it!
- No – they degenerate into gripe sessions.

10. Where would you like to be able to get information if you were managing your own care?

17 would like a telephone helpline.
17 would like a named person they could contact.
13 people would like a written information pack.
8 people would use the internet.
The CAB, Age Concern and the local library were also mentioned.

11. Do you believe people who manage their own care may be more or less at risk of harm than those who have their care managed for them by social care services?

9 people said they would be more at risk.
9 people said they would be less at risk.
5 people felt there would be no difference in the risk levels.

Comments:
- Don't know as this depends on each person's case/illness.
- Depends on state of mind. Some clients are vulnerable and some can be hard to get on with.
- If the procedures laid out are open and transparent and managed in a shared manor there should be no risk for either – there is risk either way at the moment.
- More risk because they're unsupervised.

Wiltshire Consultation Meeting

This was a very animated discussion, led mainly by the service users own passions. Feelings voiced are outlined below under relevant headings.

Criminal Record's Bureau Checks

Whilst the group felt that CRB checks did not give total reassurance and should not be totally relied upon, all but one person thought they should be mandatory for PAs to Direct Payment/Personal Budget users. This included family members, which was where the lone voice of disagreement was (and this was the husband of a disabled person). The group felt that the authority could remove any awkwardness of asking family members for a CRB check by imposing the rule themselves, rather than leaving it to service users.

Controlling families

There was significant worry over potential abuse by family members and the group felt that financial abuse, and a family member taking control over choice, was likely to go unnoticed in these cases. There was a feeling that local authority social care staff should be more aware of the potential for this at assessments and reviews. It was also felt that third party management of funds outside of the family would be beneficial in any cases where this was a potential. One person was particularly worried about the possibility of financial abuse where there was a history of drug taking by a family member.

Reporting of safeguarding issues

It was felt that people may be less likely to report a problem if they had organised the care themselves. There were two reasons for this. Firstly people might be embarrassed at having made a selection mistake and secondly they may feel that, because they have taken on the responsibility themselves, it is up to them to sort it out. The group felt there should be one advertised central point to report concerns to. They also felt peer support had a role here as people would feel happier talking to someone who may have been through the same thing, than to a local authority or police official.

Prevention

There were various suggestions made to reduce the risk of abuse, or increase the chance of picking such situations up.

- Care managers should do reviews more regularly and look for signs of abuse or of carers not doing their jobs properly.
- The support available should be built as a team around a person with families, friends, care management, support service advisors and peer support all working together to avoid feelings of isolation and pick up any problems.
- Safeguarding training should be included as part of the induction training of all PAs.
- Risk assessments, by care management staff and when employers' insurance is taken out, should consider safeguarding issues.
- It should be easier to access training for PAs. Training is needed in moving and handling (including use of hoists) and in first aid. The problems currently are that there is not enough training available and there are insufficient funds in Direct Payment/personalised budgets to pay for training and replacement staff for times that employees are receiving training.
- Direct Payment users should be made to realise from the start what their responsibilities are.
- Direct Payment users should be advised not to hold interviews in their own homes.

Information sources

The group suggested a booklet on safeguarding be given to each Direct Payment/Personalised Budget recipient. This booklet should have real scenarios, so that people with a problem can identify with them and be less embarrassed to report.
People had used Fish Insurance, the support service and the Council for advice. The Council had provided some health and safety leaflets. No one present was aware of any other leaflets or information sources and no one had used the 'Keeping yourself safe in Wiltshire' leaflet.

More or less risky?

It was generally felt that personalisation did not increase the lack of safety and that agency staff could be as bad as an employed PA, some thought worse. 2 or 3 examples were given in the room of theft from homes by agency staff.

Conclusion

Generally speaking there is some difference of opinion amongst service users on these issues. However, the following conclusions can be drawn from this research:

- A significant number of people would be less likely to report instances of abuse if they were organising their own care. Action therefore needs to be taken to reduce this feeling, or to ensure that other mechanisms pick up any problems.
- People have some reticence in reporting abuse due to their anticipation of the response. Having a person they know and trust would help, and authorities may need to find ways of building relationships so that people believe staff will act appropriately.
- Those people who realise the responsibilities they would be taking on in employing their own PAs would like training and support in this. But many people appear not to understand that they are taking on these responsibilities.
- The ability to access PA training remains a problem for many, but there are still some service users who see no need, or have no wish, to have training for their PAs, or believe that it is someone else's responsibility.
- Work therefore needs to take place to ensure that any service user employing their own staff realises where the responsibility lies.

- A large majority did not approve of misappropriation of authority funds by other service users, but some felt that such people should still be able to direct their care choices, either through the authority or a third party, or with closer checks.
- Peer support groups received resounding support, with the proviso that they are well run and don't become gripe sessions.
- Telephone helplines and known/ named professionals or peers were felt the best methods of obtaining information.
- The peer support group felt that CRB checks were an important aspect of safety, and should be made compulsory, especially in the case of families providing care, but an emphasis should also be put on reviews by care managers. People should also realise that a CRB check can not totally be relied upon.
- The question of whether personalisation meant greater risk received no consensus of opinion, although people obviously feel there are currently risks under both systems.

Appendix 4

SW Safeguarding and Personalisation Questionnaire Findings

Summer 2010

Preamble

The South West Safeguarding and personalisation framework was launched at two regional events in May 2010. The framework is available as an updated web resource on the Putting People First Website – South West page. In September 2010 we circulated a questionnaire to safeguarding adults leads and personalisation (including transformation and SDS) leads. We asked them to meet and complete the questionnaire together in order to gain a full picture of progress in the region and enable joint discussion.

15 out 16 local authorities completed the questionnaire. Where the questionnaire was completed jointly i.e. transformation or SDS lead with the safeguarding lead, the information was more complete and accurate. In some cases, where the questionnaire had been completed by one or the other lead, there were gaps and some inaccuracies. The information is self reported and, where important elements are missing, will be followed up.

The picture across the region is still patchy in terms of integration of safeguarding within personalisation policies and practices. Although all are aware of the framework and its recommendations not all had been able to implement key elements of the framework, in two local authorities in particular little progress had been made.

Key Findings

Responses to questions

1. *SW Safeguarding and personalisation Framework; Are you aware of, and using, the South West Personalisation and Safeguarding Framework?*

   All local authority leads were aware of the framework and the majority were using it.

2. *Reviewing SDS procedures to ensure they provide adequate and appropriate protection: Have you reviewed SDS procedures to ensure they provide adequate and appropriate protection for people?*

   Two thirds of local authorities said they had reviewed their procedures. Of these, several had developed an action plan to deal with gaps and areas of weakness.

3. *Discussion of personalisation and safeguarding at the Safeguarding Adults Board: Has your Safeguarding Adults Board discussed Personalisation and Safeguarding? Have they agreed any local action plan? Is Personalisation a standing item for the Board*?

   8 local authorities had personalisation and safeguarding as a standing item at Board Meetings. 4 local authorities had discussed this, but did not have it as a standing item. 3 had not specifically discussed safeguarding and personalisation at Board level.

4. *Positive risk taking strategy to ensure that independence and control is appropriately supported. Does your Council have a Positive Risk Taking Strategy to ensure that independence and control is appropriately supported?*

   5 local authorities reported that they have developed a strategy, these have been asked for a copy as potential good practice to share with others. 9 Local authorities said that they currently have this in development. 1 LA reports that they have so far made little progress.

5. *Measures in place to support the risk assessment and planning process;*

   4 local authorities said they had Risk Enablement Panels. A further 4 had “risk panels”,
   8 local authorities said they had a lead officer who can advise on risk
   7 respondents had reviewing and auditing systems for situations of increased risk, 2 used “other” unspecified arrangements. 2 local authorities made no response to this question.
   Comment: Quite a few LAs have developed support for aspects of risk assessment and managing risk in support planning but in many cases this does not appear to be a part of a wider integrated positive risk taking strategy.

6. *CRB checks for people employing personal assistants (PAs**)***

   The vast majority of Local Authorities will fund CRB checks but these are not a requirement for a direct payment. Several LAs mentioned that they would require a check if there are children in the household.

7. *Does the council ensure that people employed as PAs can be checked against ISA barred lists*

   9 Local Authorities said yes, 5 said no and one local authority “did not know “.
   Comment: Local authorities should have their own web based arrangements for undertaking ISA checks and can undertake checks on behalf of DP employers

8. *Do your polices take account of the implications of Direct Payment Regulations (2009) for people without capacity for managing Direct Payments?*

   14 local authorities said that their policies took this into account, 1 LA reports that they are working on this area.

9. *Current links between safeguarding and personalisation*
   8 local authorities reported good relationships and joint working practices, 2 said they had joined up policies and practices, 5 said that engagement was still at "an early stage".

10. *Have you engaged with key partners in planning and developing personalization and safeguarding? (eg, service users, carers, health partners, third sector)?*

    11 local authorities said that they had engaged with key partners, 3 had not and 1 didn't know.

11. *Has there been staff training for personalisation / self directed care?*

    All 15 local authorities had carried out some training for staff.

12. *Have you a long term training strategy including arrangements for new staff and refreshers?*

    9 local authorities have a long term training strategy, 4 do not and 2 did not know.

13. *Who has received training for SDS**?***

    14 local authorities said that local authority care staff had received training, 10 said non care staff such as back office and finance staff had received training. 11 local authorities had provided training to independent sector providers, 8 had provided training to service users and 8 had provided training to partner agencies such as health.

14. *Did the SDS training (above) include information and guidance about potential risks and safeguarding procedures*

    13 local authorities said that the training did provide this, 2 reported that it did not.

15. *Does the Council provide/fund training for PAs and those working in non regulated services*

    8 local authorities said that they did, 2 provide training but do not fund
    It, 4 will fund but do not provide training for PAs.

16. *Does the Council provide/fund training for people who are employing staff/PAs?*

    7 local authorities said they provide and fund training, 5 said that they fund but do not provide, 2 said neither and 1 said "don't know".

    Comment: From some of the examples given it is clear that there was confusion over this question about who commissions and who provides this service. However it was evident that the majority of LAs support training for service users in some way.

Perhaps the term "training" was misleading, as some LAs do not provide or commission training, as such, but do fund/commission DP support services.

17. *Does the council fund or commission a helpline for people who are directing their own care to provide help and advice if they have concerns*

    3 local authorities said the council operates a helpline, 8 said the council commissions this service, 4 said that they did neither
    From some of the comments with this question, it is apparent that some people have included a more general helpdesk which may or may not be geared up to support people directing their own care and managing a DP.

18. *Are people who direct their own care provided with information/advice about 'keeping safe'?*

    12 LAs said that they provided information about keeping safe, 2 said they currently did not, 1 said that they did not know

19. *How are people who direct their own care made aware of potential risks?*

    3 local authorities have used awareness raising events, 12 can provide Booklets or leaflets, 3 put on Training sessions and all 15 said that this awareness was part of the SDS process. 6 local authorities used information from other service users and 2 have this information on websites.

20. *Are there systems in place to enable people to keep safe in the community?*

    10 local authorities reported that they had a Safe Haven Scheme, 6 had "Buy with Confidence". 9 local authorities had publicity on keeping safe at public events. 13 reported partnerships with fire service, police, community safety etc. 8 local authorities used Circles of Support. One local authority mentioned the local hate crime partnership.

21. *We asked people to rank their concerns relating to safeguarding and SDS.*

    The top 3 areas of concern were
    a. Organisational culture change
    b. Risk assessment around support planning
    c. Ongoing monitoring and review processes

22. *We asked what areas leads could identify for further help and support (free text box)*. *Responses were :*

- Embedding culture – culture change programme to support staff.
- A more structured national framework to ensure consistency of approach.
- More training and commitment at all levels to enable positive risk taking.
- More engagement with service user groups around circles of support, community safety schemes and advocacy to keep people safe.
- Wider discourse on SDS and risk.
- Clear legal framework to give confidence to organizations around risk and discharging duty of care.

- Case studies to illustrate decision making processes around managing risk.
- A checklist of risks which might trigger referral to a risk enablement panel.
- Learning from other local authorities.
- Secure resources for ongoing monitoring and review.
- A South West network of support.
- Support in developing circles of support and peer support capacity.
- Encouragement to develop joint assessment and support planning with health colleagues.
- Better strategies around Personal Budgets for people with Mental Health issues to keep them well.
- More corporate ownership around managing risk.
- Support to manage low level concerns and training for service users.
- Buy in from top to bottom of the organisation around SDS and safeguarding to support staff and users.
- Card with useful contact numbers and helpline for service users.
- Clear guidance re employment advice/legal responsibilities for all people who employ support staff including those who fund their own care.

Key recommendations

- It is recommended that all personalisation leads, if they have not done so, review their SDS policies and procedures with their safeguarding leads, and where necessary develop a joint action plan to address gaps and weaknesses.

- The new Vision for adult social care puts both protection and personalisation at the centre. It is therefore essential that the involvement of Safeguarding Adults Boards is more structured. It is recommended that a standard item on personalisation is included at all Board meetings.

- All local authorities should develop a Positive Risk Taking Strategy to guide and inform policies, practice and procedures to ensure consistency and promote choice and independence for service users. Further good examples of strategies will be included in the revised framework and circulated to LAs to assist development.

- The Positive Risk Taking strategy should address monitoring and audit requirements both at an individual level and collectively across the local authority. All support plans should indicate appropriate levels and intervals for reviews.

- Risk enablement panels should have clear terms of reference and should be used sparingly. Further good examples of terms of reference will be included in the revised framework and circulated to local authorities to assist development.

- CRB checks should be undertaken for all PAs working in households with children.

- Local authorities need to develop systems for DP employers to undertake ISA checks.

- Sustaining good working practices around risk in self directed support, requires good induction training and also ongoing training for staff.

- The involvement of service users, providers and other key partners must be sustained beyond the development stage of policies and procedures. In particular, training and peer support for service users needs to be expanded and the development of schemes for keeping safe in the community should be encouraged.

Next Steps

- This report will be disseminated to safeguarding leads, transformation leads, Directors and Chairs of Safeguarding Adults Boards.

- We will follow up with some individual local authorities to discuss potential areas of weakness.

- We will update the South West Safeguarding and Personalisation Framework to include further examples and guidance.

- We will arrange publication of a simple guide for people who fund their own care and employ staff (in particular personal assistants)

Pam Richards SW Region Personalisation Co-ordinator
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November 2010.