Isle of Wight Safeguarding Adults Board

Making Safeguarding Personal

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What is safeguarding?

"people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action". (Care and Support Statutory Guidance, Oct 2014)

Human Rights' Act

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

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

The Care Act

14.15. “Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Nevertheless, there are key issues that local authorities and their partners should consider…if they suspect or are made aware of abuse or neglect”

Care Act, statutory guidance 2014

MSP & the Care Act

MSP findings

- Involve people in meetings
- Simplify language/guides
- Review outcomes
- All partners take on board benefits of outcomes focus
- Supporting wider prevention & awareness in community
- Involvement of advocates/IMCAs

Care Act

- Provide information & support in accessible ways (14.11)
- Raise public awareness so communities…play their part.. (14.11; 14.124)
- The Care Act requires an independent advocate to represent & support ...adults (14.10; 14.48; 14.54; 14.77)

MSP findings

- Sound practice in context of MCA/DoLS
- Support people in managing risks
- Meaningful recording and measuring of outcomes

Care Act

- Working in line with MCA: an imperative (14.55-14.61)
- Supporting adults to weigh up risks & benefits of different options; early identification and assessment of risk (14.37;14.56; 14.62; 14.75; 14.91)
- SAB should consider…extent to which outcomes have been realised…" (14.157)

MSP finding

- Policies/procedures need to be revised

Care Act

- Procedures should assist…personalised responses and how to involve adults in decision making (14.52)
- A series of steps, considerations and decisions with the individual at the centre and proportionate to concerns (letter DH 11/11/14) (guidance: 14.77)

MSP findings

- Develop core skills and tools to support practice
- Importance of support / supervision/ reflective practice

Care Act

- Regular face to face supervision to enable staff to work confidently/competently in difficult situations; considerable guidance & support needed; skilled knowledgeable supervision focused on outcomes…is critical … (14.56; 14.57; 14.202)

MSP & the Care Act

MSP finding

- Achieving the necessary cultural shift

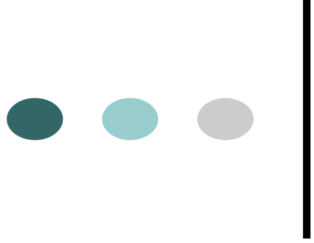
Care Act

- Strong multiagency partnership; effective responses and prevention; clarity as to roles/ responsibilities; positive learning environment to help break down cultures that are risk-averse (14.12)

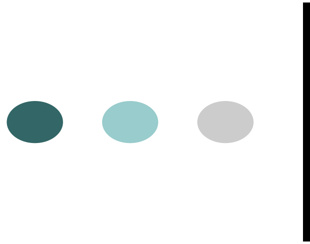
The Care Act

14.8. “Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. **People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved**. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being”

Care and support statutory guidance issued under Care Act, 2014



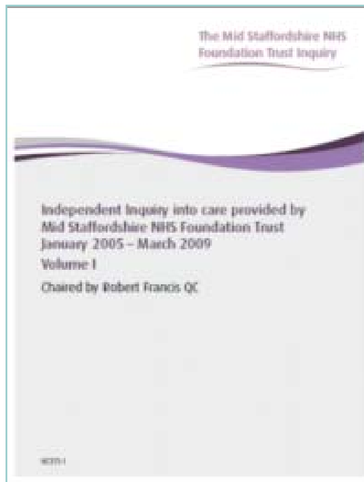
Joyce

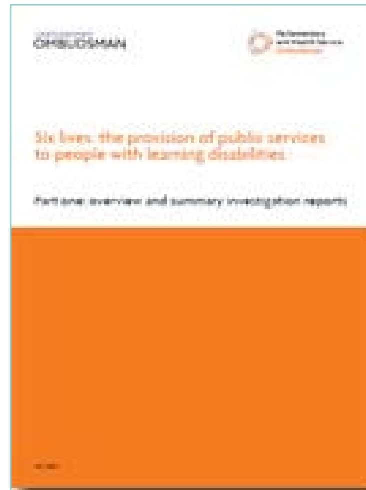


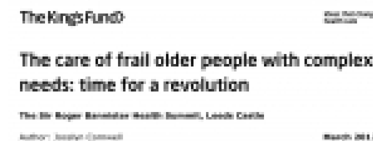
What have we been doing to date?

Why & how does this need to change?

Informing an effective way forward







Lessons learned include:

- Need for respect for Human Rights
- Dignity, respect and compassion in care are crucial
- Patient involvement/empowerment & relationships with families/carers are central
- Listen to patients. Welcome criticism. Make it easier for concerns to be raised
- Importance of working effectively with risk
- Importance of staff support, supervision, recruitment, reflective practice
- Change of attitude & culture. Emphasis on impact on patients rather than ticking boxes.

Excerpts from a SCR written by a service user’s wife

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

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

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

appendix to a SCR, Mrs BB, Westminster Council

Sarah

Complex lives....being safe is only one of the things people want us to consider in supporting them

Professional curiosity: the importance of having conversations and gaining insights into people's past history. Knowing sufficient to identify and to understand the level of risk

Mutual challenge amongst professionals

People knowing that we will try to respond to the outcomes they want / transforming the experience of safeguarding

A consistent theme across almost all DHRs was the lack of professional curiosity by staff involved in safeguarding. Professionals did not explore the victim's relationship and home life, nor ask directly about domestic violence. Had this been explored the victim may have then been given the opportunity to talk about what may have been happening with her partner, and be offered support.

Safeguarding Adults at risk in London- a stocktake. Report to support the Safeguarding Adult Summit. Stephan Brusch, March 2016

Fire fighting to long-term solutions

Helped find right people to support me

Helped us see the severity of the risk

Supported my family

Put me at ease to share my story

Built my self confidence

Help and results came quickly

I apply the principles on an ongoing basis in my life

I did it myself!

The quality of the initial conversation

Understanding the person/their context

Understanding the risks

Drawing on the resources of informal networks

Tangible results/outcomes

Self confidence and self esteem

Empowering people for the future

Individuals need:

Respect

Information

Insight

Commitment

To share responsibility

Self belief

Self esteem

Learning from MSP evaluation 2014/15 What kind of outcomes are discussed?

MSP leads were asked which were the top 3 common type of outcome

To be and feel safer (45%)

To maintain key relationships (23%)

to gain or maintain control over the situation' / 'to know that this won't happen to anyone else' / 'people have not yet specified outcomes' (21%)

Key finding was:
"the bit we found helpful …was… recording desired and negotiated outcomes" (FG1)

MSP evaluation 2014/15 - Key areas of learning and development to focus on:

- *Mental Capacity Act*
- Social work methods and approaches
- Supporting and managing risk
- Safeguarding and the law
- Recording outcomes
- Using legal approaches
- Person-centred planning
- Having honest discussions
- Identifying and working with controlling and coercive behaviours

Professional judgement

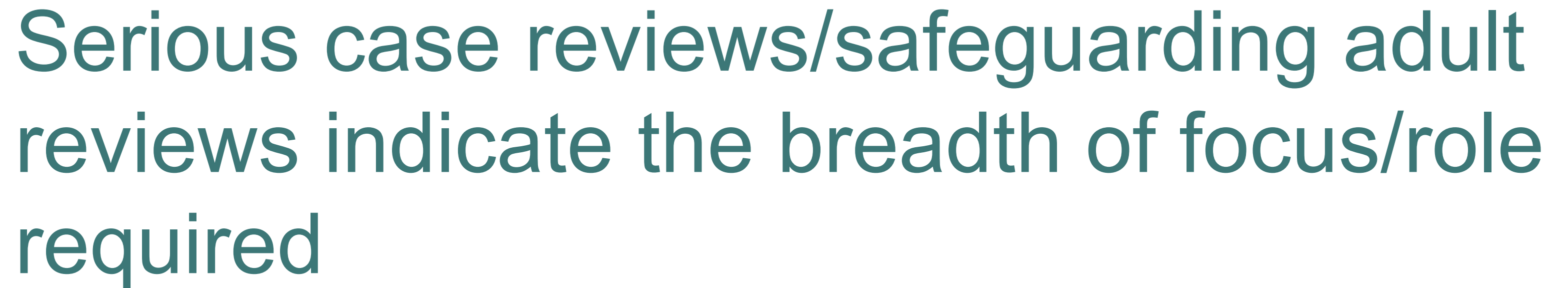
Reflective practice

The MSP findings 2013-15 include:

- No certainty re whether more efficient of time/resources...but overwhelmingly considered worthwhile. Outcomes approach enabled people to take action themselves, reducing dependency and ensuring longer term resilience.
- Effective implementation of MCA is key to MSP. A focus on MSP supports principles of MCA
- Increased consideration of advocacy evident in taking MSP approach
- Assessment and management of risk is integral; involvement of service users in meetings and in drawing up protection plans. That involvement presents a challenge & is a key driver for change
- The focus on developing staff skills & confidence has improved practice (reflection, supervision, focus and practitioner groups)

Some more MSP Findings

- The need to produce information and guides for people about safeguarding and what to expect. People don't know what safeguarding is or what outcomes are…use plain language!
- The importance of reviewing outcomes
- Partner agencies could see the benefits of an outcome focused approach. Multi agency engagement is critical to realising outcomes people want. More productive conversations about outcomes across partners. MSP changes culture.
- Accurate recording of the views of people throughout the process must be guided by quality conversations *not* standardised forms
- Most councils have gathered and reported on both qualitative and quantitative evidence to demonstrate the difference being made. Recording of outcomes needs more work. Recording systems frequently undermine the changes

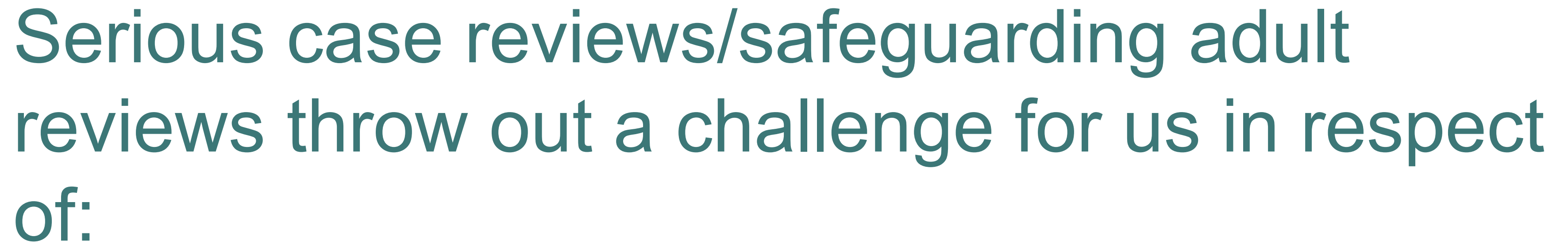


Serious case reviews/safeguarding adult reviews indicate the breadth of focus/role required

Mrs ZZ Camden: ZZ neglected to attend to her basic needs nor at times to accept support with those needs (nutrition; hydration; personal hygiene; health needs amongst these). She was at risk on a number of levels. She was reluctant to engage with services and support offered. She lived alone, recently bereaved. Her nephew visited twice each week. Two themes of self-neglect and working with risk were centre stage in analysing practice. ZZ lived and slept on her sofa. She received care 3 times each day for an hour each time. On admission to hospital her condition was described... “emaciated, ...covered in her own faeces which was stuck to her skin. I would describe it like snake skin it was stuck all over the lower part of her body, legs and feet it must have been there for months. Her body was badly contracted she looked like she had been in that same position for a very long time...We tried to move her arms and legs to expose the sores but her joints were locked...” ZZ had 14 pressure ulcers; 9 of them grade 4.

Other reviews offering helpful insights

- Mr A2, Birmingham
- Mr BB, Westminster
- Mrs JT, Dorset
- Mrs DD, Slough



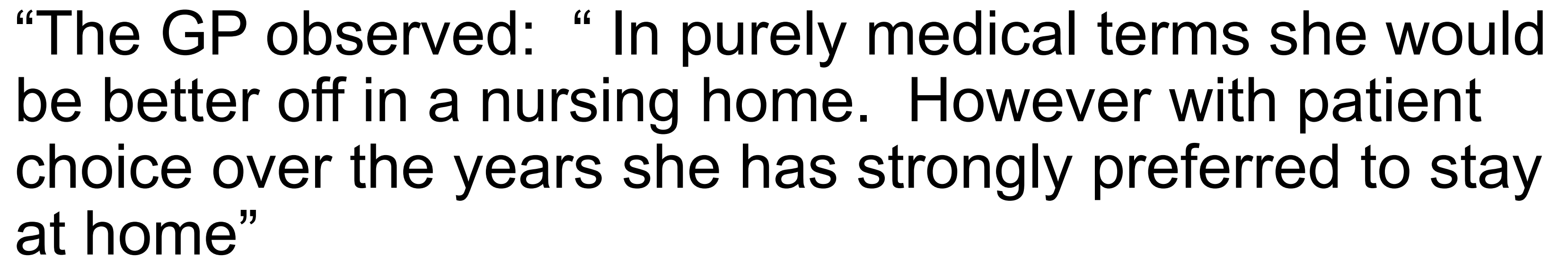
Serious case reviews/safeguarding adult reviews throw out a challenge for us in respect of:

- Ensuring empowering and effective conversations are central to assessments; a biographical approach; an outcomes approach
- Patient/family engagement (harnessing their insights) in assessment, care planning, reviewing
- application of MCA
- Working with families in the best interests of the person
- Working with people who decline support/treatment
- Balancing choice/protection
- A focus on identification, assessment, management of risk
- Commissioning: applying learning from reviews in contract monitoring
- Reflective practice/staff development (learning from SARs)

Balancing choice and protection

"Practice in relation to the issue of service user 'choice' was problematic. The response to choices which render individuals vulnerable and at risk needs to engage with the reasons for that choice alongside the level of risk and the individual's capacity to understand the consequences of the choice."

(Dorset SCR, JT)



“The GP observed: “ In purely medical terms she would be better off in a nursing home. However with patient choice over the years she has strongly preferred to stay at home”

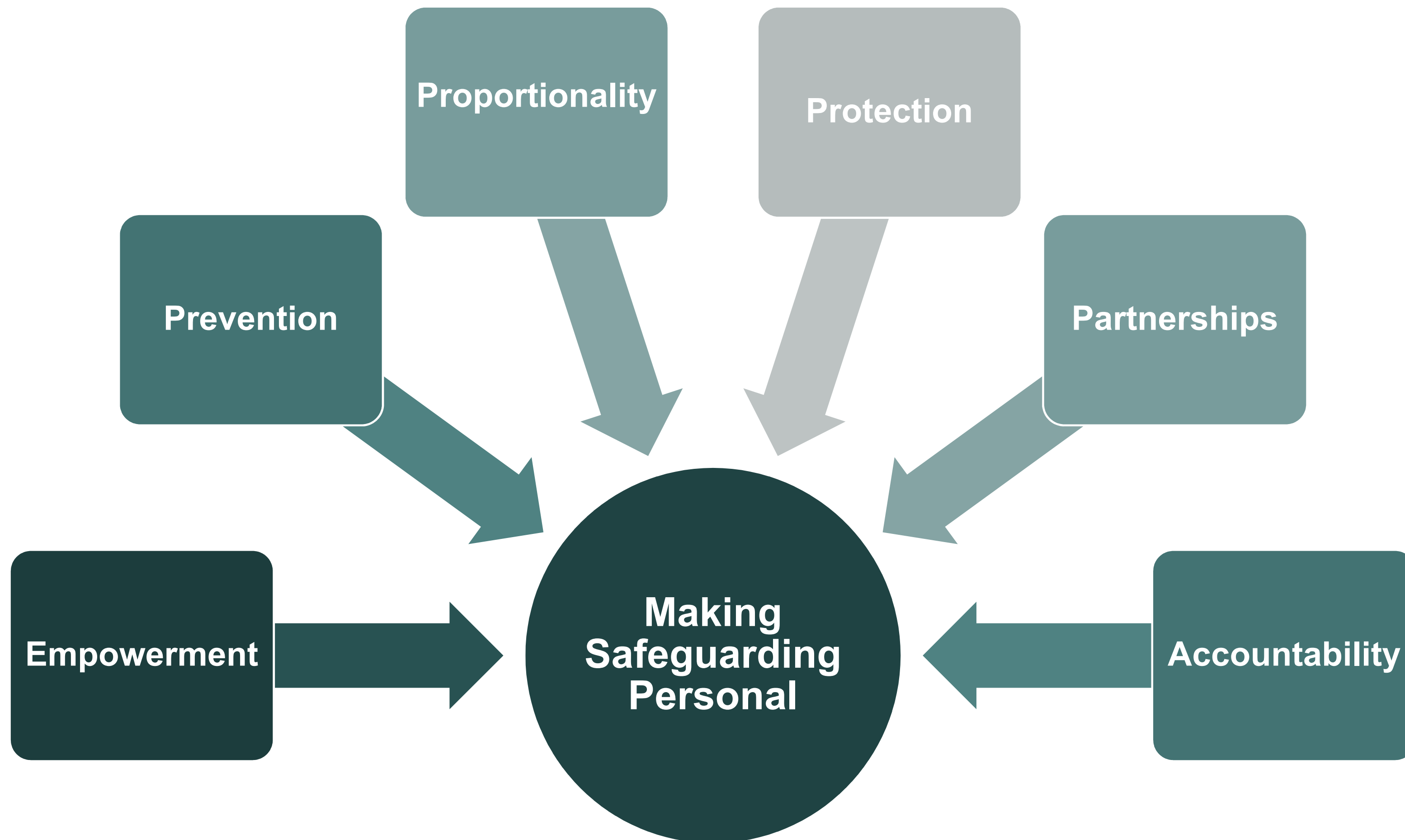
Little evidence of discussion with JT and MT of the consequences of the choices they were making and the options open to them

Dorset SCR, JT

Some priorities for MSP

- Having & supporting conversations with people
- Making those conversations count in quality assurance processes
- A focus on improvement in identification and assessment of risk and joint working with others on addressing the risks
- A focus on practice in line with the MCA
- Giving individuals & families a voice. Act on concerns/ insights that they share
- Staff support and development ; reflective practice

The Safeguarding Principles in action: a case study

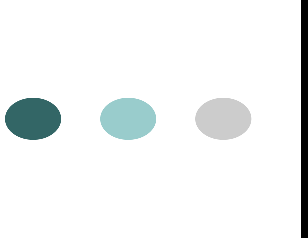


The "I" Statements

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
- **Prevention** – It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
- **Proportionality** – The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

The "I" Statements

- **Protection** – Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
- **Partnership** – Local solutions through services working with their communities. *"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
- **Accountability** – Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*



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