



**safeguarding
adults at risk**
a cumbria partnership

**Making Safeguarding Personal
Cumbria Practitioner Toolkit**

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Cumbria Safeguarding Adults Board

Making Safeguarding Personal Cumbria Practitioner Toolkit

Introduction

Making Safeguarding Personal is a new formalised approach to Safeguarding that aims to ensure that adults involved in safeguarding investigations and decisions are fully engaged and consulted throughout the procedure and that their wishes and desires are central to the final outcomes as far as is possible. They need to feel as empowered as possible, to have choice and control and at the end of the process to feel stronger and more confident as a result.

For many of you carrying out your social work role, you will already be working hard to find out what's important to the people involved so that the actions and interventions that are put into place are welcomed by them and viewed as constructive and helpful. The introduction of 'Making Safeguarding Personal' requires that as well as working closely with the individuals who have been abused or neglected and/or their advocates and understanding what they want from the process, you must also carefully record their wishes at the outset and on an on-going basis. This enables everyone to clearly see at any stage throughout the enquiry what progress is being made relating to the desired outcomes, or if a change to these has been needed to be made, why and when it took place. At the end of the process you are also required to gain feedback from the individuals or their advocates about their experiences throughout the enquiry and their satisfaction with the overall process.

To support you in this we have produced the Cumbria 'Making Safeguarding Personal' toolkit.
Areas covered are:

1. The principles of 'Making Safeguarding Personal'
2. When and how to apply 'Making Safeguarding Personal'.
3. The importance of meeting the person concerned and/or their advocate.
4. Conversations to find out what the person/their advocate wants to happen.
5. Capturing and recording information about their wishes
6. Recording and evaluating the desired outcomes at the different stages of the process.

Please note that this toolkit does not replace the Pan Lancashire & Cumbria Pan Lancashire and Cumbria Multi-Agency Adult Safeguarding Procedures or the Cumbria County Council Safeguarding Document P9, both of which must be followed at all times during the safeguarding process. This toolkit is solely a guide to help you understand 'Making Safeguarding Personal.'

1. The principles of 'Making Safeguarding Personal'

In the past people involved in adult safeguarding processes have said they can sometimes feel they have little control in respect of what's happening to them; are not involved in discussions; are rushed to make decisions and have little say over outcomes. 'Making Safeguarding Personal' therefore promotes a shift in culture and practice, which ensures that the safeguarding process is more effective from the perspective of the person involved in the enquiry. It involves having meaningful conversations with those at the heart of the process, seeing them as experts in their own lives and working successfully alongside them all the way through the procedure, so that at the end they feel they have been fully involved and are satisfied by the outcome, as far as is possible. It is also about recording and collecting information that shows the impact on the person's life and the positive difference it has made.

'It is a shift from a process supported by conversations to a series of conversations supported by a process'
Making Safeguarding Personal Guide 2014.

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 Mumby, 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 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 their carers, what is to be done and then merely tell them – to "share" with them – the decision

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

2. When and how to apply 'Making Safeguarding Personal'

People cannot make decisions about their lives unless they know what the options are and what the implications of those options may be. They also need the chance to consider the options carefully. They can feel disempowered (and possibly damaged) by the safeguarding process unless they know what is happening and the choices they have. Therefore 'Making Safeguarding Personal' needs to be applied at every stage of the safeguarding adults process.

This means you need to ensure that:

- advice about advocacy is provided at the very start of the enquiry and arrangements made for an independent advocate to represent and support the individual where he/she would have substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. Consideration must be given to appointing an Independent Mental Capacity Advocate (IMCA) where an individual lacks capacity and it alleged that he/she has been abused or neglected by another person, or he/she is abusing or has abused another person. In these cases, access to IMCAs is not restricted to people who have no-one else to support or represent them. But you can only instruct an IMCA in situations where you propose to take, or have already taken protective measures. (see Multi-Agency policy and procedures manual, www.cumbria.gov.uk/safe)
- the person at the centre of the enquiry and/or their advocate is fully involved from the outset
- that the pace and locations of meetings are guided by the individual's needs and circumstances
- accessible information and advice is readily available
- the views and wishes/desired outcomes of the person/their advocate are understood and addressed
- they/their advocate are made aware of a range of possible options/outcomes from an investigation
- support is provided to help them make decisions where appropriate.

In order to understand whether the desired outcomes have been met, it's important that as the enquiry progresses you capture and record information on IAS. IAS has been updated and now includes information relating to 'Making Safeguarding Personal' and the desired outcomes of the individual.

3. The importance of meeting the person concerned and/or their advocate

Making Safeguarding Personal puts the person involved in the safeguarding enquiry at its very heart. Therefore fully understanding their thoughts and wishes is vital if the outcome is to be successful.

In order for you to provide support that is welcomed and valued and to gain their trust you need to develop rapport with the individual and/or their advocate from the very beginning. The easiest way to build rapport is to have purposeful, respectful, face- to- face meetings. Make sure when you are setting these up that you check out where and when is best for the people you are meeting. Also if the meeting is taking place away from their home, that the access and facilities in the chosen venue are suitable and that your conversations are strictly private and can't be overheard.

Let the person and/or their advocate set the pace. Don't rush them or lead them. Match the type of language that they use so that you neither confuse and overwhelm them, or are seen as patronising. Listen carefully and show empathy throughout.

'The Adult Safeguarding Process', Making Safeguarding Personal leaflet that explains why the person may be involved in the enquiry, how important their views and wishes are, and what they can expect to happen as the enquiry progresses, are available for you to give out. This can help you open the conversation as you talk through what is included.

Check things out with them to make sure that you have a shared understanding. This will avoid confusion and make things easier for everyone.

Remember to go into the meeting with the viewpoint that the person involved in the safeguarding enquiry and/or their advocate knows best and that their wishes, feelings, and beliefs are paramount. Also, that any decisions that are made, need the person's full participation. It's vital therefore that you manage meetings in a way that ensures that this happens. At the end of the safeguarding enquiry it's important that conversations take place that provide the individual and/or their advocate with good information and feedback.

4. Conversations to find out what the person/their advocate wants to happen

'Making Safeguarding Personal' is about talking through with people the options they have and what they want to do about their situation. Asking the questions "What do you want to happen?" "What's important to you?" "Is there anything that you don't want to happen?" should take place fairly early on in the conversation. Doing this is likely to result in more in-depth work at the early stage and better decision making regarding safeguarding activity.

Helping identify their top 3 priorities is extremely useful. Also encouraging them to record these can be very worthwhile as they then have them to refer back to throughout the enquiry. The separate sheet that accompanies 'The Adult Safeguarding Process' leaflet has space within it for this purpose. Once they have done this, ask them to sign and date the sheet. You will then update IAS to show that this task has been completed. This sheet can be downloaded from the 'Template of Forms' on the IAS help page. Before you print it out, be sure to include your contact details so that the individual and/or their advocate have these.



Examples of the kind of outcomes or conclusions that people may want are:

1. To be and feel safer
2. To maintain a key relationship
3. To have help to recover
4. To have access to justice or an apology, or to know that disciplinary or other action has been taken
5. To know that this won't happen to anyone else
6. To maintain control over the situation
7. To have exercised choice
8. To be involved in making decisions
9. To be able to protect themselves in future
10. To know where to get help

Of course your conversation may well lead you to desired outcomes for individuals that are not included in this list.

5. Capturing and recording information about their wishes

'Making Safeguarding Personal' is about empowering and involving people who are involved in safeguarding enquiries so that they feel that the process has been a positive one for them, and has led to the results that they wanted at the outset or they are happy with at the conclusion.

In order to monitor progress and effectiveness and indeed know when outcomes have been achieved it's essential that the initial desired outcomes are recorded along with any information that demonstrates why they are important to the individual. Then as the safeguarding enquiry progresses it's necessary for these outcomes to be reviewed on an on-going basis. This:

- helps keep the person at the centre of the enquiry
- keeps everyone on track with what needs to be done
- assists the person and/or their advocate to review the risks and rethink the outcomes if required
- enables agreement that an outcome has been met as far as is possible
- clarifies the end of the safeguarding support.

To help with this, the set agendas for safeguarding meetings (strategy, planning and reviews) now includes 'Agree Desired Outcomes.' These are available to download from the 'Templates of Forms' on the IAS help page.

Of course whenever a review is carried out the new information needs to be captured on IAS in order to show what has changed, what was agreed and what has been achieved. Additionally it's worth reminding the individual and/or their advocate to amend the outcomes they originally noted down when you gave them the 'Adult Safeguarding Process' leaflet.

6. Recording and evaluating the desired outcomes at the different stages of the process.

As the safeguarding enquiry progresses, practitioners need to be able to demonstrate that their work is effective. After the initial outcomes have been agreed, it's important that at any subsequent meetings, discussions about how things are progressing towards the achievement of the outcomes take place and are recorded. This ensures that everyone knows whether things are 'on track' or if additional action needs to take place. It also confirms who will carry out the action and by when.

Once it has been agreed that the outcomes have been met as far as possible, and the process is at an end, feedback needs to be gathered from the person involved and/or their advocate about their experience of the Safeguarding enquiry. A questionnaire has been produced for this purpose, which you will give to them to complete. This can be downloaded from the 'Template of Forms' section on the IAS help page.

The information from the questionnaire will also be uploaded to IAS and as well as providing feedback about individual experiences, it will be used in conjunction with all of the information recorded on the IAS system to produce quantitative and qualitative data that shows how 'Making Safeguarding Personal' practices are working in Cumbria. Only by knowing this will practitioners, local teams and the Cumbria Adult Safeguarding Board understand the impact that this new approach to safeguarding enquiries is having on the individuals involved in them in Cumbria and whether good outcomes have been achieved.

'Making Safeguarding Personal' – Example Case Studies From Other Areas

Case Study 1

Joyce had been experiencing issues with her neighbour. He had been asking her to lend him money. However Joyce said she didn't want 'anything to be done' as he was 'very kind' and visits her 2-3 times a week. She didn't want him to stop visiting her. Following further discussion between the practitioner and Joyce, where different options for responding were considered, Joyce said that she would like to speak with her neighbour on her own, but she wasn't sure how to start the conversation. The practitioner provided Joyce with some coaching about how she might start the conversation and what she wanted to get out of it. Joyce then felt able to talk with her neighbour about the issues. Whilst the neighbour was initially defensive, saying that he would never pressurise her to give him money, after a day or so he reflected on what Joyce had said to him and he visited her again to apologise for putting Joyce in the position where she didn't feel she could say no to his request. Although Joyce reports that her relationship with her neighbour is 'a bit fragile' since she talked to him he is still visiting her and hasn't asked her for money since she spoke with him.

Joyce felt able to talk about her experience of sight loss and how this had affected her confidence and self-esteem. When a member of the safeguarding team met with Joyce to talk with her about her experience of safeguarding practice, she said that she felt she was listened to and that we wouldn't do anything unless she said we could.

Bracknell Forest Council

Case Study 2

Mr A is a 79-year-old man who lived with his wife and his son, B. He also has a daughter, C, who lives nearby. Mr A was admitted to hospital following a fall/collapse at home. It was alleged that his son may have assaulted him, the police investigated this and safeguarding procedures were implemented. Following admission to hospital Mr A had a dense stroke.

Mr A's social worker discussed the outcomes that Mr A would like to achieve from the safeguarding investigation; this was done while Mr A was still in hospital. Mr A had expressive and receptive dysphasia and cognitive impairment as a consequence of the stroke therefore the social worker requested input from the neuropsychologist, and speech and language therapist to establish the best form of communication with Mr A. It was established that Mr A lacked capacity around major decision making such as accommodation and finances; following this an advocate was instructed to support with best interest decisions. Mrs A wanted to care for her husband but lacked insight into his needs.

Mr A wanted to maintain his relationship with his wife and daughter but not his son. He wanted to be in a safe and supportive environment where his care needs could be adequately met. As a result of a best interest assessment and assessment of all the risks, the outcomes were negotiated. Mr A was admitted to a nursing care home with contact with his wife and daughter maintained. Mr A does have capacity in relation to deciding who he wants to have contact with therefore this is continually reviewed in regard to contact with his son. Mr A is also consulted about his feeling of being safe within the care home environment at regular intervals.

Gateshead Council

Case Study 3

Susi has a moderate learning disability. She lives in a supported living shared house with minimal support. Historical factors mean that there is an acceptance by Susi of unwanted sexual relationships and tolerance of violence. There have been previous safeguarding referrals alleging sexual abuse of Susi by her boyfriend. These have been reported but no Police action has been taken. Susi has been assessed as having capacity to make decisions about her relationship. A wide range of agencies and professionals are involved with Susi. Susi wanted to remain with her boyfriend. She wanted him to treat her differently and for the professionals to help change his behaviour. Professionals wanted to put in a range of protective measures to prevent the sexual relationship whilst the risk remained significant. Susi attended the safeguarding meetings enabling her to express to all professionals what she wanted and dismiss the outcomes being suggested by professionals. The outcomes Susi wanted to achieve were at the centre of the safeguarding process. Positive risk assessments were a useful tool both to share with other professionals (in showing what was important to Susi) and in continued work with Susi enabling her to recognise the risk posed by the relationship with her boyfriend alongside her initial wish to maintain the relationship. Her preferred outcomes were represented at all safeguarding meetings and revisited and reviewed.

During the safeguarding process Susi began to realise that her initial outcomes were not achievable. She began to understand that her initial outcomes were unrealistic and the extent of the risk. Susie realised that her boyfriend's behaviour towards her would not change and that professionals could not change his behaviour. She was supported with this by intensive work from the agencies involved with her. Susi adapted the outcomes she wanted as she began to understand what was necessary to enable her to feel safe and minimise risk. She expressed a wish ultimately to leave her boyfriend. She set in place a long-term solution that she was happy with, to live in a new environment away from her boyfriend. Susi weighed up the risks and took the decision herself.

Slough Borough Council

Case Study 4

Mrs T is from time to time mentally unwell. She has been suffering with extreme depression and has been an inpatient within a local mental health unit. She has no immediate family but recently, as she has been unwell, some extended family members have visited her. They have heard that she has made a will and the main beneficiary is a younger person who has been living in her property for several years paying a nominal, small rent. The family members are also concerned about the "state of the house". They raised a safeguarding alert citing financial/material abuse and neglect at the hands of the "lodger" (although there is no indication that this person has caring responsibilities).

Mrs T was visited on the ward in relation to these concerns and although some discussion could take place, there was some lack of clarity and concerns that Mrs T was not capacitated. She understood that there was a lodger in the house and could name him, but not discuss the financial matters in any great detail. She agreed for social services to visit the house to consider if there would be any need for assistance once she was discharged home. She was not able to discuss her Will or talk about the relationship between her and the lodger. It was not possible therefore at this time to conclude whether anything untoward was taking place. Mrs T was not well enough to participate in assessing the concerns raised or in making any decisions. The time-scales set out within the policy and procedures for safeguarding adults investigations were relaxed to allow time for Mrs T to recover and regain her mental capacity (which it was anticipated would "return" once she made a recovery). A visit to the house by the care coordinator took place, and no concerns regarding the neglect outlined by extended family were noted.

After two to three weeks Mrs T was able to discuss in detail the arrangements she had with the "lodger" and her views about her recent contact with extended family members. She talked fondly of the lodger and felt the contribution he made to the household budget was adequate and that he was good company. He also was very helpful to her with shopping, taking her out and carried out minor repairs to the property when necessary. The safeguarding adults process was explained to Mrs T and she did not want any further action taken in this regard. However she was supported to speak with her family who were informed of the outcome. They accepted this and the case was closed.

Swindon Borough Council

Questionnaire for End of Process

	Yes	No	Partly
1 Have you got the outcomes you wanted?			
2 Did you feel you were listened to during the safeguarding enquiry?			
3 Did we give you the chance to say what you wanted to happen?			
4 Did you feel in control, informed and involved throughout the enquiry?			
5 Are you happy with what we did for you?			
6 Do you feel safer?			
7 Do you feel happier as a result of the safeguarding enquiry?			

8. What has improved for you?

9. Is there anything that we could have done to make the enquiry better for you?

Signed: _____

Date: _____