Making Safeguarding Personal;
London ADASS regional
temperature check report and
analysis

(Commissioned by the London Association of Directors of Adult Social Services)
June 2017

Report author
Jane Lawson
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1. Leadership and organisational commitment

2. Supporting a unified response to MSP across organisations and sectors, facilitated by individual Safeguarding Adults Boards and the London SAB. This can be facilitated through the following:

3. Ensure there is a clear focus on prevention and early intervention and the role of Making Safeguarding Personal within this. This can be shown through safeguarding that:

4. Measuring the difference Making Safeguarding Personal makes for people. The following will support this:

5. Staff development and support. This is supported by:

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SECTION A: KEY FINDINGS AND RECOMMENDATIONS
Overview

The Care Act guidance states that Making Safeguarding Personal (MSP) means that safeguarding 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” DH, March 2016 (para 14.15). This is in the context of a definition of safeguarding that embraces partnership and prevention to achieve personalised outcomes, addressing both safety and wellbeing alongside the person. (DH, March 2016, para 14.7).

This report provides a detailed description and analysis of the 26 MSP ‘temperature check’ conversations held in May 2016 (as part of a national programme) along with conversations which took place with the remaining 7 London councils in November/December 2016. The report presents the findings and summarises the responses for all 33 London councils. It builds on this through reflection of conversations with and involvement of a much smaller number of organisations outside of local authorities.

The report is intended to inform further regional development of MSP and therefore some information is identifiable by Council/organisation to support the sharing that will assist development.

This is essentially a local authority report, reflecting largely the views of local authority representatives. It is particularly important to understand this in considering the findings set out in section 2.3.1, which reflects views of local authority representatives on the level of engagement with MSP of a range of partner organisations. Section 2.3.2 reflects findings from an initial small step towards engaging partners in exploring what MSP means for them. Council respondents sometimes struggled to give an accurate and representative view of engagement across organisations. Perceptions of council representatives set out in 2.3.1 therefore may not accord with those of the organisations discussed in the interviews.

Limited involvement (limited, due to the scope of the report) of organisations outside of London councils was agreed as part of this analysis. This is an early step in broadening the development of MSP across sectors and partner organisations. This limited partner engagement does generate some themes that are consistent across organisations; not least that MSP cannot be effectively developed by a single organisation. It begins a dialogue that needs to continue.

This report presents an exploratory review relying on input from the perspective of individual respondents. Findings are therefore limited in scope and not well suited to drawing firm or generalised conclusions. They are designed to highlight recurrent themes, generating questions and issues for the London Board, London SABs and partner organisations to consider.

Structure of the report:

- Section A summarises the key findings and recommendations.
- Section B outlines the methodology undertaken by the author together with a comprehensive analysis of responses to each question and includes examples from Councils and other organisations.

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2 Cooper, A; Briggs, M; Lawson, J; Hodson, B; Wilson, M (2016) Making Safeguarding Personal Temperature Check, London: ADASS
Key findings
*(All 33 London councils participated in this regional ‘temperature check’)*

### How is MSP understood across London?

- The importance of taking on board the wellbeing principle; the six safeguarding principles and the principles of the MCA in order to develop MSP was underlined
- Making Safeguarding Personal is about all six safeguarding principles working together to make safeguarding personal in order to promote wellbeing alongside safety
- Prevention is central to safeguarding and MSP is central in enhancing prevention. However, direct reference to prevention in response to this question was infrequent with only five respondents referring explicitly to this
- There was an emphasis in responses on the way in which the organisation approaches working with risk.
- There is a perceived lack of consistency in understanding of MSP within and across organisations

### Organisational commitment and leadership

- Nearly all councils made clear links from MSP to corporate/departmental strategies and priorities
- The nature of the links is not always explicit. Making clearer links in broader organisational strategies and agendas would support understanding of and mainstreaming /development of MSP.
- All London SABs include explicit reference to MSP
- However, the extent of engagement with MSP by strategic partnership Boards is variable with those who are described as very well engaged substantially below the national comparison (27% compared with 39%).
- Within the analysis there is inconsistency across questions as to the level of engagement of Boards. This may connect with a message from the review that there is a need for a greater level of confidence that engagement at Board level is being communicated to and transferred into front line practice
- There is a consistently high level of commitment from senior managers. However some respondents referred to the impact of inconsistency of leadership at senior management level. Mitigation of the effect of this may be worth monitoring / considering given that across London there have, since April 2015 been 14 changes of DASS and there are on average 6 changes of CEO each year.
- There is a view across organisations consulted that a clear interface between the new London Safeguarding Adults Board and other networks such as PSWs and ADASS would support consistent messages and support for the workforce.
The messages from councils:
• Engagement with MSP across the partnership is a priority across London
• There are positive examples of a range of specific initiatives across organisations. These can support development across London.
• Councils found it hard to generalise on this question, partly because the feedback indicates that engagement is not consistent within most organisations. Nine respondents referred directly to this inconsistency; six highlighting strategic/front line split and three a generalist/specialist split
• There is a marked difference in the responses of councils in London compared with nationally in respect of level of engagement of some organisations. This is particularly marked with CCGs and providers
• A clear message that as yet ‘Engagement is more about a higher level of commitment to this than actually doing it’
• There is positive scope and motivation across London and across organisations for joint development of MSP

The messages from a small sample of organisations outside of councils
• Partnership is necessary at all levels within and across organisations from the need for strategic groups to communicate across London through to front line practice
• Broad engagement is necessary (including with the voluntary sector) in order to find the right partnership response and support for each individual (This is important, for example, within modern slavery issues)
• Partnership working is important pre Section 42 enquiries to find an appropriate 'way in' to support
• Partnership working is necessary in order to make safeguarding sufficiently personal to reach all sections of the community, including a clear focus on those with protected characteristics
• All partners need to know what 'good' looks like.
• The SAB needs to model principles at Board level and make core values explicit
• 'By learning and working together values/principles 'rub off' on each other'
• Senior leadership within organisations must define the behaviours that support best practice
• The importance of a 'particular focus on the 'day to day' inequalities and the 'culture' of services that allow abuse to happen'
• A greater emphasis on prevention is needed
• 'Service users should be in advisory positions at service providers' executive level'
• The importance of talking about individuals at the top level in organisations to inform governance
• Support and empowerment of staff is important
• A MASH does in some councils support partnership working on MSP
• There are in London well established examples where links to SABs have been established of groups of people who may be in need of safeguarding support. This informs priorities and direction (21% of SABs)
• There is valuable learning from these examples that is capable of being replicated elsewhere. For example, the 'Making Safeguarding Personal Group' established within South West London and St Georges Mental Health NHS Trust has examined and reported on the way in which the group was established and works. 
• A third of SABs do not currently have such representation
• Some councils experienced issues relating to sustainability of groups. This needs to be built into planning when establishing a group
• A third of councils achieve representation of service user views through Healthwatch and / or advocacy and voluntary sector groups. If this is to be effective there needs to be clear definition of purpose/role

Safeguarding Adults Boards; hearing the voice of people who may be in need of safeguarding support

• There is extensive development in terms of seeing the benefit of an emphasis on more qualitative information including case file audits, surveys and focus groups. A third of Councils referred to these more qualitative methods as either the main means of measuring outcomes or as part of a triangulation of information to indicate this.
• It was acknowledged by some Councils that, whilst the questions about outcomes are embedded in systems, there is inconsistency as to the extent to which this is then used to develop practice and improve outcomes.
• There are however some very clear indications from some councils of making positive use of the outcomes information
• A partnership approach to asking about outcomes from the beginning is not widespread but there is strong practice that can support other councils in developing this
• Some Councils capture the nature of the outcomes and some just that outcomes are asked about and achieved. Work is underway nationally to devise ways of understanding the nature of outcomes achieved. This can inform necessary local development.

Does asking people about outcomes drive engagement?
• A third of Councils across London gave a strong indication and sometimes a definitive statement that it does drive engagement
• Links to underlying principles for engagement and to prevention are underlined
• Some councils raised the challenges inherent in this where outcomes need to be negotiated/where individuals lack capacity
• 'People’s outcomes are personal and it is difficult for the system to pick up that individuality’

• A few council areas measure the difference across organisations because all partners engage in asking about outcomes from the beginning

• A range of methods is being used to find this out, the most prevalent being specific questions answered and entered on IT systems and case file audit. A small number of councils are testing out different methodologies

• Half of councils are carrying out regular case file audits. There is scope to join forces to construct an effective methodology to test the extent of MSP and to support its development

• There are examples of combining audit and staff development. This begins to address culture/leadership issues alongside gathering information.

• There is little developed activity to measure the extent to which a difference is made for people pre S42 enquiry. This is a clear area for development and has particular significance in terms of understanding effectiveness of prevention

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• Reporting and recording systems have been changed in 94% of councils. However this is only one aspect of finding out about the difference made to people. "We have decided to focus on practice as we recognise the limits of IT systems"

• There is a wide range of IT systems in use. It may help councils to understand how others are making use of the same or different systems

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• Two thirds of councils were clear that there is a positive impact

• 18% gave a qualified 'yes'. There is a sense that where there is this qualified response this is often because people are trying for 'gold standard' rather than settling for 'good enough.' For example, 'We can still do more.'

• This is somewhat different from the national picture where ‘a considerable number either did not know...or felt that it was not 'having an impact.'
• In London almost half of councils mentioned other sectors or organisations in responses about developing staff and practice. This was far greater than in the national temperature check
• There was development of practice in a wide range of ways across council areas
• Half of London councils referred directly to making MSP integral to all training
• The most common focus of staff development are: Development in working with risk (50% of councils); Working to make safeguarding personal with those who lack capacity and a focus on best practice in the context of the MCA (25% of councils); A focus on core safeguarding principles (20% of London councils)
• There is a range of approaches to developing staff. A lot of this is about ‘getting alongside staff’ to explore and enhance practice rather than direct training: practitioner forums; support from principal social worker; clinics, surgeries, complex case discussions; sitting alongside staff whilst undertaking audits to develop their practice; staff supervision/group supervision
• Staff support and empowerment is crucial in facilitating MSP
• There is real enthusiasm not only for developing MSP in general but in particular for developing the most challenging areas of practice
• There is reflected in the conversations: a desire to have a real impact; creativity in thinking and learning, describing what is happening now but also talking about necessary next steps; a real drive to improve

• The most frequently mentioned strengths are: enthusiasm and commitment of staff/champions; leadership and commitment from senior management; robust and innovative staff support and development
• In terms of leadership, only three respondents specifically mentioned leadership from the Board

• A third of councils talked about resource constraints and other organisational changes/demands
• A third referred to the challenges in engaging the range of organisations
• 27% of respondents referred to personnel changes in senior management as well as elsewhere in the organisation
• In the national temperature check, IT systems and staff resistance to change were perceived as challenges by a greater number of respondents. These were issues cited by only a minority in London. (This may be linked to a commonly expressed view across London and across organisations that MSP is more about wellbeing and core principles and a disproportionate level of focus has been on data and IT systems)
<table>
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<tr>
<th><strong>How have social work staff reacted to the culture shift needed to implement MSP?</strong></th>
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<tbody>
<tr>
<td>• The majority of social workers have reacted positively</td>
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<td>• There is a significant shift from the national temperature check to this regional analysis. Nationally 36% of respondents said that the reaction to the culture change towards MSP was very positive compared to 70% in London.</td>
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<td>• For those where social work staff were less than completely positive (a third of councils), this was most often not reflecting a lack of enthusiasm but more the struggle to make sure they get this right</td>
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<tr>
<td>• Significant motivation to 'get to grips' with the challenging aspects of MSP and not to stop at a more simplistic translation of 'putting the person at the centre' in more straightforward procedural ways is reflected here</td>
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<th><strong>How can you take MSP forward in your position?</strong></th>
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<td>• Half of respondents referred to establishing greater multiagency commitment and engagement with MSP. Four of these specifically mentioned work with provider organisations.</td>
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<td>• 36% of respondents intended to take forward a range of initiatives in developing staff and including staff supervision.</td>
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<td>• 24% of respondents wanted to focus on quality assurance with many mentioning service user feedback.</td>
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<td>• 21% had a focus on IT and systems development</td>
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<th><strong>What single thing would really help to advance MSP within your organisation?</strong></th>
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<tr>
<td>• Most common responses (in addition to increased resources) were in relation to: staff support and development; sharing ideas across forums and councils across the region; engaging partner organisations; engaging service users; quality assurance</td>
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<th><strong>What would you like to see in a national development programme?</strong></th>
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<tr>
<td>• There is a significant appetite for peer learning including the suggestion of greater connectivity between forums/sectors across London</td>
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<td>• More opportunities to connect across London and engage with the London Board</td>
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<tr>
<td>• Leadership across sectors: supporting staff development and minimising the impact of organisational change</td>
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<tr>
<td>• Support in engaging the range of partner organisations</td>
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<tr>
<td>• Support with developing staff to work with the 'tricky' practice issues (MCA; risk; people who are reluctant to engage) and with other prominent issues such as best practice in working with advocacy organisations</td>
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<tr>
<td>• Quality assurance including design of audit tools to support MSP</td>
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<td>• Service user engagement at Board level</td>
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These key findings form the basis of comprehensive recommendations, included in the full report, for Safeguarding Adults Boards and for organisations across London
Synopsis of strategic recommendations for taking MSP forward across London – more detail available here

1. Leadership and organisational commitment
   a) Establish MSP as a core strategic objective of the SAB and partner organisations
   b) Establish robust service user engagement in leadership of this agenda.
   c) Take forward messages about MSP from SARs
   d) Facilitate an open and transparent culture that welcomes feedback from staff and people who may need safeguarding support
   e) Ensure there is organisational commitment to working with risk in a way that reflects positive risk taking and person centred principles
   f) Ensure commissioning frameworks reflect the values and principles necessary to make safeguarding personal

2. Supporting a unified response to MSP across organisations and sectors
   a) Promote forthcoming resources (commissioned by ADASS) to support organisations in understanding what MSP means for them.
   b) Harness joint commitment to working on areas of organisational context and practice that all organisations have in common in order to develop MSP across the partnership.
   c) Work with the voluntary and community sectors to define and support their role in MSP

3. Underlining the role of MSP in prevention and early intervention
   a) Support engagement with the community and people who may be in need of safeguarding support, developing capability and resilience in individuals and communities to recognise and respond to abuse and neglect, reaching all sections of the community.
   b) Support, empower, engage and inform people to build and sustain resilience, including positive and person centred approaches to working with risk.
   c) Work with service providers and commissioners to develop understanding of the part MSP can play in prevention. Encourage protection of the wellbeing and safety of people using services through proactive and person centred approaches to reducing risk.
   d) Enhance prevention by linking in to voluntary and community assets for intervention outside of S42 enquiries

4. Measuring the difference MSP makes
   a) Ensure that all staff and professionals ask people about their outcomes at the point of concern and record this.
   b) Ensure that Councils complete and send the voluntary MSP annual returns to NHS Digital on outcomes and SABs use this information to drive practice improvement
   c) SABs to develop a picture of what happens to safeguarding alerts that do not progress to a S42 enquiry.
   d) Collaborate across councils around recognising and maximising the ability of IT systems to support information on outcomes.

5. Staff development and support
   a) Support and empower staff to develop their MSP practice e.g. in the MCA and in working with people who are reluctant to engage.
   b) Do so within organisational workforce strategies that support and empower staff to develop practice in these challenging areas
   c) Seek assurance on the impact of the above through organisations' self-assessments and through multiagency case file audit
SECTION B: METHODOLOGY AND COMPLETE FINDINGS

(including examples from Councils and other organisations that are a significant proportion of this section)
1 Introduction, background and methodology

1.1 Introduction

This report provides a detailed description and analysis of the 26 Making Safeguarding Personal (MSP) ‘temperature check’ conversations held in May 2016 (as part of a national programme) along with conversations which took place with the remaining 7 London councils in November/December 2016. The report presents the findings and summarises the responses for all 33 London councils. It builds on this through reflection of conversations with and involvement of a much smaller number of organisations outside of local authorities.

The report is intended to inform further regional development of MSP and therefore some information is identifiable by Council/organisation to support the sharing that will assist development.

1.2 Background and methodology

The Care Act guidance states that MSP means that safeguarding 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” DH, March 2016 (para 14.15). This is in the context of a definition of safeguarding that embraces partnership and prevention to achieve personalised outcomes, addressing both safety and wellbeing alongside the person. (DH, March 2016, para 14.7).

The MSP programme has been running since 2010. During 2014/15, it was mainstreamed with all local authorities supported to develop plans to implement a MSP approach to adult safeguarding, through regional workshops and direct contact with the MSP project support team. The 2014/15 programme was evaluated by colleagues from RiPfA, and their report was published at the end of 2015 (Pike & Walsh, 2015). This indicated that many places were still in the early stages of their MSP journey. Many of the key themes remained consistent with those highlighted in the 2013/14 MSP programme.

The MSP ‘temperature check’ was developed and agreed in March 2016, following discussions at the MSP Task and Finish group and the ADASS Adult Safeguarding Policy Network. It identified, via the local Director of Adults Social Services, an appropriate lead (or leads) to have a structured coaching conversation with. The team of ADASS associates and an independent consultant (project manager for MSP in 2013/14) – Dr. Adi Cooper O.B.E., Mike Briggs, Bill Hodson, Moira Wilson and Jane Lawson, with administrative support, were commissioned by ADASS to undertake the work from April to June 2016, with support from academic colleagues at the University of East Anglia: Professor Marian Brandon and Dr. Pippa Belderson. Members of the team conducted the conversations in specific regions.

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3 Cooper, A; Briggs, M; Lawson, J; Hodson, B; Wilson, M (2016) Making Safeguarding Personal Temperature Check, London: ADASS
Within this regional temperature check Dr. Adi Cooper conducted 26 interviews across the London region as part of the May 2016 conversations and Jane Lawson, author of this regional report, conducted the remaining 7 conversations in November / December 2016. A list of the range of positions held in the organisation by those interviewed is set out in appendix 1 along with a list of the full names of London councils. These are referred to throughout the report in abbreviated form.

The scope of the conversations included: Defining MSP; organisations’ commitment; finding out about and measuring outcomes; the impact of MSP on people and on development of practice and of staff; strengths and challenges in taking a MSP approach; progress and next steps. The conversation was structured around a set of questions, some of which were quite open ended whereas others required identifying the most appropriate category that fitted the response to the question. The questions are highlighted within each section of the findings of this report. The interviews also provided an opportunity for reflection and sign posting to known resources.

This is essentially a local authority report, reflecting largely the views of local authority representatives. It is particularly important to understand this in considering the findings set out in section 2.3.1, which reflects views of local authority representatives on the level of engagement with MSP of a range of partner organisations. Section 2.3.2 reflects findings from an initial small step towards engaging partners in exploring what MSP means for them. Council respondents sometimes struggled to give an accurate and representative view of engagement across organisations. Perceptions of council representatives set out in 2.3.1 therefore may not accord with those of the organisations discussed in the interviews.

As part of this regional analysis, limited involvement (limited, due to the scope of the report) of organisations outside of London councils was agreed. This is however an early step in broadening the development of MSP across sectors and partner organisations. Conversations were held with five individuals representing a CCG; a Health Provider CIC; a Mental Health NHS provider Trust; the Met Police; a Housing partnership representative. A structured conversation was held with a group of representatives across organisations. (See appendix 2). Despite limitations in scope of partner engagement this does generate some themes that are consistent across organisations; not least that MSP cannot be effectively developed by a single organisation. It begins a dialogue that needs to continue.

This report presents an exploratory review relying on input from the perspective of individual respondents. Findings are therefore limited in scope and not well suited to drawing firm or generalised conclusions. They are designed to highlight recurrent themes, generating questions and issues for the London Board, London SABs and partner organisations to consider.
2 Findings

2.1 Overview: how is MSP understood across London?

Key points

- The importance of taking on board the wellbeing principle; the six safeguarding principles and the principles of the MCA in order to develop MSP was underlined
- Making safeguarding personal is about all six safeguarding principles working together to make safeguarding personal in order to promote wellbeing alongside safety
- Prevention is central to safeguarding and MSP is central in enhancing prevention. Direct reference to prevention in response to this question was infrequent with only five respondents referring explicitly to this
- There was an emphasis in responses on the way in which the organisation approaches working with risk.
- There is a perceived lack of consistency in understanding of MSP within and across organisations

As in the national temperature check\(^1\) MSP is widely understood and there are many similarities in responses to this first question in conversations across councils in London.

'Really it’s about making the safeguarding process more personalised, gaining from the service users what is important to them and what outcomes they want. And this moulds how we work with them and the process.' (Brent)

'MSP...is about ensuring proper engagement of service users...what they want to happen, what their wishes are. Not necessarily doing everything you say...some public interest issues...trying to get the outcomes they want, working with the wider world especially with commissioned services. Giving information and advice, having a dialogue. As a local authority we have made it mainstream around the whole Borough's framework of assessment' (Tower Hamlets).

Mostly the messages reflected in this section of the report relate to answers to the specific question in the conversation but with some cross reference to responses to other questions where understanding of MSP was further developed.
Within the responses there are some commonly occurring threads: a focus on outcomes; culture shift; person at the centre; balancing safety and wellbeing; proportionate responses; negotiating on outcomes. There is a sense of the ‘struggle’ in achieving a right balance in this context for example:

At this early stage of the conversations reference was made by several respondents to the importance of taking on board the wellbeing principle; the 6 safeguarding principles and two respondents referring too to the Mental Capacity Act (MCA).

An emphasis on ‘wellbeing’ supports prevention and this was key in responses from several councils including Enfield, Kingston and Wandsworth. Enfield links outcomes to the wellbeing principle and Kingston sees a focus on wellbeing as core to MSP. Wandsworth refers to “…social justice and the wellbeing aspect, as long as we don’t lose touch with the safety aspect”

Haringey identifies in response to a subsequent question that MSP is not mentioned in the SAB’s prevention strategy. There is an acknowledgement of the need to shift the focus of MSP to include prevention.

In the three councils that make up the Tri-borough Board they are ‘working with the community on prevention in MSP’ (This is embedded in their Board strategy which takes the form of a ‘House model’ where the aim is to empower people to make choices about their own wellbeing with the focus firmly on creating a healthy community ( including empowering people with information and awareness and enabling engagement in making choices and recovery ) as well as quality leadership (including openness to ideas; listening to the partnership; holding each other to account).

The ‘ingredients’ of how MSP is understood, reflect the definition of safeguarding adults as set out in the Care and Support Statutory Guidance as follows: Safeguarding is about “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”. (Department of Health, 2016, para 14.7). This definition is helpful in indicating areas where leadership on MSP is important, with its focus on outcomes that have to do with wellbeing alongside safety; on prevention alongside responding to situations of abuse and neglect; on engagement and empowerment of individuals within a whole partnership approach.
Responses highlighted in this section identify prevention as key to safeguarding and MSP as key to prevention. This is an area highlighted in this regional analysis as less well developed in some councils. It is important to consider this in the context of the above definition of safeguarding, where the emphasis is as much on wellbeing as on safety; as much on prevention of abuse and neglect as on responses. Engaging with people to inform and empower them to build resilience; supporting engagement of communities and individuals to recognise and respond to abuse and neglect and to support and develop professional responses; making the relevant links between service quality and prevention are all aspects of prevention and early intervention in safeguarding where MSP can make a real difference. Prevention, in the context of the above definition of safeguarding, must be seen in the broader sense of addressing key aspects of the wellbeing of individuals in order to impact upon their safety. It is only by engaging with individuals that professionals and staff can understand what ‘wellbeing’ means for them and how it might be achieved.

There was an emphasis, in responses to the question of what councils understand by MSP, on the way in which the organisation approaches working with risk. Eight councils referred directly to this in saying what MSP meant to them. There was an emphasis on this at individual practice level and at the level of organisational support /shift in culture. The following are examples from responses in this context:

- ‘Professionals understand what proportionate is and don’t go in heavy handed and ‘whip up a storm’ (Kingston)
- Enfield referred to MSP as a shift from ‘risk averse to risk enabled’ and talked about MSP in a later question in the context of ‘risk and risk reduction and prevent further concerns’
- ‘Guidance and support was given to the workforce regarding risk and 6 safeguarding principles (prior to Care Act, which has reinforced the MSP agenda).’ (Bromley)
- ‘Previously we limited risk without considering the outcomes for the individual. MSP gives a way to consider outcomes whilst still understanding risk and how it can be managed. It is about working more closely with the individual’ (Newham)
- ‘Often the things that make us feel safe don’t do the same for the adult at risk and can run counter to their wishes’ and ‘This is all about engaging and relaxing our professional ‘rescue’ mentality....there is a lot about our own difficulties regarding our attitude to adults at risk’ (Sutton)

Is this a shared/consistent understanding both organisationally across ASC and across organisations? Nine councils said explicitly that it was not. (The level of consistency of understanding and of engagement is explored in greater depth in sections 2.2 and 2.3). However there has been progress in some councils in engaging the partnership in understanding MSP.

For example: ‘Yes there is a shared understanding across partners because they have been involved in changing all the forms and developing the safeguarding outcomes. We have all used the MSP literature, statutory guidance etc. and were heavily involved in the national programme’. (Kingston)

Within ASC departments some respondents explained the structure of safeguarding support in their council. They gave some indications of a specialist/generalist split in the extent to which MSP is embedded in practice. This was explicit in the response of 6 organisations to this question and emerges elsewhere in conversations.
For example: ‘In Croydon we have for a considerable time had 15 social workers who have been the safeguarding team so if a client with a learning disability (LD) has a safeguarding issue then they would have a specific safeguarding social worker and a LD social worker. The 15 social workers are very committed to MSP. They have had greater opportunities in terms of development.... Now we are in the process of consolidating so that all social workers/care managers are trained and developed in MSP just as the 15 specialists have been’
2.2 Organisational commitment and leadership

Key points:

- Nearly all councils made clear links from MSP to corporate/departmental strategies and priorities.
- The nature of the links is not always explicit. Making clearer links in broader organisational strategies and agendas would support understanding of and mainstreaming/development of MSP.
- All London SABs include explicit reference to MSP.
- However, the extent of engagement with MSP by strategic partnership Boards is variable with those who are described as very well engaged substantially below the national comparison (27% compared with 39%).
- Within the analysis there is inconsistency across questions as to the level of engagement of Boards. This may connect with a message from the review that there is a need for a greater level of confidence that engagement at Board level is being communicated to and transferred into front line practice.
- There is a consistently high level of commitment from senior managers. However, some respondents referred to the impact of inconsistency of leadership at senior management level. Mitigation of the effect of this may be worth monitoring/considering given that across London there have, since April 2015 been 11 changes of DASS and there are on average 6 changes of CEO each year.
- There is a view across organisations consulted that a clear interface between the new London Safeguarding Adults Board and other networks such as PSWs and ADASS would support consistent messages and support for the workforce.
The following were responses to a question about the extent to which MSP fits into the respondents’ organisational strategy:

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overriding strategic objective</td>
<td>Barking &amp; Dagenham, Barnet, Bromley, Ealing, Enfield</td>
<td>5</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One of our main strategic objectives</td>
<td>Camden, City of London, Hackney, Havering, Hillingdon, Hounslow, Redbridge, Richmond, Southwark, Wandsworth</td>
<td>10</td>
<td>30%</td>
<td>54%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A particular task among a collection of others</td>
<td>Brent, Croydon, Haringey, Newham</td>
<td>5</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It isn't in the strategy</td>
<td>Harrow, Kingston, Sutton</td>
<td>3</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We don't yet have a strategy</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Bexley, Greenwich, Hammersmith, Islington, Kensington &amp; Chelsea, Lambeth, Lewisham, Merton, Tower Hamlets, Waltham Forest, Westminster</td>
<td>11</td>
<td>33%</td>
<td>27%</td>
</tr>
</tbody>
</table>
The response to this question relates variously to organisational, departmental and/or corporate strategies. Nevertheless it gives some indication as to leadership and commitment at an organisational and departmental level in councils.

Within the 33% of councils whose response fell in the ‘other’ category, 8 indicated that there was commitment/a mandate to do this but that it was not yet specifically included within the corporate and/or departmental strategy. Two of these cited a change in leadership as having impacted on progress in achieving this strategic commitment. The remaining three councils said that whilst MSP was not explicitly mentioned in corporate/departmental strategies; it was implied and considered under other priorities including: quality of life; service quality; safer lives; safe environments; building resilience; think family.

It would support MSP for these links to be made more explicit, thereby mainstreaming MSP. Links to broader strategies need to be underlined and understood even if MSP is not explicitly stated as a key objective in those wider strategies. For example there are common threads within the transformation agenda and MSP (sustainability/resilience, asset based approaches). Unless these are made clear the result in some councils is that in some respects transformation and MSP compete rather than being mutually supportive.

The follow up question to this was whether MSP was included in the Safeguarding Adults Board (SAB) strategy. All London councils include explicit reference to MSP within the Board strategy. Three councils acknowledge the need to strengthen this (Waltham Forest; Greenwich and Lewisham). In response to question 3 (table 2 below), however, the extent of engagement with MSP by strategic partnership Boards is variable with those who are described as very well engaged substantially below the national comparison. Here 27% of strategic partnerships across London are very well engaged with MSP; with 21% not very well or not at all engaged. Nationally in July 2016 the figures are respectively: 39% and 19%. In London 48% are fairly well engaged and nationally 42%.

| Table 2: How well MSP is engaged with at various levels in London region |
|--------------------------|--------|---------|---------|---------|---------|
|                         | Very well | Fairly well | Not very well | Not at all | Don't know |
| Strategic/partnership    | 9       | 16      | 5       | 2       | 1        |
| Corporate within your organisation | 4       | 13      | 14      | 1       | 1        |
| Senior management        | 11      | 20      | 1       | 0       | 1        |
| Middle management        | 10      | 21      | 1       | 0       | 1        |
| Operational workers      | 13      | 17      | 2       | 0       | 1        |

Corporate engagement is believed by respondents to be very good in 12% of councils compared to in 19% of councils nationally. In 48% of councils corporate
engagement was not very good or not at all (or ‘don’t know’). This is compared to 46% nationally.

The issue of corporate engagement with the agenda is also picked up in question 4 (see below) which asks about the use of a MSP approach across other council departments. In only 30% of councils were other departments outside of ASC either very or fairly involved in using a MSP approach? This compares with 35% nationally. Trading standards and environmental health were specifically mentioned here.

Senior management commitment is very high and this is almost the same as the national picture. This is consistent across middle management and at operational level.

The question of consistency of leadership at senior management level was referred to by some with for example one council referring to recent history of interim managers and ‘strong commitment from some but churn and so lack of follow through. High level of commitment but not sustaining leadership. Mitigation of the effect of these changes may be worth monitoring/considering given that across London there have, since April 2015 been 11 changes of DASS and there are on average 6 changes of CEO each year.
2.3 Engaging across the partnership for MSP

2.3.1 The messages from Councils

Key points:

- Engagement with MSP across the partnership is a priority across London.
- There are positive examples of a range of specific initiatives across organisations. These can support development across London.
- Councils found it hard to generalise on this question, partly because the feedback indicates that engagement is not consistent within most organisations. Nine respondents referred directly to this inconsistency; six highlighting strategic/front line split and three a generalist/specialist split.
- There is a marked difference in the responses of councils in London compared with nationally in respect of level of engagement of some organisations. This is particularly marked with CCGs and providers.
- A clear message that as yet 'Engagement is more about a higher level of commitment to this than actually doing it'.
- There is positive scope and motivation across London and across organisations for joint development of MSP.
Table 3: How involved have the agencies listed below been in using an MSP approach in your Local Authority’s area? (For the London region)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Very involved</th>
<th>Fairly involved</th>
<th>Not very involved</th>
<th>Not at all involved</th>
<th>Don’t know</th>
<th>Too soon to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council Adult Social Care</td>
<td>14</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other council departments</td>
<td>5</td>
<td>5</td>
<td>14</td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Police</td>
<td>0</td>
<td>15</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Ambulance Trust</td>
<td>1</td>
<td>3</td>
<td>13</td>
<td>9</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Acute hospital</td>
<td>2</td>
<td>8</td>
<td>14</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Primary Care</td>
<td>0</td>
<td>8</td>
<td>16</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Trust</td>
<td>2</td>
<td>22</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other specialist NHS provider</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Housing Providers</td>
<td>0</td>
<td>10</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Advocacy</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Care Providers</td>
<td>1</td>
<td>7</td>
<td>15</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The SAB</td>
<td>15</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>CCG</td>
<td>2</td>
<td>9</td>
<td>13</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The number of agencies who are very involved in using the MSP approach in the London region

![Bar chart showing very involved agencies]

Table 4: Agencies who (in addition to ASC) are very involved with MSP in London region

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Very involved with MSP (Names of authorities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Trust</td>
<td>Kingston</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>Waltham Forest, Wandsworth</td>
</tr>
<tr>
<td>Other Specialist NHS provider</td>
<td>Kingston</td>
</tr>
<tr>
<td>The SAB</td>
<td>Barnet, Brent, Bromley, City, Croydon, Ealing, Enfield, Hackney, Harrow, Hounslow, Kingston, Lambeth, Richmond, Sutton, Tower Hamlets</td>
</tr>
<tr>
<td>CCG</td>
<td>Enfield, Hackney</td>
</tr>
</tbody>
</table>
Table 4: Agencies who (in addition to ASC) are very involved with MSP in London region

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Very involved with MSP (Names of authorities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Trust</td>
<td>Sutton; Enfield; Kingston</td>
</tr>
</tbody>
</table>

Table 5: Statutory partners and providers; national comparison

<table>
<thead>
<tr>
<th></th>
<th>Very involved (London)</th>
<th>Very involved (National)</th>
<th>Fairly involved (London)</th>
<th>Fairly involved (National)</th>
<th>Not very involved (London)</th>
<th>Not very involved (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC</td>
<td>42%</td>
<td>55%</td>
<td>58%</td>
<td>43%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Police</td>
<td>0%</td>
<td>11%</td>
<td>45%</td>
<td>37%</td>
<td>36%</td>
<td>35%</td>
</tr>
<tr>
<td>CCG</td>
<td>6%</td>
<td>33%</td>
<td>27%</td>
<td>32%</td>
<td>39%</td>
<td>28%</td>
</tr>
<tr>
<td>Providers</td>
<td>3%</td>
<td>5%</td>
<td>21%</td>
<td>42%</td>
<td>45%</td>
<td>34%</td>
</tr>
</tbody>
</table>

There is a marked difference in the responses of Councils in London compared with nationally in respect of level of engagement of organisations. Statutory partners and providers are highlighted here to illustrate this. This is particularly marked with CCGs and Providers. In addition in London 42% of acute hospital trusts are seen as ‘not very’ involved against 34% nationally. Other partners seen as engaged to a lesser extent are: Ambulance Trusts; Housing and Primary Care. Percentage figures for these organisations correlate with the national picture.

Councils specifically mentioned other organisations (not listed in the question) as well as highlighting specific issues about multiagency engagement. Key themes were:

**Leadership across the partnership:**

- Clear messages emerged about a gap between Board and senior level commitment and a need for a greater level of confidence that this is being communicated to and transferred into front line practice including:
- ‘Many are engaged strategically....but not yet integrated into front-line delivery-not yet changed their practice’
- ‘CCG lead is promoting MSP but I’m not clear how this impacts on services’
- ‘Sometimes individuals who attend the Board are passionate about this but they may be a lone voice. Question of how much goes back from the Board to organisations’
- ‘Engagement is more ...about a higher level commitment to this than actually doing it yet'
• ‘Partners know and understand principles at a strategic level, but on the ground not integrated into practice’
• ‘more work to do in ownership across the Board-revealed in audit that partners know what it is but not delivering within their organisations’

*Lack of consistency of engagement within organisations sectors*

• Not surprisingly respondents found it hard to give a generalised view on engagement of particular organisations/sectors. The feedback indicates that engagement is not consistent in most organisations (there may be a specialist generalist split; one example given is that within the Police, the safer neighbourhood teams and community safety teams are particularly engaged but other generic front line response officers may not be so engaged).
• Nine respondents referred directly to this inconsistency; six highlighting strategic/front line split and three a generalist/specialist split.

*MASH and co-location*

• Five councils (Enfield; Camden; Havering; Lambeth; Redbridge) referred to a MASH in their response and two (Ealing and Hounslow) to co-location of police and ASC staff. They referred to the support this can lend to rolling out MSP. Specifically for example, Camden mentioned a joint Police/ASC clinic which builds on the work of the MASH and has MSP at its core; Havering noted in particular the early identification in the MASH of the need for an advocate.

*Some specific initiatives highlighted by respondents in the context of multiagency engagement:*

• It may be useful to share ideas on these and other specific areas of development across London.
• Mental Health Trust and Acute Trust have held conferences and events which focus on MSP. (Enfield)
• Primary Care Symposium - MSP on the agenda, targeting GPs on their role (Enfield)
• ‘Provider concerns process has been developed to include awareness of users/families views and wishes, 160 providers engaged. Meet regularly with providers. Area for development for coming year is domiciliary care providers. Have quality checkers who go into care homes. CCG - joint nurse assessor involvement’. (Enfield)
• Substance misuse have embraced MSP (Tri-borough)
• A partnership commitment to a ‘House model’ prevention agenda with a focus on empowerment and wellbeing through for example creating healthy communities and quality leadership (Tri-Borough)
• ‘We have a joint police and ASC safeguarding clinic to discuss cases monthly. This builds on MASH joint working. “ (Camden)
• Recruitment of a dedicated staff member to take MSP forward across the partnership (Islington).
• Alignment of Serious Incident and safeguarding processes on pressure ulcers and we have changed the language in the Root Cause Analysis form to reflect MSP (now include’ outcomes) (Lewisham)
• ‘Housing colleagues...recent training on safeguarding and MSP and a dedicated team is now delivering a personalised approach with troubled and chaotic families’ (Southwark)
• Mental Health Trust (South West London and St Georges NHS Trust). ‘Great work there. Has a MSP project going on internally’ (Sutton)
• In addition to the above Wandsworth noted an enthusiastic lead in the ambulance service on this issue. This could help in an area where there is less engagement noted generally.
• The fire service was mentioned specifically by four councils. Three of these said that MSP was a strength in the context of self-neglect and/or hoarding.
### 2.3.2 Key messages from a small sample of organisations outside of local authorities

**Key points**

- Partnership is necessary at all levels within and across organisations from the need for strategic groups to communicate across London through to front line practice.
- Broad engagement is necessary (including with the voluntary sector) in order to find the right partnership response and support for each individual (important, for example, within modern slavery issues).
- Partnership working is important pre Section 42 enquiries to find an appropriate 'way in' to support.
- Partnership working is necessary in order to make safeguarding sufficiently personal to reach all sections of the community, including a clear focus on those with protected characteristics.
- All partners need to know what 'good' looks like.
- The SAB needs to model principles at Board level and make core values explicit.
- 'By learning and working together values/principles 'rub off' on each other'.
- Senior leadership within organisations must define the behaviours that support best practice.
- The importance of a 'particular focus on the 'day to day' inequalities and the 'culture' of services that allow abuse to happen'.
- A greater emphasis on prevention is needed.
- 'Service users should be in advisory positions at service providers’ executive level'.
- The importance of talking about individuals at the top level in organisations to inform governance.
- Support and empowerment of staff is important.
- A MASH does in some councils support partnership working on MSP.
Council respondents struggled to give an accurate and representative view of engagement across organisations. Multi agency engagement is clearly significant in effective development of MSP. The engagement with a range of organisations as part of this analysis is an early step towards partners working together on MSP to a greater degree.

A facilitated conversation took place bringing together a group of around 20 people, representing a range of forums and organisations. A list of attendees is included at appendix 3.

In addition, a small sample of organisations’ representatives were approached where respondents from Councils indicated a level of engagement with MSP. There were others who might equally have been approached but the limited scope of this analysis meant this was not possible at this stage. A conversation was held with these individuals along similar lines to the temperature check but tailoring questions to the organisation represented by the individual.

2.3.2.1 What does this add to our understanding of where we are and development needs?

What can be learned from input to this analysis from representatives of organisations other than Councils?

The group discussion cut across boundaries of existing strategic groups which meet across London. For this group a significant message is that ‘we can’t do this alone’; the need to use the SAB more effectively; all learning together is important ‘getting different agencies in a room talking’. The point was raised that when commissioners had recently met to discuss MSP they had raised the issue of ‘why were we in a room on our own’ talking about this? This extended to the view that there needs to be a clear interface between the new London Safeguarding Adults Board and other networks such as PSWs and ADASS. There is a need for communication across these forums in order to offer consistent messages and support for the workforce. The London Safeguarding Adults Board allows this to extend to key players such as CQC; NHSE; the Met Police.

This message about a unified response to developing MSP across organisations was amongst the most prominent messages from Council respondents in terms of what they think will support further development of MSP. (See section 2.13)

Some key issues emerged from the group discussion as follows:

Along with this greater joining up of strategic groups to facilitate development of MSP the following were important aspects of the discussion:

Underlining the rationale for a partnership approach

- One organisation can’t do this alone. We need to embrace the important contribution of the voluntary sector
- ‘Not drawing the line if the person says they do not want to know....working with people where they are using the range of resources and organisations to engage (e.g. modern slavery....helping people to feel supported first and then later down the line they may feel able to disclose and to support a prosecution. Importance of voluntary sector in this. Finding the right partnership for each individual.’
‘If the situation is closed down across agencies because a person doesn’t engage in our preconceived procedures then we can miss opportunities to get together across the partnership and miss a piece of the jigsaw that would provide a ‘way in.’

‘Equalities... do we miss people? This is an issue for MSP in terms of equalities and protected characteristics’.

Values and principles are at the heart of MSP

- The importance of a rights based approach; social justice; dignity; respect
- Principles and values are fundamental to MSP (the six safeguarding principles; Humans Rights issues; MCA principles) ...’need to simplify; go back to values and principles. The SAB needs to model principles at Board level and make core values explicit’
- Principles ‘By learning and working together values/principles ‘rub off’ on each other’

The importance of leadership and senior management commitment and support

- The need to use the SAB more effectively
- Receiving and hearing/responding to feedback from communities at senior management level. ‘Senior managers ‘hear the voice of the service user’
- The need to define behaviours that support best practice
- The need to support and empower staff ....’Sometimes staff are as under confident as the service user’; ‘to empower the person, you must also empower staff’. ‘It is about our experiences as well as those of our customers’
- Opportunities for reflective practice and supervision.
- ‘Don’t underestimate the pressure staff are under...easier to do a process.’
- The ‘pressure around statistical evidence can be self-defeating. Need to empower staff to make decisions.’ Need for leadership to focus on key fundamental areas of core principles and values and not simply on data

Prevention

- A focus is needed on prevention including lower level indignities being a focus.
- Prevention of further victimisation further down the line is an important objective.
- ‘A community focus...creating a healthy community and realising ‘I’ statements in the community’ (e.g. Tri Borough creating community champions amongst first responders. This training goes back to core beliefs and principles)

These themes (along with others) also emerge from the conversations with five individuals from organisations outside of Councils. These are important contributions and ideas for the development of MSP. They highlight the need for joining up across organisations in order to embrace the potential learning that can inform development of MSP.

Individual conversations with five organisations’ representatives:

The conversation with a Kingston CCG representative highlighted:

Leadership:
The importance of leadership and the ‘need to be more specific about what we are looking for. The NHSE deep dive in London of CCGs’ safeguarding has a discreet question about MSP. This needs to be woven in across the assessment tool.

The need to mainstream this rather than it being seen as an ‘additional’ responsibility.

**Measuring success**

- The need to have measurements of success in MSP in place and included in contracts. Challenging amidst a wide range of priorities
- Clarity of expectations: Strategic priorities for the CCG include empowerment and ensuring all partners have a MSP ethos in place and have action plans. However it is not made sufficiently clear yet what needs to be in those action plans.

**South West London & St George’s Mental Health NHS Trust** - this Trust has set up a MSP group to facilitate dialogue with the Trust and the SAB on MSP. This is an ongoing co-production project across the Trust and service users. The group connects to the Sutton SAB. It has so far underlined a wide range of issues that *any organisation* would need to take into account in developing MSP including:

**Leadership and prevention:**

- The importance of a ‘particular focus on the ‘day to day’ inequalities and the ‘culture’ of services that allow abuse to happen’....‘Abuse is not always a major, single incident. There can be a build-up of ‘little’ indignities that can feel abusive too’
- There needs to be a focus on the culture of service provision and on openness and transparency in responding to concerns. This must be central to embedding safeguarding in practice
- ‘Service users should be in advisory positions at service providers’ executive level’
- The need for ‘development of a community-wide ‘learning culture’ to prevent abuse’

**Messages about engagement in practice to make safeguarding personal include:**

- Importance of access to advocacy
- ‘It is not about meeting a threshold, if someone feels they have been abused or neglected, there needs to be a response’
- Service users...’need to be part of an honest discussion about risk...and complete a ‘self-risk assessment’
- These messages are set out in detail in a report of the Trust’s MSP Group co-production work for 2015/16. (See 2.4)

**Your Healthcare Community Interest Company (working with Kingston SAB)** highlighted the following as key to MSP:

**Leadership and prevention**

- The importance of governance/leadership. Senior managers who head up each of 5 services across the organisation all come together to a quarterly safeguarding meeting so safeguarding is at the top of the organisation’s agenda. This safeguarding meeting feeds into the integrated governance
meeting. These links to the governance Board are important in looking at patterns/prevention. ‘A flat service structure so we can talk about individuals at the top level.’

- Linking the Root Cause Analysis (RCA) process with safeguarding and MSP agenda. Including the service user in the RCA process.
- Importance of looking at patterns as to in what areas of service staff are raising concerns
- Always ask the question after safeguarding support: ‘would this be a good case study for MSP?’
- There has been change locally so that all organisations ask the person about the concern first rather than talking to others first...‘there is a lot of fear in this for staff so we need to empower them. Empowering staff to act on service user concerns rather than feeling they have to go to a manager every time’.
- We need to look at outcomes for the person but also for improving the quality of the service to prevent this happening again. There is a need to bring safeguarding far more into governance.

Measuring success
- We don’t really know what ‘good’ looks like. We need to be clearer about what we need to do to transform practice.

The rationale and practice for partnership engagement
- ‘We shouldn’t stop because ‘Doris’ says stop; we should keep discussing. An organisation may know the person more and they might not have been involved and asked. A jigsaw piece is then missing.’
- If we take MSP too literally we will miss patterns. If someone wants something closed we don’t get a planning meeting and share information. Multiagency prevention may not happen in these instances where it needs to. Even if the person wants the enquiry to stop, the enquiry should look at the broader picture for prevention.’
- ‘There is a new form [in Kingston]...all organisations ask what outcomes people want and revisit these at the end...but there is more to it than this’

Issues underlined by Sutton Housing Partnerships Ltd included:

Leadership and prevention
- There are within the organisation opportunities where all operational managers come together with 10/20 cases that present challenges (sheltered housing; neighbourhood enforcement and others). There is a focus on each individual bringing a multifaceted approach. The governance structure facilitates thereby discussions about individuals at the top of the organisation.
- SAB members might know about MSP ‘but how do we all know our constituencies are engaged?’
- The emphasis for Housing is on prevention. Initiatives/practice such as community engagement; social prescriptioning; getting people to support one another; reducing loneliness/isolation. ‘Prevention is an area where the benefits housing brings are sometimes understated’
- In the Borough there are perhaps 5000 safeguarding alerts each year and perhaps only 300 satisfy the criteria for S42. ‘So, large numbers lead to
something else. We need other interventions. How do we know the right measures are in place in circumstances where there is no feedback to a referring organisation and no measurement pre S42 of effectiveness of interventions/support?"

**Met Police (Camden based)**

*Messages about engagement in practice to make safeguarding personal include:*

- MSP links closely with MCA which is complex and sometimes difficult to navigate

**The rationale for a partnership approach to MSP**

- Relationships across organisations can sometimes be difficult to navigate. The MASH helps to support this along with MSP. This helps to put a stop to what sometimes feels like a ‘perpetual tennis match’ especially in mental health, where the person is passed from one professional to another.
- ‘Putting together a jigsaw to understand the person. By doing this together at the Police/ASC safeguarding ‘clinic’ we get a better understanding of the person.’

**Leadership issue**

- A specialist/ generalist split in terms of engagement with MSP is sometimes an issue. Specialist officers often engaging to a greater degree with MSP than those working generically on the front line.
- These messages were reinforced and enlarged upon in the group discussion to include:
  - Importance of a broad view on partnership; really using the partnership constructively to tailor responses to the individual; finding something that will feel supportive to the individual (importance of the voluntary sector in this).
  - Using each other’s’ expertise across the partnership to inform practice
  - These themes from other organisations are reflected clearly in conversations with Councils. There is positive scope and motivation across London for joint development of MSP.
2.4 SABs: hearing the voice of people who may be in need of safeguarding support

Key points

- There are in London well established examples where links to SABs have been established of groups of people who may be in need of safeguarding support. This informs priorities and direction (21% of SABs)
- There is valuable learning from these examples that is capable of being replicated elsewhere. For example, the 'Making Safeguarding Personal Group' established within South West London and St Georges Mental Health NHS Trust has examined and reported on the way in which the group was established and works. [http://www.swlstg-tr.nhs.uk/documents/related-documents/health-professionals/422-making-safeguarding-personal/file](http://www.swlstg-tr.nhs.uk/documents/related-documents/health-professionals/422-making-safeguarding-personal/file). The group links with Sutton SAB
- A third of SABs do not currently have such representation
- Some councils experienced issues relating to sustainability of groups. This needs to be built into planning when establishing a group
- A third of councils achieve representation of service user views through Healthwatch and / or advocacy and voluntary sector groups. If this is to be effective there needs to be clear definition of purpose/role
Leadership of the safeguarding adult’s agenda requires engagement with people who may be in need of safeguarding support.

Safeguarding Adults Boards (SABs) responsibilities in this respect are set out in the Care and Support Statutory Guidance (March 2016). Boards should:

- In establishing mechanisms for developing policies and strategies for protecting adults, “take account of the views of adults who have needs for care and support, their families, advocates and carer representatives (para 14.139)
- When preparing the strategic plan, “consult the local Healthwatch and involve the local community [which] has a role to play in the recognition and prevention of abuse and neglect but active and on-going work with the community is needed to tap into this source of support” (para 14.153)
- “understand the many and different concerns of the various groups that make up its local community” (para 14.154)
- In their annual reports consider, “feedback from the local Healthwatch, adults who use care and support services and carers, community groups, advocates, service providers and other partners” (para 14.157)

The conversations with London council representatives aimed to find out whether SABs find ways of listening to and responding to the voice of people who may be in need of safeguarding services so that those people can contribute to shaping strategy and safeguarding support. (This is quite distinct from the question of the extent to which individuals are asked about what they want to happen on their own individual circumstances).

The extent to which this is happening across London and how it is happening is variable as follows:

In a third of Councils the response was that advocacy; Healthwatch and / or voluntary sector organisations to varying extents represent the service user voice. In a small number of these (3) this is part of a broader strategy. The responses from these councils indicate that in the main there needs to be greater clarity about the purpose and aims of this way of achieving service user representation (clarity in terms of in what ways and to what ends these organisations are representing the voice of service users)

A specific service user forum or group exists and makes specific links to the following Boards: LB, Barnet, LB Sutton; LB Islington; LB Camden; LB Lambeth; LB Redbridge; LB Enfield; Tri borough. There is a service user representative on the Board at Haringey but not linked to a safeguarding specific group or forum. This is a higher % than is the case nationally (21% London; 14% nationally)

Four Councils reference established service user groups rather than groups specifically set up to work on the safeguarding adults agenda with links to the SAB.

Six councils said that they had established a group but it is currently not active. This indicates issues with sustainability of groups and the need to build this aspect into planning when establishing a group.

Six councils (18%) had nothing in place in this respect. This is a lower figure than the national temperature check found (24%)
The following pages set out examples of initiatives underway. These may offer helpful ideas to other Boards.

**Harrow:** We have ‘gone round the loop on how best to do this. We have service user input. One of the four Board meetings each year is given over to an annual review and business planning. Service users attend, usually around 6 of them, (more LD and AMH than other groups). Some are very passionate about safeguarding and some have had safeguarding training.

We also take the annual report to the ‘local accounts’ group. The Council consults with this group on a range of areas. This is a group with wider representation (OP; LD; AMH; sensory impairment). They are a well-informed group.’

**Islington:** ‘We have a service user/carer subgroup who, in the coming year will be involved in taking MSP forward. They will develop training and risk tools and an approach aimed at ensuring staff talk to service users about risk and how it can be managed. There has as yet been no attendance at the Board from group members but the Board Chair attends their group and the chair of their group is the Board manager who brings their ideas/feedback to Board meetings.’

**Kingston:** ‘This is an area we need to develop. It is a priority. We have some service user groups (LD parliament; mental health groups...) Not sure these are really representative. We want to make it meaningful. It can’t cost much. Keen to learn from others. Health watch has only just engaged with the Board. This is important’.
Newham: ‘Voiceability advocacy organisation attends our Board. They are working with us to improve outcomes for people.

We have a co-production forum (generic and safeguarding is a key topic). We pay a number of voluntary sector organisations to work with individuals. This is funded by ASC and a contribution too from the CCG. People are paid expenses for coming. We do not yet have service users on the Board but these are ways of them informing development in safeguarding.’

Sutton: ‘There is a service user on the Board (he is part of the Mental Health Trust MSP programme). A reference group is established. It is early days. The ambition is to have a multi user group (reference group). There is a culture in LD and mental health for speaking out. Less so in older people’s services’.

Enfield: ‘We have a service user forum that links to the SAB. ‘Quality checkers’ go into homes / residential homes - all have experience of care or are carers themselves – they ask service users if they feel safe, about standards of care, well-being, and observe care providers regarding how service users can raise issues. 20 people who had used services were contacted about how they would raise concerns if they had them. A safeguarding information panel looks at dignity. There is a lay person on the SAB. A sub-group of the SAB is made up of voluntary sector representatives. Issues such as LGBT experience in residential care are raised which the quality checkers then did a project on.’

Tri Borough: ‘We are working through a community engagement group on consultation across all 3 LAs...This is not through tokenistic service user representation on the SAB but SAB members attend the sub-group (which is co-chaired by MIND/ Housing). Also there is community engagement through the sub group, which is more advanced. We have done a lot of consultation with people on person centred practice and outcome focus - with 36 organisations representing a range of groups (lead is Housing provider - general stock) - on what they want the SAB to deliver for them. Very strong group - part of ‘healthy communities’. We have asked about their experience of safeguarding [and received feedback]’

There is considerable progress in a third of Councils across London. However, in a further third either this had been established and has not been sustained or it has not yet been established. The remaining third of Councils see this as being achieved through Healthwatch and advocacy/voluntary sector partners. There is insufficient evidence at present that this latter approach is sufficiently well defined to achieve broad representation of the voice of service users. A national report commissioned by ADASS and due out in April/May 2017 will offer further insights.
2.5 Measuring outcomes

Key points:

- There is extensive development in terms of seeing the benefit of an emphasis on more qualitative information including case file audits, surveys and focus groups. A third of Councils referred to these more qualitative methods as either the main means of measuring outcomes or as part of a triangulation of information to indicate this.

- It was acknowledged by some Councils that, whilst the questions about outcomes are embedded in systems, there is inconsistency as to the extent to which this is then used to develop practice and improve outcomes.

- There are however some very clear indications from some councils of making positive use of the outcomes information.

- A partnership approach to asking about outcomes from the beginning is not widespread but there is strong practice that can support other councils in developing this.

- Some Councils capture the nature of the outcomes and some just that outcomes are asked about and achieved. Work is underway nationally to devise ways of understanding the nature of outcomes achieved. This can inform necessary local development.
Table 6: Are people who experience safeguarding support asked about what outcomes they want?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>• Barnet, • Brent, • Bromley, • Camden, • City of London, • Croydon, • Enfield, • Hackney, • Hammersmith &amp; Fulham, • Harrow, • Hillingdon, • Islington, • Kensington &amp; Chelsea, • Kingston, • Lambeth, • Merton, • Newham, • Redbridge, • Richmond, • Southwark, • Sutton, • Tower Hamlets, • Waltham Forest, • Wandsworth, • Westminster</td>
<td>25</td>
<td>76%</td>
<td>69%</td>
</tr>
<tr>
<td>Partially</td>
<td>• Barking &amp; Dagenham • Bexley, • Ealing, • Greenwich, • Haringey, • Havering, • Hounslow, • Lewisham</td>
<td>8</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Responses to this question were detailed and varied and reflected a range of means of capturing information to reflect that people are asked about the outcomes they want.

Around 85% of Councils talked about quantitative data and recording outcomes. However there is real development in terms of seeing the benefit of an emphasis on more qualitative information including case file audits, surveys and focus groups. A third of Councils referred to these more qualitative methods as either the main
means of knowing whether people are asked about outcomes or as part of a triangulation of information to indicate this.

For example:

**LB Wandsworth** reported that: ‘Framework I collects MSP evidence in safeguarding adults’ episodes in 2 ways – an open box for the social worker to record the conversation at the start of the process for qualitative information and a tick box for an interpretation of the conversation. Updated on every episode in the process. At the end the social worker discusses with the service user how much the outcomes have been met and use the tick box if met/not met. This is embedded in practice. At the end the social workers interpret the outcomes.... Annual external audit of safeguarding, of which one element is about how much is practice personalised. For the last couple of years this has been a key focus; positive at a high level and fairly static. The auditor looked at personalised practice not just at process. Current audit is taking place now - methodology is Case file audit 40+ cases plus interviews with practitioners and a small number of service users and advocates (this year more interviews and following threads out to partner agency e.g. housing officer as well)’

Some respondents raised the question of how far when people are asked what outcomes they want to achieve, this informs development for the individual and/or the organisation/service. It was acknowledged by some Councils that whilst the questions about outcomes are embedded in systems that there is inconsistency as to the extent to which this is then used to develop practice and improve outcomes. For some Councils the systems have been developed but there are not yet reports or collation of the information and responses to it. There are however some very clear indications from some councils of making positive use of the outcomes information. Newham for example: “Where the outcome wasn’t what the person wanted we enquire into this to find out the reason”

There is for a minority of Councils a staff development issue in ensuring staff record outcomes even where this is available on the system. Some have overcome this by implementing systems where it is not possible for the staff member to progress to the next part of the record without completing outcomes information. Other IT systems do not allow this.

Councils may well have moved on from summer 2016 when the majority of conversations took place for this review. For example Hackney: ‘For 2015/16 only 20% people recorded that they were asked. A recent audit showed that practice was better (1/2 -2/3 - majority were asked) so a recording rather than a practice issue, which now has been addressed.’

Only four respondents mentioned explicitly whether other organisations asked people about the outcomes they wanted. The fact that others didn't mention it doesn’t mean more are not doing so but it wasn’t a prominent theme. This is a clear area for development.
Kingston (like Oxfordshire in the national temperature check) has a standard format to guide all organisations at the point when a concern is first raised so that all should talk to the individual about the outcomes they are looking for. This should be considered across London. There may be other London Councils doing this but this was not shared with the review.

Some councils capture the nature of the outcomes and some just that outcomes are asked about and achieved. There is not reliable data from this survey to give precise detail on this (see 2.7). However it is an action for development. Work is underway nationally to devise ways of understanding the nature of outcomes achieved. This can inform local development.
2.6 Does asking about outcomes drive engagement?

Key points:

- A third of Councils across London gave a strong indication and sometimes a definitive statement that it does drive engagement
- Links to underlying principles for engagement and to prevention are underlined
- Some councils raised the challenges inherent in this where outcomes need to be negotiated/where individuals lack capacity

Where the Council answered yes or partially they were asked whether asking about outcomes drives deeper engagement.

This question was not answered directly by all respondents but a third of Councils across London gave a strong indication and sometimes a definitive statement that it does drive engagement.

**RB Kingston** said ‘Definitely. This drives deeper engagement because we have ‘free conversations’ which are not about what we can do but about how we support the person to achieve things for themselves. We support them to look at what in the wider community would facilitate them in helping themselves; we look with them at how they would protect themselves and carry on achieving outcomes into the future’. So there is a clear indication here of the potential links between engagement and prevention. This reflects too a set of principles that embrace prevention and where all organisations are encouraged and supported to ask about outcomes right from the start of a concern.

The response from Enfield also suggests linking a ‘system’ which records outcomes to underlying principles that engage with the person: ‘we have linked outcomes to the wellbeing principle’

Bexley raised the challenges of engagement including: where individuals lack capacity; where expressed outcomes are not achievable / realistic; managing tensions between the individual and family members’.
2.7 Has the SAB made the shift to measuring the difference made to people's lives?

Key points:

- 'People's outcomes are personal and it is difficult for the system to pick up that individuality'
- A few council areas measure the difference across organisations because all partners engage in asking about outcomes from the beginning
- A range of methods are being used to find this out, the most prevalent being specific questions answered and entered on IT systems and case file audit. A small number of councils are testing out different methodologies
- Half of councils are carrying out regular case file audits. There is scope to join forces to construct an effective methodology to test the extent of MSP and to support its development
- There are examples of combining QA audit and staff development. This begins to address culture/leadership issues alongside gathering information.
- There is little developed activity to measure the extent to which a difference is made for people pre S42 enquiry. This is a clear area for development and has particular significance in terms of understanding effectiveness of prevention
Table 7: Has your organisation and / or SAB made the shift to measuring how you are making a difference to people’s lives?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>• Bromley • Croydon • Enfield • Hammersmith &amp; Fulham • Harrow • Kensington &amp; Chelsea • Kingston • Lambeth • Merton • Newham • Redbridge • Richmond • Sutton • Wandsworth • Wandsworth • Westminster</td>
<td>15</td>
<td>45%</td>
<td>30%</td>
</tr>
<tr>
<td>Partially</td>
<td>• Barnet • Bexley • Brent • Camden • Ealing • Greenwich • Hackney • Havering • Hillingdon • Hounslow • Islington • Southwark • Tower Hamlets • Waltham Forest</td>
<td>14</td>
<td>42%</td>
<td>54%</td>
</tr>
<tr>
<td>No</td>
<td>• Barking &amp; Dagenham • City of London • Haringey • Lewisham</td>
<td>4</td>
<td>12%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Responses are closely linked to those in sections 2.5 and 2.6. Specific examples of ways in which outcomes are measured are given below to support sharing of ideas across the region.
Kingston: “We have changed all our forms and developed a set of MSP outcomes. These include things in plain English that service users want/have said, such as ‘I want the abuse to stop’; ‘I want to move accommodation’; ‘I want someone prosecuted’. All organisations know that these questions must be asked right at the beginning pre referral and recorded on the referral record. These then remain at the heart of the safeguarding support. At case conference they are at the centre...have we met the outcomes? People are given support to go down other pathways if they don’t want safeguarding support. They have to have the options outlined if this is to be a meaningful engagement. At triage by the Access Team they check if the referrer has done this.

Our IT system is IAS (liquid logic). We only started using this for safeguarding in July so are still finding out about quality of the reports that can be run...Prior to this, since April, we tracked the outcomes information manually. Your Healthcare CIC; and a Mental Health Trust and other partners have been fully engaged in setting all of this up so there is ownership across organisations.

We are looking to evidence outcomes that make it better in tangible terms from the person’s perspective.

Case audit is another way of looking into effectiveness. We look at cases where outcome not met and ask why?”

Newham: ‘We report on all data areas on safeguarding including the voluntary areas. Where outcomes are not met we get details and look to understand these cases (some wanted re-housing so there are some where we cannot produce the desired outcome...In around 92% of cases the outcomes are met. We look in detail at the other 8% (approx. figures). We do a deep dive every quarter into all statutory reports’.

Enfield: ‘Healthwatch is engaged to talk to people who have been through the safeguarding process –this has just started. Social workers ask at the end of the safeguarding process if Healthwatch can be involved. There is an online feedback form for people to say what they feel about the process.’
Bexley: ‘limited range of outcomes—we need something much broader and comprehensive to get the granular detail’

Redbridge: has a range of information about outcomes and about the experience of being involved in safeguarding support. This is available in their annual report https://mylife.redbridge.gov.uk/media/17285/2015-2016-annual-rsab-report.pdf. A range of outcomes are looked at: safety; independence; access to justice; accountability and support for person alleged responsible; wanting to be better able to self-protect; support with memory and cognition

Lewisham: has considered a range of ways of seeking direct feedback. Currently considering whether Healthwatch can become involved in this; consultation events with people to find out their experiences have been held

Harrow: “People’s outcomes are personal and it is difficult for the system to pick up that individuality. We made additions to framework I but mostly we find out through case audit, this is the most reliable method. Randomly selected and audited cases each month. We also have an independently employed social worker who follows up on user outcomes at the end of the process using a questionnaire....careful with who we put through this....maybe 4/5 per month”
2.7.1 Measuring the difference made where support does not progress to a Section 42 enquiry

There is little developed activity to measure the extent to which a difference is made for people pre S42 enquiry. This is a clear area for development and has particular significance in terms of prevention and in understanding the role of a range of organisations who may be involved in these circumstances.

Examples of responses referring to this issue may help others to develop this information:

**Newham:** 'We do not collate information yet about what happens pre Section 42 enquiries...not in a form we can actually report on. This needs to be a focus in our QA focus group going forward. We do however undertake a selection of audits on those that don’t progress to S42 to see if we are making the right decisions. This is about sampling to look at threshold decisions. This doesn’t yet have a focus on outcomes for those that don’t go to S 42'.

**Harrow:** in answer to a subsequent question also had a focus on this pre S42 issue as follows: 'Not all referrals go down the S42 route. We look at threshold decisions ... which cases get taken forward to an enquiry. We have a twice yearly independent file audit and always include some cases that have not gone down the S42 route. This tells us about thresholds and also tells us what we do in these cases.'
<table>
<thead>
<tr>
<th>Method for measuring difference to people’s lives</th>
<th>Council</th>
<th>No. of councils</th>
<th>Examples of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>• Barnet • Harrow • Bromley (in development) • Enfield</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Case file audit (internal/external)</td>
<td>• Barnet • Enfield • Hackney • Tri Borough • Kingston • Harrow • Brent • Bromley • Camden • Hounslow • Waltham Forest • Newham • Greenwich</td>
<td>15</td>
<td>Brent: multiagency audit (10 cases every two months)</td>
</tr>
<tr>
<td>Integrated board dashboard developed/under development</td>
<td>• City of London • Lewisham</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Specific questions answered and entered on IT (or elsewhere) system in addition to were outcomes asked about/realised.</td>
<td>• LB Croydon • Enfield • Tri Borough • Harrow • Kingston • Bexley • Bromley • Camden (anticipate new system will capture outcomes) • Hillingdon • Lambeth • Redbridge • Lewisham • Southwark • Waltham Forest</td>
<td>19</td>
<td>“On AIS IT system. MSP question starts at triage point and threads through to S42 if it progresses that far. Because the questions are embedded social workers are prompted to comply with asking the questions” “new forms will collect narrative from the person about their outcomes” Lewisham</td>
</tr>
</tbody>
</table>
Table 8: Examples of Councils using a range of approaches to measure outcomes (not an exhaustive list because explicit/specific information about methods was not always offered.)

<table>
<thead>
<tr>
<th>Method for measuring difference to people’s lives</th>
<th>Councils</th>
<th>No. of councils</th>
<th>Examples of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data from advocacy provider</td>
<td>Newham</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Group audit</td>
<td>Richmond</td>
<td>1</td>
<td>‘Group audit - recently introduced. Review a case and verbally discuss the issues and themes that come up’.</td>
</tr>
<tr>
<td>Healthwatch interviews</td>
<td>Enfield</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

2.7.2 Examples where councils are combining measuring the difference made to people (QA processes) with staff development.

- **Barnet**: ‘We carry out peer audits/internal audits which includes a scoring mechanism and where the worker achieves under a certain score they get individual coaching / support from principal social worker/safeguarding team.

- **Newham**: ‘sitting alongside [staff] whilst undertaking audits and developing their practice’.

- **Richmond**: Group audit

This is similar to the methodology reported in the national temperature check in Oxfordshire. Here live case audits are carried out with the relevant member of staff alongside.
2.8 Have reporting/recording systems been changed?

Key points:

- Reporting and recording systems have been changed in 94% of councils. However this is only one aspect of finding out about the difference made to people. “We have decided to focus on practice as we recognise the limits of it systems”
- There is a wide range of IT systems in use. It may help councils to understand how others are making use of the same or different systems

Table 9: Have you changed any of your reporting and recording systems to implement MSP?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Barnet, Bexley, Brent, Bromley, Camden, Croydon, Ealing, Enfield, Greenwich, Hackney, Hammersmith &amp; Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington &amp; Chelsea, Kingston, Lambeth, Lewisham, Merton, Newham, Redbridge, Richmond, Southwark, Sutton, Tower Hamlets,</td>
<td>31</td>
<td>94%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Table 9: Have you changed any of your reporting and recording systems to implement MSP?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>• Barking &amp; Dagenham</td>
<td>2</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>• City of London</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Although 94% of councils have changed reporting and recording systems the above responses to the question of how far councils understand the difference they are making in people’s lives reflect a desire to refine and try a range of ways of finding this out. National work underway should support councils with this.

Large scale changes are reported in a range of Councils as a result of changes introduced by the Care Act.

Most councils report changes to procedures alongside IT systems. For example:

- Tri- Borough: ‘Framework I had to be completely changed - alongside the Care Act’.
- Barking and Dagenham is aiming to procure a new system to replace the current ‘clunky’ system during 2017. They will be looking to other councils to find out which systems are most effective.
- Hounslow: There is some progress and we can record outcomes throughout. However…. “We have decided to focus on practice as recognise the limits of IT systems”
- Wandsworth: on Framework I… ‘MSP is embedded into adult safeguarding work flows and practice Each episode has to be signed off by the line manager, who writes why they agree to next stage, and includes that they are satisfied about the personalised element in the process. So now have management assurance process’.
- Newham has developed a case audit methodology and forms that partner organisations complete at the outset of involvement (as has Kingston)
- Greenwich: Use Framework I….health colleagues fill in forms in Word and these are inputted onto framework I by an apprentice
- From answers to other questions in the conversations it is clear that across councils case file audit is being developed to embrace MSP. Sharing of methodologies is indicated.
- The survey did not routinely ask specifically about IT systems and there is not information to be derived from this programme about which IT providers are helpful in supporting MSP. However during the course of conversations the following councils mentioned features of the IT system they are using. This may be of some limited use to those councils wishing to develop outcomes information on their own system and/or those considering changing systems. 


Mosaic
- Lambeth: ‘Data collected via MOSAIC - both free text and drop down 4 categories, and drop down categories on who defines, who delivers and impact of outcome’

Framework I
- Wandsworth: Framework I collects quantitative and qualitative outcomes information
- Tri Borough has a clear system for recording outcomes identified and questions asked on Framework I.
- Harrow uses framework I but supplements with information from audits.
- Tower Hamlets obtains outcomes information from Framework I
- Richmond tracks outcomes throughout the process on framework I
- Merton moving to framework I for collection of outcomes information.

Care First
- Bromley has evidence that people are asked about outcomes from a Care First data base.

AIS
- Croydon enters answers on outcomes throughout on AIS …questions are embedded and there are prompts for social workers to answer these.
- Havering has introduced changes to AIS so that it now records outcomes

Liquid logic
- Hillingdon: Liquid logic v 7 picks up outcomes data

Azeus
- Newham is changing IT system to Azeus from Care First.
2.9 Level of confidence in understanding the impact of MSP developments on people’s experiences of safeguarding support

Key points:

- Two thirds of councils were clear that there is a positive impact
- 18% gave a qualified 'yes'. There is a sense that where there is this qualified response this is often because people are trying for 'gold standard' rather than settling for 'good enough.' For example, 'We can still do more.'
- This is somewhat different from the national picture where 'a considerable number either did not know...or felt that it was not 'having an impact.'

Respondents were asked what level of impact MSP has had on the experience of people who use safeguarding services in their area.

- Two thirds were clear that there is a positive impact and are triangulating different information to see this.
- 18% said that they could not tell at this stage.
- 18% gave a qualified 'yes'. There is a sense that where there is this qualified response this is often because people are trying for 'gold standard' rather than settling for 'good enough.' For example, 'We can still do more.'

This is somewhat different from the national picture where 'a considerable number either did not know...or felt that it was not [having an impact.]' The national report states that this was a lack of confidence in making a firm judgement or an inability yet to measure impact. In London as shown above the 'qualified' responses were more about an ambition to improve and including understanding the impact on the harder to reach individuals.

Most respondents believed that MSP has had a positive impact and these are examples of typical responses:

One Council referred to a ‘softer approach’ and a ‘change from a quasi-court process.’

Ealing... MSP “has increased the number of visits - we are seeing people at home, people are developing their own safeguarding plans. Where there are unwise decisions, coercion or conditioning, when they have mental capacity we used to close cases, now we are working with the person more and finding that this helps to get resolution, safer outcomes and practice is also safer (DV especially)”
Enfield is confident about the impact partly as a result of ‘applying the 6 principles. People involved at the beginning not just later on’

Tri Borough ‘more and more service users are more enthused because we are listening to them and getting great feedback regardless of whether outcomes achieved’

Kingston ‘considerable impact but not complacent’

Havering ‘If things don’t go well we get a lot of feedback and learn from this’

Bexley ‘some anxieties around those who are not directly engaged with....IMCAs or family members ...difficult to judge’

Harrow ‘the way people discuss cases feels different indicating a significant shift’

Newham ‘In the main a very positive impact... We are not measuring/record this at present but involving and asking people about their experience throughout is embedded’
<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally confident</td>
<td>• Enfield, • Redbridge, • Richmond</td>
<td>3</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Reasonably confident</td>
<td>• Bromley, • Hackney, • Hammersmith &amp; Fulham, • Harrow, • Hillingdon, • Kensington &amp; Chelsea, • Lambeth, • Southwark, • Sutton, • Westminster</td>
<td>10</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Partially confident</td>
<td>• Bexley, • Brent, • Camden, • City of London, • Croydon, • Ealing, • Havering, • Kingston, • Lewisham, • Merton, • Tower Hamlets, • Waltham Forest, • Wandsworth</td>
<td>13</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Not very confident</td>
<td>• Barking &amp; Dagenham, • Barnet, • Haringey, • Hounslow, • Islington, • Newham</td>
<td>6</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Not currently being measured</td>
<td>• Greenwich</td>
<td>1</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>
2.10 How far has practice developed in response to engagement in MSP?

Key points:

- In London almost half of councils mentioned other sectors or organisations in responses about developing staff and practice. This was far greater than in the national temperature check
- There was development of practice in a wide range of ways across council areas
- Half of London councils referred directly to making MSP integral to all training
- The most common focus of staff development are: Development in working with risk (50% of councils); Working to make safeguarding personal with those who lack capacity and a focus on best practice in the context of the MCA (25% of councils); A focus on core safeguarding principles (20% of London councils)
- There is a range of approaches to developing staff. A lot of this is about 'getting alongside staff' to explore and enhance practice rather than direct training: practitioner forums; support from principal social worker; clinics, surgeries, complex case discussions; sitting alongside staff whilst undertaking audits to develop their practice; staff supervision/group supervision
- Staff support and empowerment is crucial in facilitating MSP
- There is real enthusiasm not only for developing MSP in general but in particular for developing the most challenging areas of practice
- There is reflected in the conversations: a desire to have a real impact; creativity in thinking and learning, describing what is happening now but also talking about necessary next steps; a real drive to improve
2.10.1 Areas of your practice in safeguarding that you have changed or developed due to involvement in MSP?

Whereas nationally the MSP temperature check report states “Again, there is little comment on other partner organisations changing their practice”; in London almost half of councils mentioned other sectors or organisations in responses about developing staff and practice. Some of these responses refer to initiatives with a particular organisation and others to a broader Board approach to joint training and joint working.

There was development of practice in a wide range of ways across Council areas. One respondent stated: “People are less likely to ‘go out on white chargers’ – there is a huge change in practice”

Developments in practice included:

- Holding meetings outside of Council offices, including in people’s own homes
- People attending their own safeguarding meeting (Hackney said that ‘it is taken for granted that the person will be at the meetings. It is expected now.’)
- In respect of working with mental capacity
- An emphasis on ensuring informed choice
- Asking about outcomes
- Holding family meetings
- Substantially reducing the number of formal meetings (Lambeth having to redeploy minute takers due to very significant reduction in number of formal meetings)
- Making meetings easier for service users to participate in/providing written guidance (Sutton: ‘We changed the confidentiality statement at the beginning so it doesn’t frighten people’)
- Promoting putting principles in practice (Hackney: ‘Staff have said that they are confident about principles and using them in practice’)
- Developments in respect of working with risk
- A focus on MSP within work with self-neglect and hoarding (Newham: Hoarding and self-neglect. ‘Very proud of this work. MSP is at the heart of this. This is a prominent issue in Newham. More broadly approaches to working with risk have been developed ...we have a High Risk Panel which works well and a risk enablement panel. We have a high tolerance of risk in Newham reflected in level of use of care and nursing homes.’

2.10.2 What is your organisation and/or Board doing to develop staff and promote MSP?

There was of course considerable overlap with the above in responses to the question of staff development.

In terms of what the Council or Board is doing to develop staff in MSP, half of London councils referred directly to making MSP integral to all training. This is the number who specifically mentioned this, although it is likely that this is the case in most councils by now. Just over a quarter said that staff development in MSP had been linked to generic training on Care Act responsibilities. More specifically development of staff in the following areas of practice was referred to:
- Development of staff in working with risk (50% of councils)
- Working to make safeguarding personal with those who lack capacity and a focus on best practice in the context of the MCA (25% of councils)
- A focus on core safeguarding principles (‘selling principles’ lots of work team by team selling the benefits’ and ‘training on values alongside introducing forms and templates’) (20% of London councils)
- Supporting staff in having conversations with people in need of safeguarding support (‘how to have a conversation with a purpose. not an interview.’) Supporting staff in this way for example, through providing aide memoires for a conversation.
- A focus on working with self-neglect and hoarding
- Developing MSP in a care home context
- Use of advocacy in safeguarding meetings
- Development of Council Members in understanding MSP

In the national temperature check reference to working with risk did not appear in the ‘main’ changes to practice. In London half of councils talked about developments in this area of practice in one or both of questions 9 and 10.

Alongside these areas of focus in staff development there is a range of approaches to developing staff. A lot of examples chimed with clear messages expressed in the multiagency conversation across London networks (see 2.3.2) about the need to empower staff and for staff support in order to support MSP. For example...’Sometimes staff are as under confident as the service user’; ‘to empower the person, you must also empower staff’. ‘It is about our experiences as well as those of our customers’

In this context a lot of the methodology for staff development across London is about ‘getting alongside’ staff and exploring practice issues rather than direct training courses (although the latter are still happening of course) Barnet referred to: ‘bringing in expertise to work alongside social workers is the best thing we are doing...this has more impact than a training course’

London councils referred to the following methods of developing staff in MSP:

- Practitioner forums and focus groups (sometimes themed)
- Staff hub groups
- Support from experienced workers for those struggling
- Support from principal social worker
- Ongoing dialogue about cases between the specialist safeguarding team and generic staff
- Staff briefings; road shows; staff newsletter
- Clinics; surgeries; complex case discussions (some across organisations eg Camden ‘clinic’ shared by ASC and Met Police.
- Opportunities for reflection
- Case discussion....Waltham Forest: ‘Using good practice case examples and feeding back to teams to make it real for staff; Bexley: ‘Experiential learning journey developed - taking a case scenario from beginning to end - to understand roles and responsibilities’. Risk panel meetings as a specific example of case discussion
- Board development days
• Newham ‘sitting alongside staff whilst undertaking audits and developing their practice.’ This is reflected too in practice in Barnet: ‘We have begun to carry out peer audits/internal audits which includes a scoring mechanism and where the worker achieves under a certain score they get individual coaching / support from principal social worker/safeguarding team. We have yet to see the impact of this. We set this up in the summer following an external audit’

• Staff supervision and group supervision; Newham: ‘We have a significant focus on staff supervision (currently looking at a model used in Birmingham where there are two supervisors per member of staff and two different types of supervision) We have reviewed our supervision policy to include elements of reflective practice being built into supervision. The process and the recording of it is important. We have addressed the lack of documented evidence for MH social workers when they came back into the Dept.’

Respondents often reflected a real motivation to develop and learn, this was noticeable too in respect of the most challenging areas of practice (for example balancing choice and risk; informed choice; self-neglect and hoarding; making unwise choices; coercion and control). For example Havering said ‘staff are more aware of their role (rather than stopping when people say they’re not interested) and are being more creative looking at options and alternative avenues of support, more joint working...’

The following references in conversations indicate an enthusiasm both for developing MSP in general and for developing the most challenging areas of MSP:

Hounslow talked about ‘thinking of using TLAP...on how to make wishes clear for the future-like LPAs. Co-designing work with adult education to be able to offer a course for older people.’ This is innovative work that takes us into the prevention arena.

There is reflected in the conversations: a desire to have a real impact; creativity in thinking and learning, describing what is happening now but also talking about necessary next steps; a real drive to improve; references to a continual learning process; pride in work and developments; struggle with the most challenging aspects of this and a strong motivation to address these.

This is a positive aspect of local MSP development where sharing of ideas and resources to address challenges that councils hold in common will be of benefit.
2.11 Strengths and challenges in implementing MSP

2.11.1 Strengths of your MSP implementation

All respondents offered examples of clear strengths around MSP implementation. The three most frequently mentioned strengths (with equal weight given to each of these) are:

- Enthusiasm and commitment of staff/champions;
- Leadership and commitment from senior management;
- Robust and innovative staff support and development as outlined in the above section.

In terms of leadership, Islington reflected that ‘The safeguarding manager meets quarterly with the Director; Leader and Chief Executive to discuss safeguarding. We have excellent commitment from the top level of the organisation. The Director has attended every staff briefing on the recent SAR and talks about how it relates to MSP’.

In terms of leadership, only three respondents specifically mentioned leadership from the Board (Ealing; Wandsworth and Hackney). Others specifically mentioned senior management leadership.

Specific strengths mentioned were:

- Multiagency engagement - Enfield referred to the MASH ‘which uses MSP when a referral comes in...engages with the person to ask what they would like to see happen and how. MASH is key to delivering MSP’ also ‘in the CCG they had teaching sessions and a presentation on MSP...the CCG Chair and Chief Executive were talking about MSP’
- Involvement and leadership from PSW
- Staff supervision
- A focus on learning and improvement in the light of whether outcomes are met
- Specific engagement in MSP in the context of hoarding and self-neglect
- Empowering staff - Hillingdon: ‘Staff felt MSP was empowering for them as well as the person concerned’
- Prevention (Tri Borough working with the community on prevention in MSP)
2.11.2 Blockages to implementation and what would help to remove these blocks?

Key points

- A third of councils talked about resource constraints and other organisational changes/demands
- A third referred to the challenges in engaging the range of organisations
- 27% of respondents referred to personnel changes in senior management as well as elsewhere in the organisation
- In the national temperature check, IT systems and staff resistance to change were perceived as challenges by a greater number of respondents. These were issues cited by only a minority in London. (This may be linked to a commonly expressed view across London and across organisations that MSP is more about wellbeing and core principles and a disproportionate level of focus has been on data and IT systems)

Across London this question might be revised to ‘challenges’ rather than blockages because all have made some progress. At least one Council pointed this out.

A third of councils referred to cutbacks to staff and resources and a few others referred to other organisational changes/demands that are impacting on ‘space’ to develop MSP (transformation agenda and DoLS cited).

Challenges in engaging other organisations were cited by a third of respondents with almost half of these specifically citing care providers. (‘need to educate Board members that this is more than a local authority aspiration; it is for all to work towards’)

27% of respondents referred to personnel changes in senior management as well as elsewhere in the organisation (‘impacts on ability to build momentum on this agenda’; ‘relentless and frustrating training staff’).

Problematic issues in respect of IT and capturing information relevant to MSP was referred to by 12% of respondents.

Other issues referred to by a small minority of respondents to this question were:

- Engaging all teams within the organisation (mention of specialist/generic team split)
- Shortage of advocacy
- Resistance to change
• Quality of social work education (how far is MSP integral to social work training?)
• Organisational nervousness about risk
• Leadership and management support
• A question as to whether organisations’ senior representatives on the Board are communicating on MSP to front line staff
• The time MSP takes

In the national temperature check, IT systems and staff resistance to change were perceived as challenges by a greater number of respondents. These were issues cited by only a minority in London.

In London the issue of the time taken in implementing MSP in front line practice was mentioned by only 2 (6%) councils. There is growing recognition of potential resource savings over the longer term.
2.12 How have social work staff reacted to the culture shift needed for MSP implementation?

Key points

- The majority of social workers have reacted positively.
- There is a significant shift from the national temperature check to this regional analysis. Nationally 36% of respondents said that the reaction to the culture change towards MSP was very positive compared to 70% in London.
- For those where social work staff were less than completely positive (a third of councils), this was most often not reflecting a lack of enthusiasm but more the struggle to make sure they get this right.
- Significant motivation to 'get to grips' with the challenging aspects of MSP and not to stop at a more simplistic translation of 'putting the person at the centre' in more straightforward procedural ways is reflected here.

Question 13 Broadly, how have social work staff reacted to the culture change needed to implement the MSP approach in your area?

Table 11: Have you changed any of your reporting and recording systems to implement MSP?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positively</td>
<td>Barking &amp; Dagenham, Barnet, Bromley, Camden, City of London, Croydon, Ealing, Enfield, Hackney, Hammersmith &amp; Fulham, Hillingdon, Kensington &amp; Chelsea, Kingston, Lambeth, Lewisham,</td>
<td>21</td>
<td>64%</td>
<td>36%</td>
</tr>
</tbody>
</table>
## Table 11: Have you changed any of your reporting and recording systems to implement MSP?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Merton, Newham, Redbridge, Richmond, Tower Hamlets, Westminster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly positively</td>
<td>Bexley, Brent, Greenwich, Haringey, Havering, Hounslow, Islington, Southwark, Sutton, Waltham Forest, Wandsworth</td>
<td>11</td>
<td>33%</td>
<td>38%</td>
</tr>
<tr>
<td>Not very positively</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Not at all positively</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Too soon to tell</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>23%</td>
</tr>
</tbody>
</table>

What do respondents say supports this positive reaction?

- Enfield: “audits are part of the learning culture”
- Richmond: ‘via PSW shadowing we have experienced change’
- The opportunity for creativity
• It is part of a culture shift embracing the six safeguarding principles. It is in keeping with social work values
• ‘Always what they wanted to do’
• Challenge
• Seeing a point to safeguarding (outcomes/making a difference/understanding the difference that is made)
• ‘Staff are happier’
• Gives back ‘lost’ skills
• Newham: ‘Staff are balancing risks to achieve positive outcomes for people and that feels more positive for everyone’

What are the reservations?

For those where social work staff were less than completely positive (a third of councils), this was most often not reflecting a lack of enthusiasm but more the struggle to make sure they get this right. For example Islington responded: ‘Positive but trying hard too to balance against managing risks/working with those who are reluctant to engage’

This motivation to ‘get to grips’ with the challenging aspects of MSP and not to stop at a more simplistic translation of ‘putting the person at the centre’ in more straightforward procedural ways is also reflected above in 2.10. Responses reflect too a clear message from a number of respondents and from the multiagency group discussion that at the heart of this are core values and principles. There is a recognition that it is translating these principles into practice that will support effective work with the most challenging issues, relating to working with risk and those who are reluctant to engage and/or may lack capacity.

Other issues mentioned where social work reaction was ‘fairly positive’ to the culture shift needed for MSP implementation: some see it as extra work; lack of confidence; need to engage other agencies was mentioned.

There is a significant shift from the national temperature check to this regional analysis. Nationally 36% of respondents said that the reaction to the culture change towards MSP was very positive compared to 70% in London. There were some similar issues raised to qualify the positive response, the most prominent similarities being about multiagency engagement; risk and capacity issues.
2.13 Taking MSP forward; ideas and developments already in progress and what would help?

2.13.1 How can you take MSP forward in your position?

Key points

- Half of respondents referred to establishing greater multiagency commitment and engagement with MSP. Four of these specifically mentioned work with provider organisations.
- 36% of respondents intended to take forward a range of initiatives in developing staff and including staff supervision.
- 24% of respondents wanted to focus on quality assurance with many mentioning service user feedback.
- 21% had a focus on IT and systems development

Other responses included a focus on:

- Mainstreaming MSP with PSW involvement
- Working with risk
- Exploiting opportunities to gain ideas from others
- Developing new ways of working (for example, Family Group Conferencing)
- Engaging service users in the SAB
- SAB support in developing MSP
- MCA practice

Key similarities with the national temperature check are: supporting staff to embed MSP in practice; multiagency engagement and QA/systems work to support finding out the impact of MSP for service users. There was not such an emphasis on multiagency engagement nationally as there is in London.
2.13.2 What single thing would really help to advance MSP within your organisation?

Key point

- Most common responses (in addition to increased resources) were in relation to: staff support and development; sharing ideas across forums and councils across the region; engaging partner organisations; engaging service users; quality assurance

Apart from more resources (21% of respondents mentioned this) included in responses were:

- Practitioner tools (e.g. to support conversations with people/ working with risk; understanding advocacy)
- Staff engagement - have regular conversations in a structured way to reinforce the changes in practice that we are trying to achieve
- Commissioned trainers are delivering training according to the Care Act and MSP
- Develop links between MCA and MSP
- More of a consistent communication and 'voice' between the SAB and front line practitioners to make sure that MSP is a clear messages throughout all the changes
- Combined training - with LSCB 'improving practice ' sub group across both areas (lessons from SARs and SCRs about practice)
- External scrutiny and discussion (workshops across areas and organisations; Regional meetings on MSP - external links to share information and ideas; be less isolated)
- Would want MSP as a priority for partners, not just the Local Authority priority. Full commitment from the NHS to MSP
- Knowing what good looks like elsewhere and influencing and adapting/adopting this locally
- Engage other organisations and get them to ask outcomes questions and engage person right at the point of concern being raised. Get this into standards concerns form that we use.
- Service user engagement more broadly across the Council in processes generally. Also on the SAB.
- A recording system that would collect the data and show how we are helping people
- A more user friendly IT system. It doesn’t have a common sense flow. Therefore social workers sometimes miss out on prompts.
- Design of audit tools that we could all use. A standardised tool so we are all measuring the same thing. How do we know we are doing a good job?
2.13.3 What would you like to see in a national development programme?

This question was asked as part of a national temperature check but respondents also talked about regional opportunities for development.

Key points

- Significant appetite for peer learning including the suggestion of greater connectivity between forums/sectors across London
- More opportunities to connect across London and engage with the London Board
- Leadership across sectors: supporting staff development and minimising the impact of organisational change
- Support in engaging the range of partner organisations
- Support with developing staff to work with the 'tricky' practice issues (MCA; risk; people who are reluctant to engage) and with other prominent issues such as best practice in working with advocacy organisations
- Quality assurance including design of audit tools to support MSP
- Service user engagement at Board level

As in the national temperature check, there is a significant appetite for peer learning in a range of ways (meeting; email circulation list; revive the use of the knowledge hub; webinars; conferences; buddying across councils). In all 15 respondents made reference to this. Six considered the issue of existing forums and how to achieve greater connectivity across London. Suggestions: a regional network for MSP leads in London to share ideas and work on areas.’ and ‘We have LSAN but it would be good to have a MSP forum for London to learn and contribute on what people are doing on MSP, what they are doing well.

‘A third of councils referred to the need to enhance ownership across organisations and to engage partners. This was connected by some to the issue of what might the manner of connecting on MSP across London be (as above); which forum would work best. One council mentioned care provides specifically in this context (other councils mentioned this in response to other questions) and the need too to bring in NHSE to influence Health providers.

As well as meeting and communicating to learn from each other and from best practice four councils mentioned that it would be helpful to know of specific resources available to support MSP development, for example: a list of trainers / facilitators to draw on; presentations; case examples; e-learning.
Six councils referred to the need for support in developing areas of practice around for example: risk; MCA; self-neglect; reluctance of service users to engage. ‘MSP case examples of ‘tricky issues’‘good practice with challenges like family members representing their own agendas not the person’. ‘Complex situations eg people who appear to have capacity and push us away - where there is duress, how do we do this so we don’t offend, make the situation worse?’

This links to one council who said they would like clearer guidance on standards of practice and expectations; statutory guidance ‘a bit woolly’

Three respondents referred to the need to look at ways in which senior managers might support staff and reduce the impact of organisational change. ‘Just keep pushing the message across - the principles - senior managers in all Local Authorities to support their staff - leadership of culture change’

Others expressed a wish to share learning from SARs and to bring service user views into the SAB in a meaningful way;

**Responses to this question fell under key areas as follows:**

**Facilitating sharing ideas and best practice across the region and nationally**

- Would like to see more joining up across London and learning from each other. Opportunities to connect across London and engage with London Board
- We have LSAN but it would be good to have a MSP forum for London to learn and contribute on what people are doing on MSP, what they are doing well. Maybe from this conversation have some links with others
- Opportunities for peer learning is something that we need and is helpful.
- Information sharing about who is doing what well / good practice (for SABs) - with the reworking of MSP for SABs
- What others are doing - e.g. CCGs taking forward MSP
- Would like to know who is good in which areas and have mutual support. Buddying across councils would be helpful
- Examples of good practice of partners' own MSP Action Plans (eg Enfield)
- Examples of good practice - via a forum, also for us to feed into. Regular or ad hoc meetings
- Regional network focusing on MSP; resources such as list of good trainers on MSP; revitalise khub
- Sharing learning from SARs to motivate (a key motivation for MSP in at least 2 Boroughs) This is a reminder about why we do MSP
- Conferences with good practice examples. Hearing about good practice in areas we need to develop (University of Bedfordshire event mentioned several times in conversations)
- Regional and national experiences shared; regional network for MSP to share ideas and work on areas of practice
- Concrete examples of what people are doing; London specific development and links
- have conversations with other people doing MSP on how to balance public interest (duty of care) with service user wishes - as workshop with evidence from auditing case files
- Knowing what good looks like elsewhere and influencing and adapting/adopting this locally
• New ways of taking forward MSP learning at a national level - webinars, e-
learning focussed on complex decisions around risk and mental capacity -
how to involve people in risky scenarios.

...and including ideas about leadership
• Sharing with others how they can minimise the impact of organisational
change / overcome the issues caused by this for MSP. How to get
engagement ‘from the top’ to make progress stable.
• Leadership of culture change; senior managers to support their staff
• NHSE leadership would be helpful to influence health providers

Multiagency engagement
• More work on engaging partners on the Board in a meaningful way.
• Something that would develop the knowledge and commitment of other
partners to embrace MSP.
• Translating across Local Authority/NHS so that there is shared
understanding - at a national level  Say what personalisation means in
different cultures and move away from the rhetoric of agencies.
• How to bring in care providers. Could this be done regionally e.g. with CQC
as we have quite a way to go in this area.
• Support in helping all organisations to understand the need to weigh up
rights/responsibilities/risk/choice.
• Help in engaging range of partners.
• Translating MSP across Local Authority/NHS so that there is shared
understanding - at a national level. Say what personalisation means in
different cultures and move away from the rhetoric of agencies.

Support with the ‘tricky practice issues’ and practice in general
• MSP case examples of 'tricky issues'
• A focus on complex situations eg ‘people who appear to have capacity and
push us away - where there is duress, how do we do this so we don’t offend,
make the situation worse?’
• Further development of practice in how to manage risks in work with people
when personal outcomes are at odds with good safeguarding practice.
• Access to online user friendly resources (strengths based approaches;
positive risk taking; case examples) On line discussion groups dedicated to
MSP
• good practice in listening to the voice of users and working with advocacy
organisations
• Keep pushing the message across; the principles

Quality assurance tools
• Audit tool to see what happens to people longer term ; are people still keeping
themselves safe?
• Design of audit tools that we could all use. A standardised tool so we are all
measuring the same thing. How do we know we are doing a good job?

Service user engagement at Board level
• Getting service user views in to the Board and making this meaningful.
2.14 What are councils’ perceptions of the level of progress in implementing MSP?

How would you rate your organisation’s achievement of MSP at the moment?

Findings need to be read with caution, not least because Councils offered reflections 6 – 12 months ago. Those conversations may well have helped to move them on. In addition some who are on the threshold of moving this forward in a planned way have some important (and often difficult to achieve) foundations in place ....senior leadership commitment and making this a priority; a clear picture from audit and QA processes so that a plan can be made that responds to key local issues.

For those who evaluated their position as MSP being fully implemented there is a clear message that there is still more to do and that this continues to evolve.

The greatest number of councils said that they were in the stage of having completed planning and were rolling this out (61%). Here too seven said simply that this was evolving and there is always more to do (exactly as in the ‘fully implemented’ category).

Others were more specific about where further attention was needed with 8 referring to greater engagement of other organisations and 4 mentioning the need to develop MSP across generic teams (having first targeted specialist teams). A focus on systems development (3); prevention; wellbeing; user engagement on the Board; risk/MCA issues was also referred to.

For those who said that roll out is currently stalled: some of the above were referred to and in addition: ‘other changes going on so have paused until reorganisation delivered’ (3 councils); need to use supervision and reflective practice more (3); senior management leadership (2)

For those still at the piloting and testing stage there were plans and governance in place and some direction, as well as some progress in parts of the organisation which needed to be rolled out more broadly/.

Table 12: How would you rate your organisation’s achievement of MSP at the moment?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully implemented</td>
<td>Enfield</td>
<td>4</td>
<td>12%</td>
<td>6%</td>
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<td></td>
<td>Hillingdon</td>
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<td>Lambeth</td>
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<td></td>
<td>Wandsworth</td>
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<tr>
<td>Planning completed and rolling out</td>
<td>Barking &amp; Dagenham</td>
<td>20</td>
<td>61%</td>
<td>57%</td>
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<tr>
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<td>Barnet</td>
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</table>
Table 12: How would you rate your organisation’s achievement of MSP at the moment?

<table>
<thead>
<tr>
<th>Response</th>
<th>Names of authorities</th>
<th>N</th>
<th>Regional %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll out currently stalled</td>
<td>Haringey, Harrow, Kingston, Lewisham, Newham, Redbridge, Richmond, Southwark, Sutton, Tower Hamlets, Waltham Forest</td>
<td>5</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Piloting and testing phase</td>
<td>Ealing, Hammersmith &amp; Fulham, Kensington and Chelsea, Merton, Westminster</td>
<td>3</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Still developing and planning</td>
<td>Islington</td>
<td>1</td>
<td>3%</td>
<td>17%</td>
</tr>
<tr>
<td>Have not yet really started</td>
<td></td>
<td>0</td>
<td>0%</td>
<td>0%</td>
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</table>
3 Conclusion

This analysis reflects real enthusiasm across London for MSP and engagement with the challenges. Nationally 36% of respondents said that the reaction to the culture change towards MSP was very positive compared to 70% in London. Respondents reflected a desire to have a real impact and there is a high level of creativity in thinking and learning about MSP. They highlighted progress to date but reflected a real drive to improve.

There is enthusiasm for practice development on the most challenging issues, such as working with risk and making safeguarding personal alongside those who lack capacity. There is evidence of a range of approaches to developing staff where the emphasis is on ‘getting alongside’ staff and empowering them to explore and enhance practice, rather than on direct training. There was a clear message that MSP will best be developed through leadership that has a clear focus on core principles; on the wellbeing principle and the six safeguarding principles set out in the Care and Support Statutory Guidance (DH, 2016). Within this the analysis reflects a need for a greater emphasis on prevention.

The perception of respondents in respect of the extent of engagement of Safeguarding Adults Boards with MSP is below the national comparison with 27% of SABs in London described as well engaged as against 39% nationally. The analysis reflected the view that SABs should seek assurance that engagement in MSP at Board level is reflected in front line practice.

There is a real appetite for peer learning; to meet and discuss MSP across organisations. This needs to be exploited. This is seen as crucial to taking this agenda forward. In London almost half of councils referred to engagement with other sectors or organisations in responses about developing staff and practice. This was far greater than in the national temperature check. This analysis included conversations with just a small number of representatives from organisations outside of London Councils. This contribution highlights significant issues and positive initiatives to support partnership development of MSP. It is important that this dialogue continues. It can be facilitated by greater connectivity across existing forums and networks.

There is an emphasis in response to the challenge of measuring outcomes, on the benefits of gathering qualitative information. This includes case file audit, surveys and focus groups. There was a commonly expressed view that MSP is more about wellbeing and core principles than it is about quantifiable data. A focus on data and IT systems must therefore be triangulated with qualitative information. It is acknowledged that a partnership commitment to asking people about their preferred outcomes at the start of safeguarding support is not widespread. There is some local good practice that can form the basis for London-wide learning on this. Some councils are making positive use of outcomes information which is an essential next step to gathering that information.

In terms of taking MSP forward there was a significant emphasis on the need to: establish multiagency commitment to MSP; take forward a range of initiatives to develop staff; develop robust approaches to quality assurance. Engaging across forums and councils to share ideas is a commonly held priority alongside SABs engaging with service users in considering next steps.
## Appendix 1: Recommendations with key actions for delivery

### 1. Leadership and organisational commitment

#### 1.1 The Safeguarding Adults Board can demonstrate this by:

| a) | Establishing Making Safeguarding Personal as a core objective running throughout the strategic plan. Make core safeguarding principles and the wellbeing principle explicit within this. Connecting Making Safeguarding Personal across all subgroup activity |
| b) | Seeking assurance that commitment to MSP, at Safeguarding Adults Board level, translates into frontline practice through organisational self-assessments and multiagency case file audits |
| c) | Connecting with individuals and their 'stories' and seeking assurance that all organisations do the same |
| d) | Raising awareness of forthcoming guidance (commissioned by ADASS) on what 'good' looks like across partner organisations in support of partners' development and engagement in MSP |
| e) | Facilitating mutual challenge across sectors in support of embedding MSP in key organisational strategies and guidance. |
| f) | Establishing robust service user engagement with the SAB in leadership of this agenda. |
| g) | Supporting putting in place a partnership framework of shared principles and best practice in working with risk consistent with Making Safeguarding Personal |
| h) | Reflecting and acting on the messages for MSP from SARs |
| i) | Seeking assurance from key partners on the impact of organisational change (particularly senior leadership) on sustained development of MSP |

#### 1.2 Senior management and corporate leaders can demonstrate this by:

| a) | Articulating values clearly and simply (showing how they translate into front line practice). Making explicit links in organisational vision; strategy and policy to the six safeguarding principles and to the wellbeing principle |
| b) | Ensuring outcome measures focus on wellbeing as well as safety |
| c) | Making sure there is organisational commitment to working with risk that reflects positive risk taking and person centred principles |
| d) | Ensuring an open and transparent culture that welcomes feedback from staff and people who need support from safeguarding services, including reference to individuals' experiences/stories at the top level in organisations. |
| e) | Ensuring feedback processes are meaningful and stem from a genuine will on the part of organisations to learn and develop from hearing what is going well/not so well for people. |
| f) | Commissioning frameworks reflect the values and principles necessary to make safeguarding personal |
| g) | Supporting and empowering staff both through robust practice in staff supervision and through implementing innovative, creative and empowering approaches to developing staff (examples of best practice are set out in this analysis). |
### 2. Supporting a unified response to MSP across organisations and sectors, facilitated by individual Safeguarding Adults Boards and the London SAB.

This can be facilitated through the following:

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<tr>
<td><strong>a)</strong> Make use of and promote forthcoming resources (commissioned by ADASS) to support organisations and the Safeguarding Adults Board in understanding what Making Safeguarding Personal means for them. This includes advice to mainstream Making Safeguarding Personal, supporting partner organisations in making the links between Making Safeguarding Personal and their existing values/principles; priorities; frameworks. Integrate this into safeguarding self-assessment frameworks for Safeguarding Adults Board partners.</td>
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<tr>
<td><strong>b)</strong> A perception of low levels of engagement in MSP across service providers and commissioners, including acute hospital trusts indicates the need for particular support to be focused here. A resource for commissioners and providers, currently under development (commissioned by ADASS), will support this.</td>
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<td><strong>c)</strong> Exploiting opportunities for peer learning and to meet and discuss MSP across organisations and sectors, drawing on examples from a range of organisations as set out in this report.</td>
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<td><strong>d)</strong> SABs and statutory partners working with the voluntary and community sectors to define and support their role in MSP.</td>
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<td><strong>e)</strong> Consideration across London of the benefits a MASH and/or other specific coordination models across organisations can bring to MSP. Inform wider development of successful models.</td>
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<td><strong>f)</strong> Develop a clear interface between the London Safeguarding Adults Board and other networks and forums, including those developed by PSWs and ADASS, facilitating consistent messages and support for staff in all sectors.</td>
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3. **Ensure there is a clear focus on prevention and early intervention and the role of Making Safeguarding Personal within this. This can be shown through safeguarding that:**

|   | Has a clear focus on prevention, addressing key aspects of the wellbeing of individuals in order to impact upon their safety. It is only by engaging with individuals that professionals and staff can understand what ‘wellbeing’ means for them and how it might be achieved. |
|   | Is not confined to section 42 responses to safeguarding concerns. Organisations should enhance prevention by linking into voluntary and community assets for interventions outside of section 42 enquiries. |
|   | Focuses on supporting capacity in the voluntary and community sectors to support prevention and early intervention. |
|   | Supports, empowers, engages and informs people to build and sustain resilience, including positive and person centred approaches to working with risk. |
|   | Supports engagement with the community and people who may be in need of safeguarding support, developing capability in communities to recognise and respond to abuse and neglect, reaching all sections of the community, including a clear focus on those with protected characteristics as a priority. |
|   | Sees service quality and prevention as integral to safeguarding and recognises the role of Making Safeguarding Personal within this. Encourages protection of the wellbeing and safety of people using services through proactive approaches to reducing risk. |
4. Measuring the difference Making Safeguarding Personal makes for people. The following will support this:

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<tr>
<td>a)</td>
<td>Ensuring that all staff and professionals across organisations ask people about outcomes at the point of concern. This is recorded and analysed so that the Safeguarding Adults Board can see the extent of partner engagement in Making Safeguarding Personal and mobilise advice and support where this is needed. A standard set of questions for all organisations to ask will support practice and measuring effectiveness. Commissioners should support / seek assurance on this.</td>
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<tr>
<td>b)</td>
<td>Ensuring that Councils complete and send the voluntary Making Safeguarding Personal annual returns to NHS Digital on outcomes. The Safeguarding Adults Board uses this information to drive practice development (for example undertaking an audit or a deep dive on a sample of cases where outcomes are not met)</td>
</tr>
<tr>
<td>c)</td>
<td>Organisations should develop a means to gain a picture of what happens to safeguarding alerts that do not progress to a S42 enquiry. Some examples are offered in this analysis. An overview of what happens to people whose circumstances do not require a formal enquiry (Care Act, Section 42 enquiry) will support understanding of the extent to which MSP supports prevention of future harm.</td>
</tr>
<tr>
<td>d)</td>
<td>Facilitating multiagency case file audits to provide qualitative information about engagement in Making Safeguarding Personal across the partnership, identifying further areas for development and improvement. Case audit is used extensively across London to measure effectiveness. Audit tools should reflect core safeguarding principles. Collaboration across the region to develop effective audit tools would be beneficial.</td>
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<td>e)</td>
<td>Collaborating across councils on sharing of information around IT systems and the extent to which each can support information on outcomes and which systems have particular strengths /capabilities. Some information is presented in this report. This can be built upon.</td>
</tr>
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</table>
5. Staff development and support. This is supported by:

a) Establishing a common and robust approach to workforce recruitment and retention across the partnership (which connects with Making Safeguarding Personal), perhaps by making reference to a common resource such as the toolkit produced by Skills for Care and used in a range of areas.

b) Capitalise on the positive response across London from social workers to MSP and on the appetite for development in the most challenging areas of practice; create opportunities (perhaps sub regional) to share staff development opportunities on shared priorities such as working with risk; MCA and the links to MSP; advocacy; working with people who are reluctant to engage.

c) Consider best practice set out in this report on the range of creative methods through which staff are being offered support and development opportunities (live case file audits; mentoring; case discussion; PSW involvement) and develop these across councils and organisations.

d) Seek assurance on the impact of the above through organisations' self-assessments and through multiagency case file audit.
Appendix 2: London Boroughs by name

- City of London
- Ealing
- Enfield
- Hackney
- Hammersmith
- Harrow
- Kensington & Chelsea
- London Borough of Barnet
- London Borough of Bexley
- London Borough of Barking and Dagenham
- London Borough of Brent
- London Borough of Bromley
- London Borough of Camden
- London Borough of Croydon
- London Borough of Haringey
- London Borough of Havering
- London Borough of Hillingdon
- London Borough of Hounslow
- London Borough of Islington
- London Borough of Lambeth
- London Borough of Lewisham
- London Borough of Newham
- London Borough of Redbridge
- London Borough of Southwark
- London Borough of Sutton
- London Borough of Tower Hamlets
- London Borough of Waltham Forest
- London Borough of Wandsworth
- Merton Council
- Richmond
- Royal Borough of Greenwich
- Royal Borough of Kingston upon Thames
- Westminster
Appendix 3: Range of positions of interviewee respondents from councils

- Board manager
- Asst Director ASC
- SAB Board manager
- Head of safeguarding
- Asst Director ASC
- Strategic Service Manager & previous Adult Safeguarding Team Manager.
- Asst Director for vulnerable People
- SAB manager
- Asst Director ASC
- Head of Safeguarding Adults
- Asst Director ASC
- Safeguarding Manager
- Interim Safeguarding Service manager.
- Head of Adult safeguarding and workforce development
- Service Manager for strategic safeguarding, LD and Mental Health
- DASS
Appendix 4: Range of attendees at a multiagency meeting

Range of attendees at a multiagency meeting and list of individual respondents and positions within organisations (approached as part of beginning to gain a view from organisations outside of councils)

Multiagency meeting (17 January 2017) attendees:

Jane Lawson [Chair], Phil Brewer (Met Police modern slavery lead), Tony Pape (safeguarding lead Newham Council), Lynne Wild (head of safeguarding Richmond), Hazel Ashworth (Haringey CCG), Patrick Bull (Safeguarding lead, South West London and St Georges MHT), DS Jacqui Burrow (Met Police, based Camden), Louise Butler (Westminster Council safeguarding lead), Jo Carmody (Hounslow Council safeguarding lead), Joanne Cambra (Sutton Housing Partnerships Ltd), Louise Caveen (Met Police safeguarding lead), Mark Easter (CNWL), Susan Fitzgerald (Your Healthcare, Health provider CIC Kingston), Elizabeth Gale (MCA Lead, RB Kensington and Chelsea), Alvin Kinch (Healthwatch England), David Rowley (Designated Nurse Safeguarding, Lambeth CCG), Lurleen Trumpet (LB Havering), Denise Snow (London ADASS), Duncan White (UKHCA), Heather Wilson (Adult Safeguarding/MCA Lead, Barnet CCG)

List of individuals who had conversations with Jane Lawson December 2017:

Adult Safeguarding lead, South West London and St Georges Mental Health NHS Trust

Detective Sergeant, Met Police based at Camden

Executive Director, Sutton Housing Partnerships Ltd

Adult Safeguard Lead Your Healthcare Community Interest Company (working with Kingston SAB)

Lead Nurse Safeguarding Adults, Kingston Clinical Commissioning Group
Appendix 5: Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMH</td>
<td>Adult Mental health</td>
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<tr>
<td>ASC</td>
<td>Adult Social Care</td>
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<tr>
<td>CCG</td>
<td>clinical commissioning group</td>
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<tr>
<td>DASS</td>
<td>Director of Adult Social Services</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>LD</td>
<td>Learning disability</td>
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<tr>
<td>Met</td>
<td>Metropolitan Police</td>
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<tr>
<td>OP</td>
<td>Older Person</td>
</tr>
<tr>
<td>PSW</td>
<td>Principal Social Worker</td>
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<tr>
<td>QA</td>
<td>Quality assurance</td>
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<tr>
<td>SAB</td>
<td>Safeguarding Adults Board</td>
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<tr>
<td>TLAP</td>
<td>Think Local Act Personal</td>
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