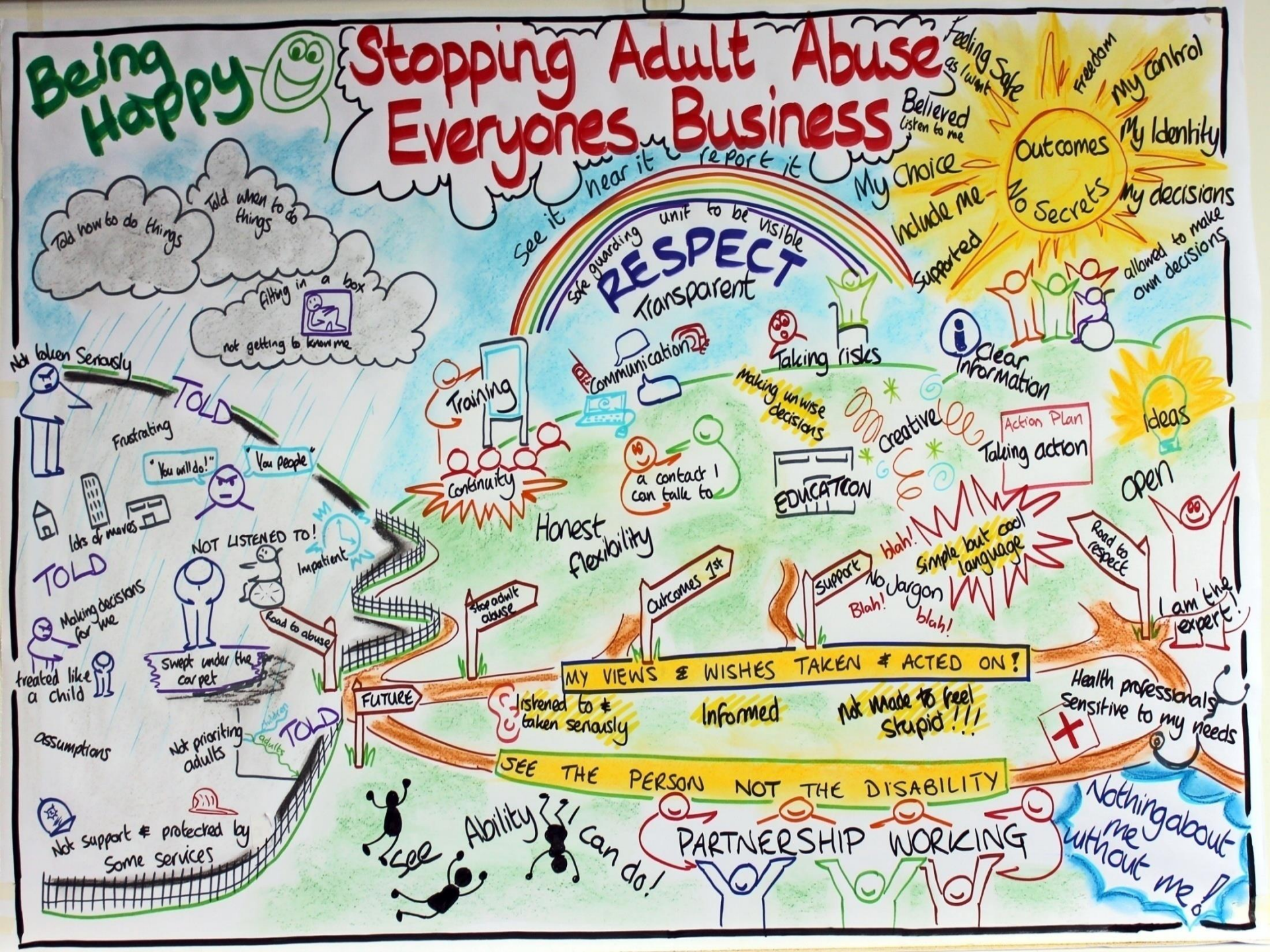
Making Safeguarding Personal

Observations on Policy and Practice Development

Why Make Safeguarding Personal?

- No reliable evidence that adult safeguarding produced outcomes valued by care users; increased dependency not choice and control.
- Too much focus on process and procedure, not the person affected (where is the person in HSE section 2 procedures?) – performance indicators and care management skewing practice.
- Integrate personalisation into adult safeguarding.
- Care users did not always knows a safeguarding investigation had taken place.
- Care user feedback – disempowerment, loss of control, interventions causing harm instead of promoting benefit.
- Supportive political & policy context to rebalance adult safeguarding towards more personalised, outcome-focused approaches.


Being Happy
Stopping Adult Abuse Everyones Business
See it
Hear it
Report it
Safe guarding unit to be visible
RESPECT
Transparent
Outcomes
Feeling Safe as I want
Freedom
My control
My Identity
My decisions
allowed to make own decisions
Believed
Listen to me
My Choice
Include me
Supported
No Secrets
Told how to do things
Told when to do things
Fitting in a box
not getting to know me
Not taken Seriously
TOLD
Frustrating
"You will do!"
"You people"
lots of mores
TOLD
Making decisions for me
treated like a child
assumptions
NOT LISTENED TO!
Impatient
Swept under the carpet
Road to abuse
Not prioritising adults
Not support & protected by some services
Training
Continuity
Communication
a contact I can talke to
Honest
flexibility
Taking risks
Making unwise decisions
Clear Information
creative
EDUCATION
Action Plan
Taking action
Ideas
open
Stop adult abuse
Outcomes 1st
support
Blah!
No Jargon
Simple but cool language
blah!
Road to respect
I am the expert!
FUTURE
MY VIEWS & WISHES TAKEN & ACTED ON!
Listened to & taken seriously
Informed
Not made to feel stupid!!!
Health professionals sensitive to my needs
SEE THE PERSON NOT THE DISABILITY
See Ability
I can do!
PARTNERSHIP WORKING
Nothing about me without me!

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 (Mr BB, Serious Case Review, Westminster Safeguarding Adults Board, 2011, pp. 48-9).

… The agencies concerned need to be looking inward at themselves critically firstly to find and rectify all faults but they also need to listen to families and look for ways to improve their services to prevent any similar disaster befalling any other family. If they don’t improve the smaller things, how can they hope to improve the bigger things and prevent this from happening again?
We feel we have been treated with contempt and arrogance before and after Melissa’s death by the local social services, with no thought about the stress and trauma the family had been put through. …(Family statement on release of Melissa, Serious Case Review, Bristol safeguarding Adults Board, 2017.

MSP Principles

- Person led & outcome focused, working with – not doing to.
- Focus on the individual, their perception of what is happening, what is important to them, what needs to change – to enhance involvement, choice & control, aiming for resolution and recovery.
- Practitioner skills of concerned curiosity and “care-frontational” questions – enquiry is part of the intervention.
- Support to enable people to build resilience & to make meaningful changes to reduce or remove risk.
- In the context of the overarching duty to promote wellbeing, which includes protection from abuse & neglect.
- Thus:
  - What does the person want to happen? How can we work with people to make that happen? Does the person feel safer and protected? How do we know intervention has made a difference?

How?

- Development and on-going refinement of a toolkit.
- Pilot test bed sites to provide proof of concept.
- Workshops and project support to enable local authorities to develop their approach to embedding MSP practice, and to focus on skill development – person-centred practice, enabling risk, recording outcomes.
- Capturing outcomes & developing evidence for person-centred, outcome-focused responses through action research, including impact statements.
- Approach being refined through experience & outcomes, workshops and evaluation reports, and temperature checks.
- Care user involvement to ensure that their voices are heard.
- Embedded in statutory guidance accompanying Care Act 2014.
- Overseen by Safeguarding Adults Boards and a national advisory group supported by Department of Health, ADASS & Local Government Association.

Challenges

- Funding for project development, nationally & locally.
- Increasing workloads at a time of financial austerity.
- Convincing staff and promoting organisational culture change – a culture shift.
- Addressing the tension between promoting autonomy & self determination alongside a duty of care & dignity.
- Decisional & executive capacity.
- Workforce & workplace change, aligning systems to ensure implementation of training messages about best evidence practice – timeliness rather than timeframes, caseload management that prioritises continuity, trust, relationship-building.
- Roll out beyond social work to health care, police, commissioning …
- Influence over care providers.
- Senior management, whole system support.

Ethical dilemmas arise from competing imperatives

- Professional codes of ethics
- Human rights principles
- Legislation (MCA)
- Limitations to state power
- Policy context of 'personalisation' and making safeguarding personal

- The duty to protect from foreseeable harm
- Human dignity compromised
- Human rights principles
- Risk to others

The core dilemma

- “The fact is that all life involves risk, and the young, the elderly and the vulnerable are exposed to additional risks and to risks they are less well equipped than others to cope with. But just as wise parents resist the temptation to keep their children metaphorically wrapped up in cotton wool, so too we must avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always. Physical health and welfare can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good it is making someone safer if it merely makes them miserable?” MM (An Adult)[2007]

A more nuanced approach

"Respecting lifestyle choice isn't the problem; it's where people don't think they're worth anything different, or they don't know what the options are."

Respect for autonomy may entail

- Questioning 'lifestyle choice'
- Respectful challenge

Protection does not mean

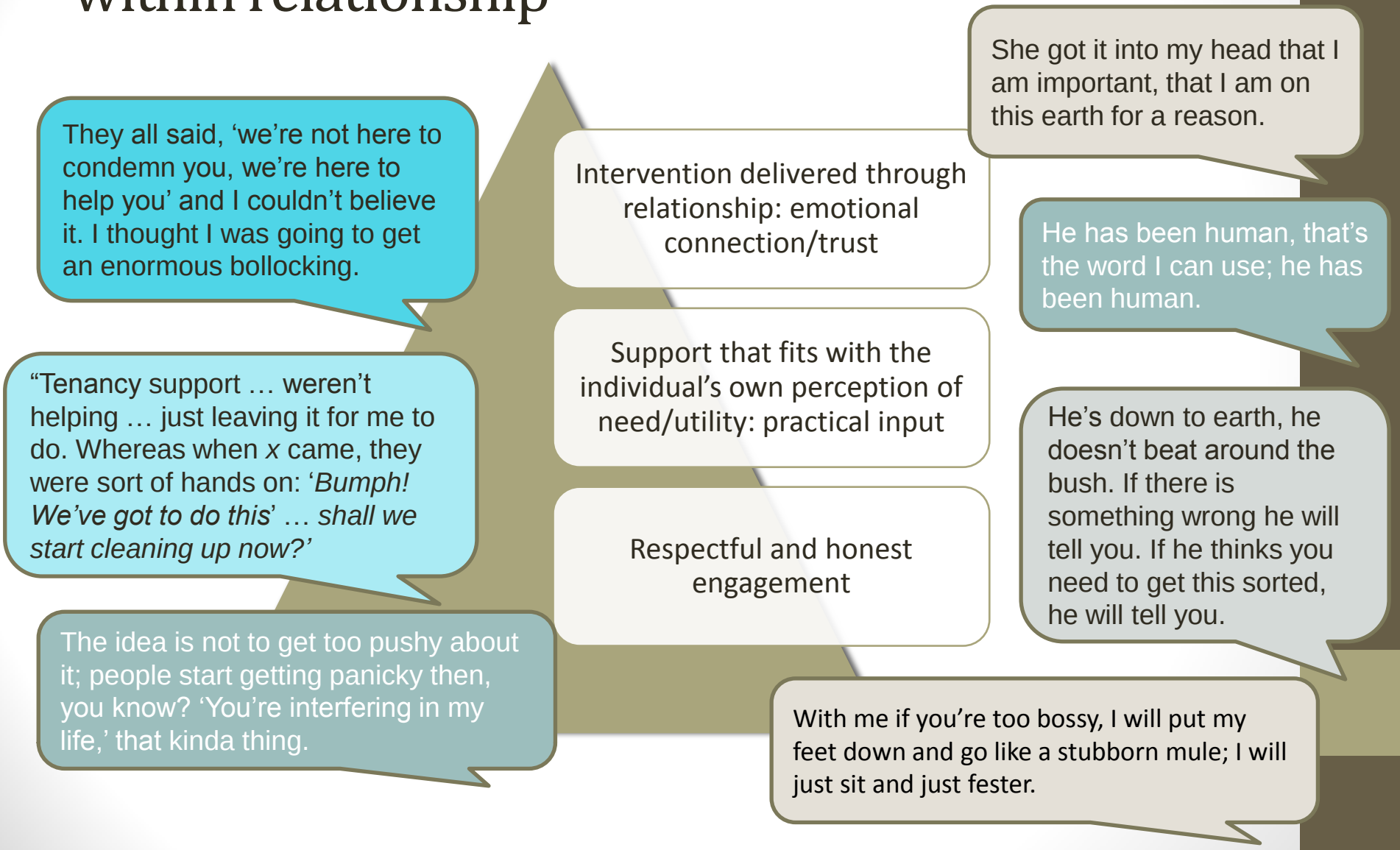
- Denial of wishes and feelings
- Removal of all risk

Autonomy does not mean abandonment

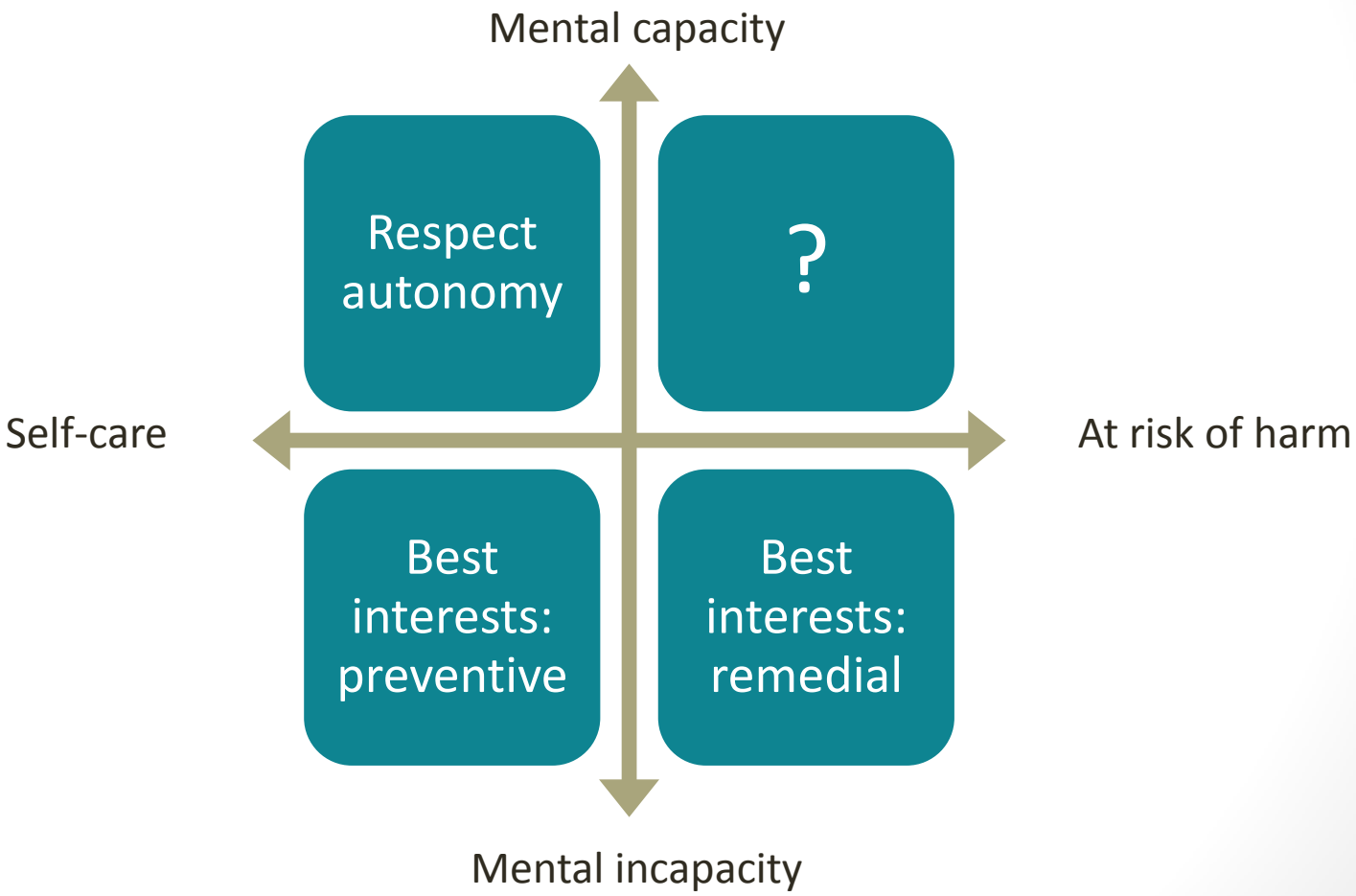
Personalisation & safeguarding not antithetical

Protection entails proportionate risk reduction

A relational approach: ethical action situated within relationship

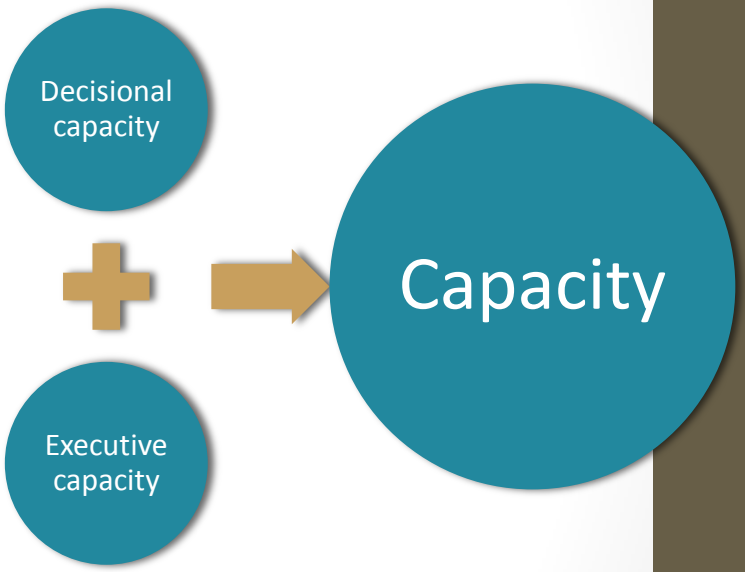


Mental capacity: affects perception of risk and intervention focus



An enhanced understanding of mental capacity

- Mental capacity involves
  - The ability to understand and reason through a decision AND the ability to enact it in the moment
- Impaired *executive* function (frontal lobe impairment) affects
  - Understanding, retaining, using and weighing relevant information in real-time problem-solving
- 'Articulate and demonstrate' models of assessment
  - GW v A Local Authority [2014] EWCOP20



Learning Needs

- Managing risk / positive risk enablement – practitioner & organisational.
- Describing & using an outcomes approach; recording outcomes.
- Person-centred approaches
  - Honest conversations about perceptions of risk and what it is possible to achieve
  - Using person-centred planning tools
  - Enabling people to weigh up risks/ benefits of options
- Safeguarding and the law – legal literacy.
- Use of mental capacity legislation
  - Involving people in decisions
  - Using advocacy
- Identifying and working with controlling and coercive behaviours.

Outcomes (1)

- Desired outcomes
- Negotiated outcomes
- Protection outcomes
  - Risk reduction/removal
  - Least restrictive alternative
- Prevention outcomes
  - Identifying people's strengths & building their resilience and decision-making ability
- Partnership, Proportionality & Empowerment outcomes
  - Relationship transformation – being real, human, creative, flexible
  - Knowing when to go at their pace and when to press for change/progress
  - Focus on the whole person

Service & Accountability outcomes

- Improved effectiveness
- Improved efficiency

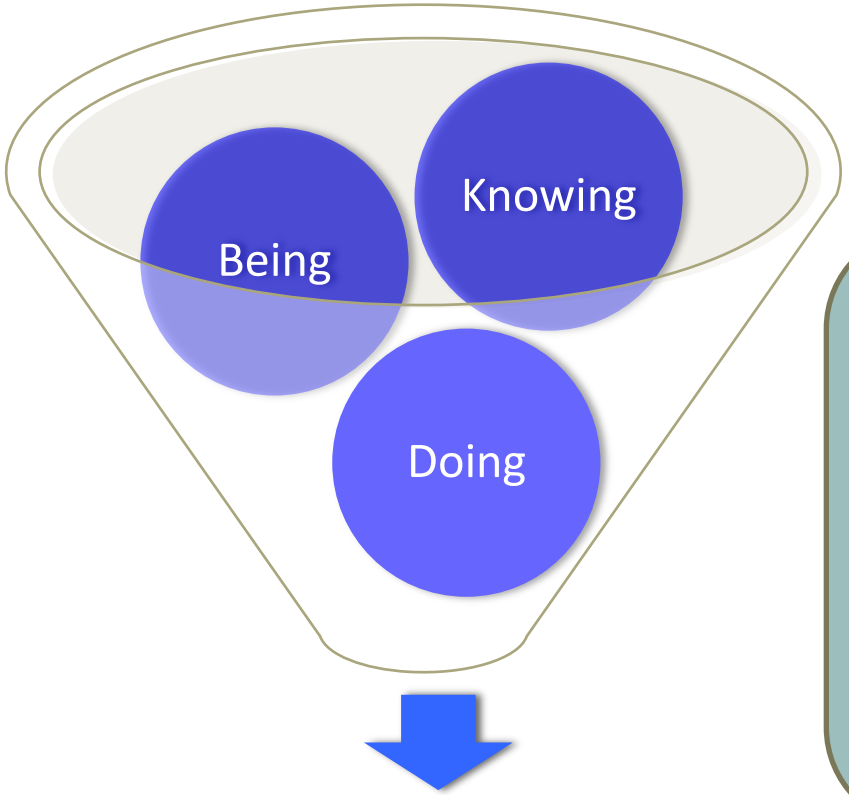
Outcomes (2)

- Development of specific approaches – family group conferences, mediation and conflict resolution, restorative justice and achieving best evidence.
- Promotes informed choice and meaningful engagement; involvement promotes safety.
- Develops resilience & confidence, promotes wellbeing & safety, helps to maintain key relationships.
- Enables people to feel empowered and more in control.
- Reconnects health and social work professionals with values.
- Increased staff confidence as result of involving the adult at risk in decision-making about their situation.
- Develops their skills in relationship-based practice, pacing of interviews, sensitive and motivational interviewing, negotiation, working with risk.
- Promotes the use of feedback & evaluation.
- Requires new recording systems and improves recording of decision-making.

Facilitators

- Practitioner enthusiasm – a counterbalance to the demanding nature of culture change.
- Clear leadership and engagement with partner agencies.
- MSP champions
- Availability of advocacy
- Simplified language, including in guides and leaflets.
- Road shows and training.
- Best practice forums.
- Skills in chairing, preparation, seeking and conveying understanding, engagement and communication, negotiating family relationships, knowing when straight talking is okay and when skilled (circular) questions may be more helpful.
- Present and former care users and carers as quality checkers.
- Developing risk rating tools, audit tools, interview schedules and online questionnaires based on “what good looks like”

Knowing, Doing and Being



I think the only thing that will help that is concern, another human being connecting with you that's got a little bit more strength than you, that pulls you through those forms of depression, that's what keeps you alive.

Wider Observations (1)

- Why legislate?
  - Facilitates multi-agency strategic & collaborative approach
  - Mandates roles, responsibilities & contributions
  - Ensure that sex offender legislation covers all forms of supported living and care provision
- Contentious issues:
  - Power of entry – are existing police and mental health powers sufficient?
  - Mandatory reporting – or a duty to act? Whistle blowing provisions and codes of ethics appear insufficient.
  - Protection orders – evidence of beneficial outcomes and careful balancing with human rights.
  - Self-neglect – diverse responses if outside adult safeguarding; often linked to other types of abuse & neglect; individuals may be unable to protect themselves.

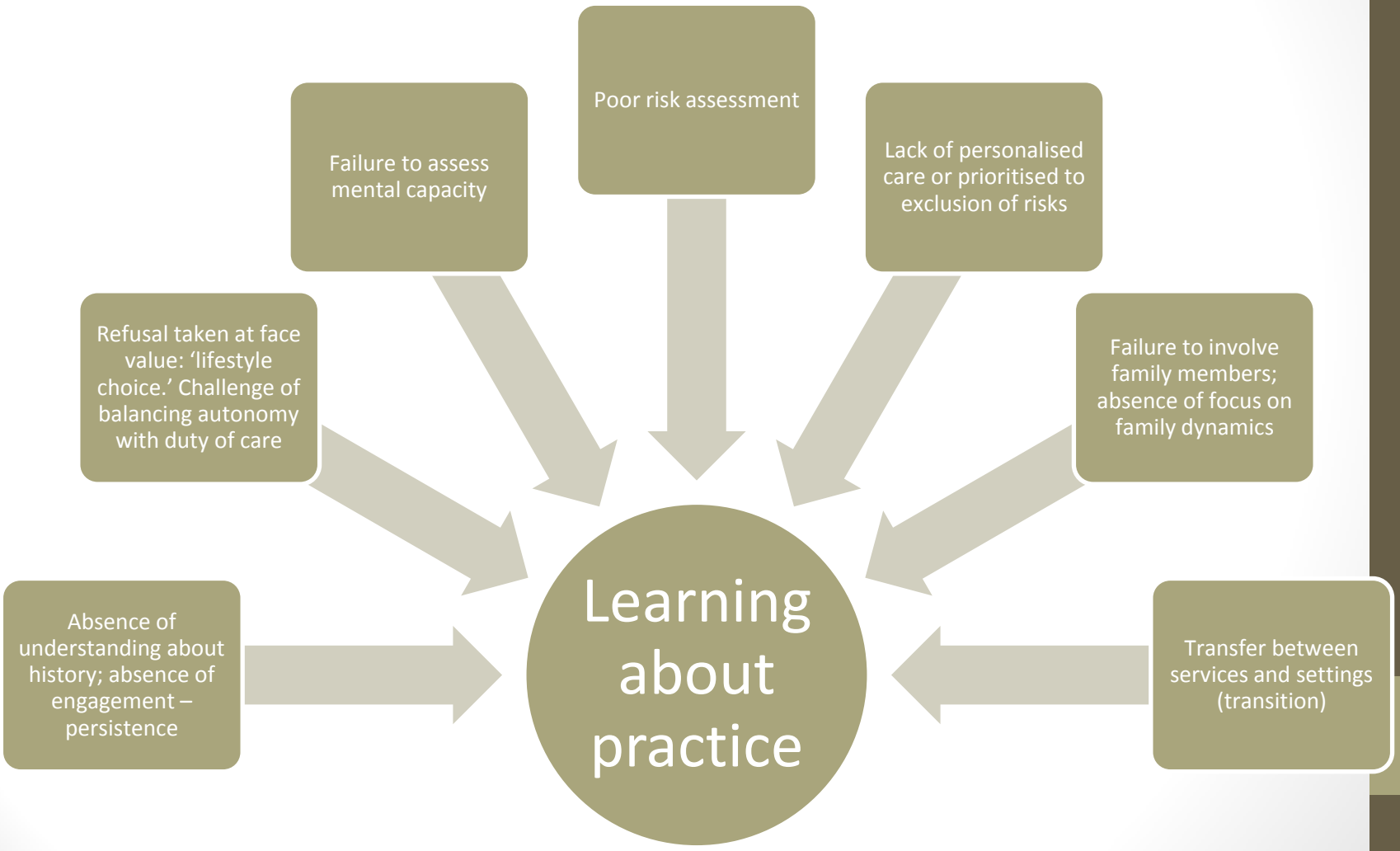
Wider Observations (2)

- Aras Attractor, Swinford & Winterbourne View – but many more.
- Cautionary tales of transformation after Winterbourne View:
  - Central government can achieve legislative & regulatory change, such as the duty of candour, & provide clear leadership;
  - Obstacles include fragmented commissioning landscape, breadth & depth of provision for people with complex needs, complicated funding systems, availability of skilled staff to ensure right support;
  - Staff attitudes need to change, not just the location where care is provided.
- Commissioning, contract management and reviews:
  - Uncertainty about when poor practice becomes abuse.
  - Potential for harm not consistently understood. Missing the “mundane and the obvious.”
  - Inspections, enforcement of compliance and reviews not used effectively.

Learning from Safeguarding Adult Reviews

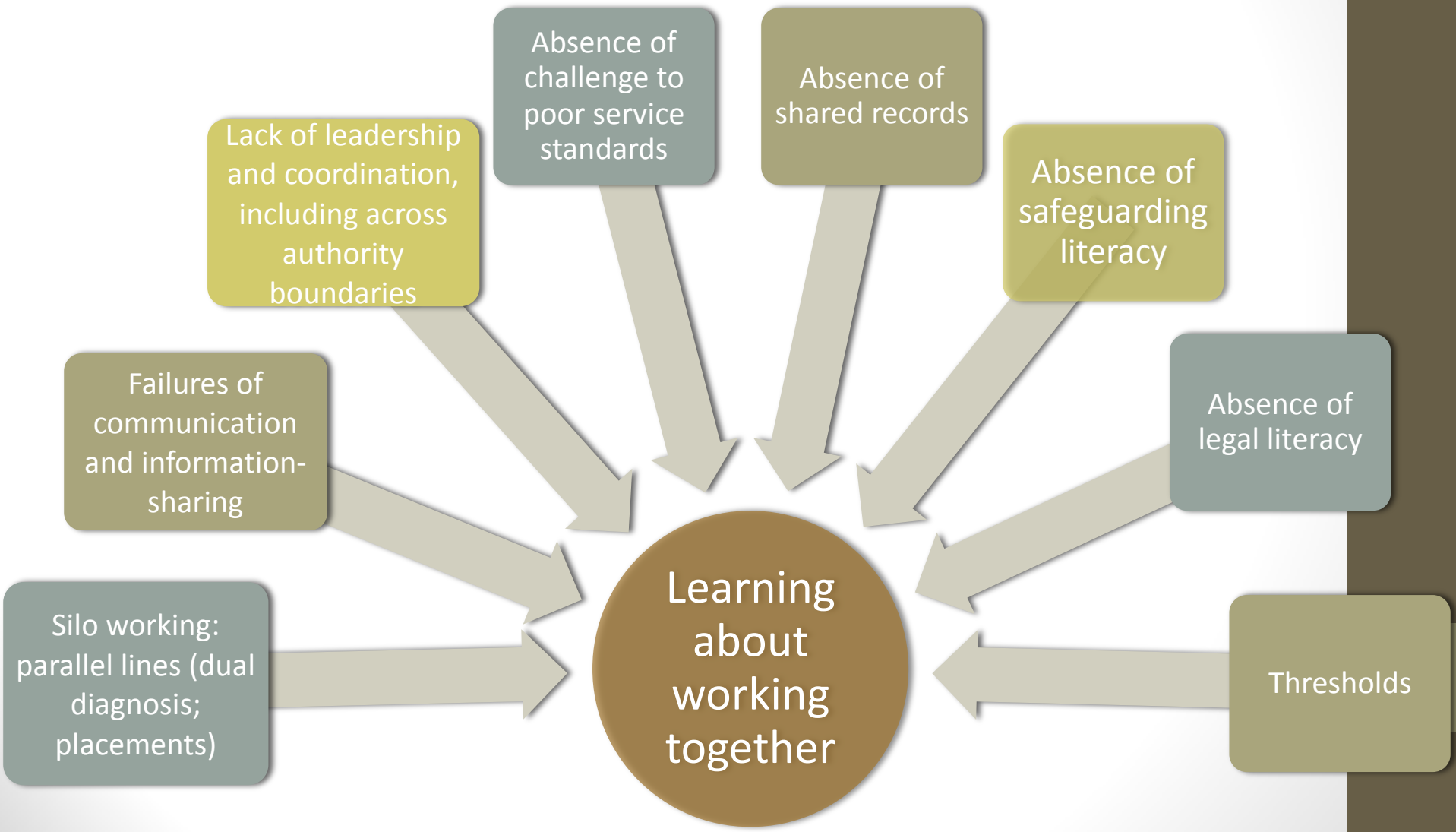
- No national repository.
- Thematic analyses of completed reviews in London (n=27) (Braye & Preston-Shoot, 2017) and SW England (n=37) (Preston-Shoot, 2017).
- Organisational abuse & neglect (predominantly care homes) and self-neglect dominate the types of cases reviewed.
- Key themes – under-reporting of "low level" concerns; balancing autonomy with duty of care; effectiveness of placement monitoring and inspections by regulators; dual diagnosis; risk assessment; silo working
- What is NOT talked about – impact of public sector cuts, adequacy of market models of care, fragmentation of health and social care, adequacy of legal frameworks. Not full systemic.
- So, we may answer "why?" questions but not get to the "causes of causes." Viruses in our systems & anti-virus software!

Direct practice with the adult

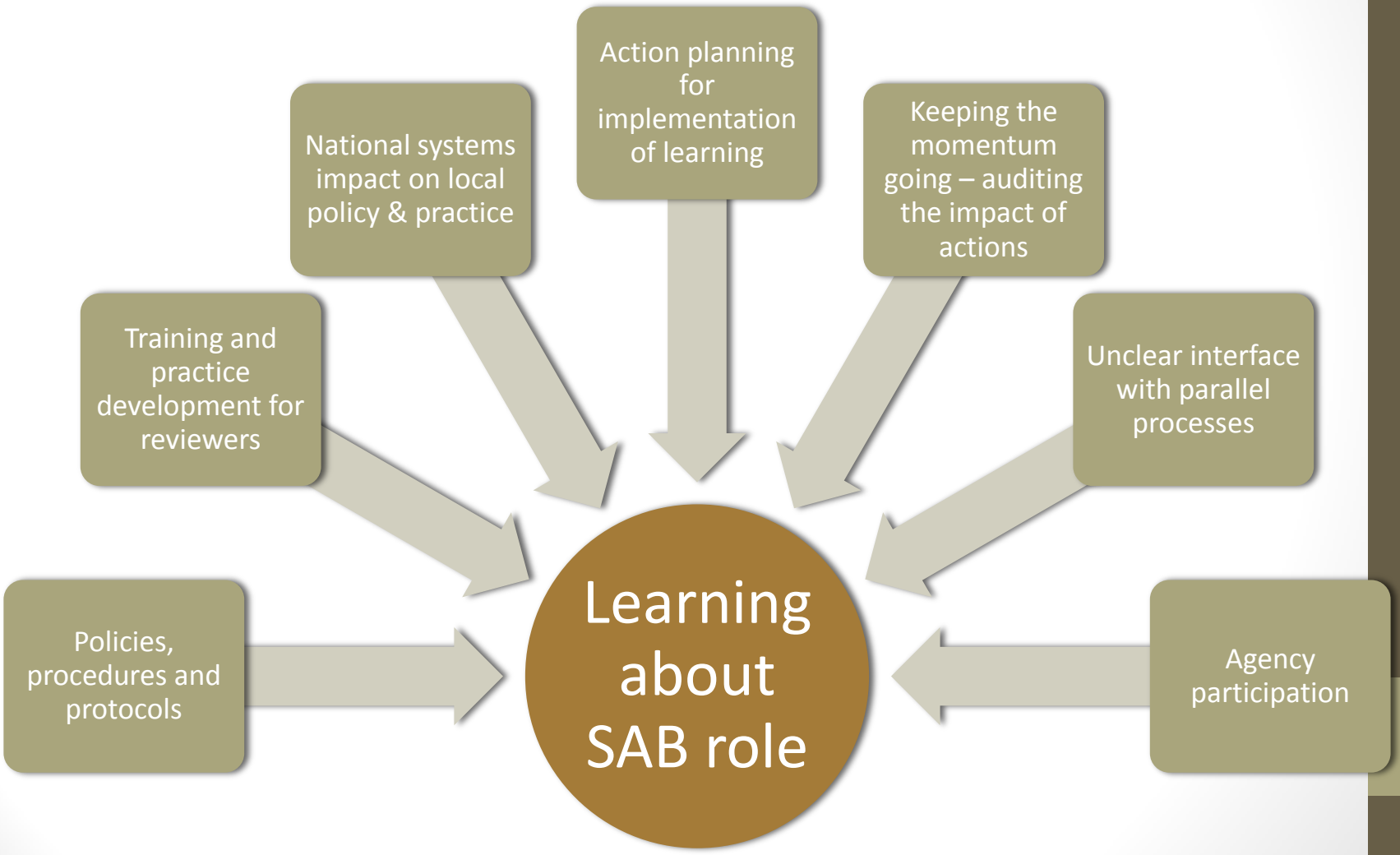


Organisational context

Interagency cooperation



Governance


Action planning for implementation of learning
National systems impact on local policy & practice
Keeping the momentum going – auditing the impact of actions
Training and practice development for reviewers
Unclear interface with parallel processes
Policies, procedures and protocols
Learning about SAB role
Agency participation

References

- Braye, S., Orr, D. and Preston-Shoot, M. (2011) 'Conceptualising and responding to self-neglect: the challenges for adult safeguarding.' *Journal of Adult Protection*, 13 (4), 182-193.
- Cooper, A. and White, E. (eds) (2017) *Safeguarding Adults under the Care Act 2014*. London: Jessica Kingsley.
- Preston-Shoot, M. and Cooper, A. (eds) (2015) 'Evidence-based practice in relation to safeguarding adults.' *Journal of Adult Protection*, theme issue, 17 (3).