

Making Safeguarding Personal

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The Legislation that underpins MSP- Autonomy vs Protection

Care Act 2014 – Sections 9, 10, 11(2)(b), Section 42, advocacy, etc...

Human Rights Act 1998 – Sections 6 & 8

Mental Health Act 1983 –Mental Capacity Act 2005

Inherent jurisdiction of the High Court – DL Vs Local Authority 2012

The Anti-Social Behaviour, Crime and Policing Act 2014

The Criminal Justice Act 2003

The Health and Social Care Act 2008

The 6 principles

- **EMPOWERMENT** - people should be supported and encouraged to make their own decisions and give informed consent
- **PREVENTION**- it is better to take action before harm occurs rather than waiting until it does occur
- **PROPORTIONALITY** -the response should be the least intrusive and the most appropriate to the risk presented
- **PROTECTION**- there should be support and representation for those in greatest need
- **PARTNERSHIP**- services should work with their communities to produce local solutions; communities have a part to play in preventing, detecting and reporting neglect and abuse
- **ACCOUNTABILITY**- safeguarding practice should be accountable and transparent and everyone is accountable.

Who do these 6 principles apply to:

14.13 (Care Act 2014 safeguarding guidance) states:

- The 6 principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system.
- The principles should inform the ways in which all professionals and other staff work with adults.

“Safeguarding must respect the autonomy and independence of individuals as well as their right to a family life (Lord Mumby)

“The emphasis must upon sensible risk appraisal, not striving to avoid all risk, whatever the price but instead seeking proper balance & being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve of the vulnerable person’s happiness. **What is the good of making someone safer if they are merely miserable.**” (Lord Mumby 2003)”

“ People tend to feel driven through a process in safeguarding, at best they are involved rather than in control, at worst they are lucky if they are kept informed”. ADASS(Association of Directors of Adults Social Services)

What does Making Safeguarding Personal set out to achieve?

- A personalised approach that enables safeguarding *to be done with, not to, people.*
- Practice that focuses on achieving *meaningful improvement* to people's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that *utilises social work skills* rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams and SABs to know what *difference has been made.*

Making Safeguarding Personal

- ‘to be done with, not to, people’ - *person decides (not us)*
- ‘meaningful improvement’ - *progressive outcomes*
- ‘utilises social work skills’ - *not just administering forms*
- ‘difference has been made’ - *should be able to identify this*

Strength Based Approach to MSP

- People cannot make decisions about their lives unless they know what the options are, what the implications of those options may be and have had the chance to really consider them.
- All Professionals involved in dealing with safeguarding concerns should take time to consider **what information needs to be made available** to assist people at the right times, in the right place, in what format, and allowing time for information to be digested.

Strength Based Approach to MSP

- If someone makes a decision that you or others think is unwise or not in their interests, this does not necessarily mean that they lack the capacity to decide. It is almost inevitable that there will be times when an adult who has capacity decides to accept a situation that you perceive as potentially abusive or neglectful.
- This is a decision that they are always free to make, unless:
 1. **other people are being put at risk** (for example, letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk)
 2. **a child is involved**
 3. **the alleged perpetrator has care and support needs and may also be at risk**
 4. **a serious crime has been committed** (In general terms, if there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless, then it is sensible to have a discussion with the lead officer in the local police force)
 5. **staff are implicated**
 6. **coercion is involved.**(coercion is now a criminal offence)

Strength Based Practice (SBP)

Identify Strengths +
Working toward outcomes =
Building resilience (reduction in
safeguarding)

Strength Based Approach to MSP

- Supported decision making focuses on the outcomes the person wishes to achieve, what is working in their lives and what is not. There should be a mechanism to clearly guide and record the 'conversation' about **choice and risk**.
- There may be areas of disagreement between people, their family, carers and practitioners, needing negotiation and support.
- Attention needs to be given to the support needs of those with special language and sensory needs, giving the individual the best chance to make decisions for themselves.

Strength Based Approach to MSP

- The term ‘strength’ refers to different elements that help or enable the person to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include their:
 - Personal resources, abilities, skills, knowledge, potential, etc.
 - Social network and its resources, abilities, skills, etc.
 - Community resources, also known as ‘social capital’ and/or ‘universal resources’.

Strength Based Approach to MSP

- A starting point for practitioners is to talk to adults with care and support needs about what their goals are and how they want to live their lives.
- The aim is to help people to develop their resilience and retain their independence. The focus should be on all aspects of the person's wellbeing, not just their safety.
- Making Safeguarding Personal shows that people with care and support needs, and their carers, should be as fully involved in decisions about their safety and wellbeing as they are able or wish to be.

Strength Based Approach to MSP

- All adults should be at the centre of decision-making about their lives, and should have the opportunity to make choices about, and have control, over how they live.
- Supporting people's dignity is essential, and if a safeguarding plan is needed to keep an adult safe, they – or their advocate or representative – should contribute to this and agree to it.

Meet Betty and Charlie



Table discussion

Wellbeing Factors



Betty

- How would you Make Safeguarding Personal for Betty?

Outcomes for Betty

Initially told the social worker to go away but an initial conversation identified Betty liked jam. Social Worker went back with some bread and apricot jam and Betty let her in. Conversations were had about **options and choices. (empowerment)**

Social Worker had sleepless nights due to her concerns (this continued for a while but the social worker was letting Betty be in control of her own decisions - **empowerment**)

Betty agreed after 3rd visit for the police to be contacted and for the bank cards to be stopped. **(partnership and proportionate)**

Betty agreed to some support going in. This did not initially go well however with the right care being sought from Reablement services things improved for Betty **(proportionate)**

Social Worker engaged with GP to ensure they treated her depression **(partnership)**
Betty got out of bed, Betty asked (Liz) Neighbour to become a formal appointee

Betty thanked the social worker for changing her life **(accountability)**

Charlie

- How did you Make Safeguarding Personal for Charlie?

Outcomes for Charlie

- Charlie said he didn't want to make a formal complaint to police regarding the alleged domestic abuse from certain family members or for the alleged physical assault from the staff member.
- Social worker discussed with Client C that they still need to report both alleged incidents to police but will inform police that Client C does not wish to make a formal complaint (**Accountability and Proportionality**).
- Social worker reviewed care plans and risk assessments for Client C at his placement, as well as spoke with the manager. Provider has contacted police regarding the alleged assault by staff member, suspended staff member, completed disciplinary hearing and dismissed staff member. Provider also made a referral to DBS (**Protection & Partnership**).
- Social worker contacted Court of Protection to inform them of the domestic abuse allegation against the family member who has applied for Deputyship for Client C. In addition, social worker let court of protection know that Client C had capacity to make decisions in relation to the safeguarding concerns (**Protection & Partnership**).
- Social worker met with family members where Client C has requested to have reduced contact with. Protection plan shared with both provider and family (**Protection and Proportionality**).

Outcomes for Charlie – continued

- Social worker contacted SALT who knew and worked with Charlie for several years to ascertain how to effectively communicate with him (**Partnership**).
- Social worker visited Charlie and spoke with him on his own at the in-patient setting.
- Social worker used alphabet board when communicating with Charlie. Charlie was deemed to have capacity and provided views/outcomes in respect of both safeguarding concerns raised (**Empowerment**).
- Charlie wanted to reduce contact with certain family members to 1 day a week for 2 hours and for this to be monitored by staff (**Empowerment**).
- Charlie said he was hit by a staff member and did not want that staff member to provide care or work with him. Charlie said he felt the provider acted appropriately and the staff member who allegedly hit him, no longer visits or works with him (**Empowerment**).

Despite Making Safeguarding Personal...

Reporting safeguarding makes a professional feel better
AND therefore the reporting continues.

How are you going to make safeguarding personal?

Let's have a conversation with the person

Thank you

Making Safeguarding Personal

<https://www.scie.org.uk/strengths-based-approaches/guidance#practitioners>

<https://www.scie.org.uk/safeguarding>

<https://www.scie.org.uk/safeguarding/adults/practice/questions>

<https://www.scie.org.uk/search?sq=making+safeguarding+personal>

<https://www.adass.org.uk/making-safeguarding-personal-publications>