Making Safeguarding Personal 2017/18

Learning from the London regional MSP temperature check

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What is there to celebrate in the London region?

- In London 70% of respondents said that the reaction to the culture change towards Making Safeguarding Personal was very positive compared to 36% nationally

- An emphasis on and appetite for working together across sectors

- Enthusiasm for developing the most challenging areas of practice within MSP

What is there to celebrate?

- Desire to have a real impact; creativity in thinking and learning; drive to improve
- Most commonly mentioned strengths: enthusiasm & commitment; commitment from senior managers; robust and innovative staff support & development
- Level of confidence in impact of MSP approach on people's experience of safeguarding support

The significance of MSP within the complexity of safeguarding roles and responsibilities

"**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". (Definition of safeguarding within Care and Support Statutory Guidance, 2017)

London regional temperature check; key messages

The significance of core principles

‘MSP is more about wellbeing and core principles than it is about quantifiable data’

‘Need to simplify; go back to values and principles. The SAB needs to model principles at Board level and make core values explicit’

‘We have linked outcomes to the wellbeing principle’

Leadership

Commitment of senior managers

'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' (Islington)

BUT.. Across London, rate of 'churn' and maintaining momentum

Issues for SAB leadership

Leadership needs to include: ‘openness to ideas; listening to the partnership; holding each other to account’

Variable engagement with MSP by SABs. Those described as very well engaged 27% compared with 39% nationally

BUT 76% very well or fairly well engaged

21% were not very well or not at all engaged

A challenge raised by respondents:

‘Engagement is more about a higher level commitment to this than actually doing it’

Workforce development

The most common areas of focus for 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)

Workforce development

‘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’

- Getting alongside staff and exploring practice issues and challenges
- Examples of combining QA and staff development. Feedback from people and staff directly informing workforce development
- Combining networks across region/ sectors to share learning

Prevention

- Direct reference to prevention in response to the question about how MSP was understood was infrequent

But...prevention is central to safeguarding and MSP is central in enhancing prevention

- Haringey identifies 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.

Prevention

‘Not really measuring the impact of prevention through measuring those that don’t reach a section 42 enquiry. A lot [of safeguarding] isn’t done in the specialist safeguarding team and therefore is not captured to the same extent.’ (Sutton)

‘*working with the community on prevention in MSP’...* the aim is to empower people to make choices about their own wellbeing with the focus firmly on creating a healthy community ...enabling engagement in making choices and recovery)

(Hammersmith & Fulham; Kensington & Chelsea; Westminster)

Does asking about outcomes drive engagement?

A third of Councils across London gave a strong indication and sometimes a confident statement that it does drive engagement

Engaging people in talking about outcomes & prevention

RB Kingston...‘Definitely. [asking about outcomes] drives deeper engagement because we have ‘free conversations’ ...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’.

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’

Involving people who may need safeguarding support with Boards

- Some specific service user forums for safeguarding exist (higher number than nationally)
- Some not specific to safeguarding
- Some excellent examples for others to learn from
- Where advocacy organisations/Healthwatch represent the service user voice ... need for greater clarity as to purpose and approach

(see forthcoming resource for Boards to support involvement of people who may be in need of safeguarding support; looks at what makes this involvement effective and worthwhile; offers examples)

Engaging within & across organisations and sectors

- Engagement is not consistent in many organisations; there may be a specialist/generalist split and/or a strategic/front line split

Example: 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

- Particular support is indicated as necessary to develop MSP alongside providers and commissioners
- Positive examples of a range of initiatives across organisations
- The need to embrace the important contribution of the voluntary and community sector is underlined

Engaging across organisations to make safeguarding personal

‘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.’

Measuring the difference made

- 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.

‘*MSP is more about wellbeing and core principles and a disproportionate level of focus has been on data and IT systems’*

Using information on outcomes and the MSP approach

Inconsistency in the extent to which outcomes information which is embedded in systems is then used to develop practice and improve outcomes.

For some, systems are developed but no meaningful collation of the information and responses to it.

Some councils 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”

Asking about outcomes across agencies

Asking people about the outcomes they want ...an area for development across agencies

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.

Local Government Association

directors of adass adult social services

How does this link with forthcoming MSP resources and the essential steps set out there for MSP?

https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources

Essential steps for Making Safeguarding Personal

- **Leading Making Safeguarding Personal**
  - Step 1: Evidence strong leadership of Making Safeguarding Personal
  - Step 2: Promote and model the culture shift required for Making Safeguarding Personal
  - Step 3: Define core principles for strategy and practice
- **Supporting and developing the workforce**
  - Step 4: Promote and support workplace and workforce development
  - Step 5: Seek assurance of and support development of competent practice in applying the Mental Capacity Act

Essential steps for Making Safeguarding Personal

- **Early intervention, prevention and engaging with people**
  - Step 6: Ensure there is a clear focus on prevention and early intervention
  - Step 7: Engaging with and including people who use services
- **Engaging across organisations in Making Safeguarding Personal and measuring outcomes**
  - Step 8: Facilitate engagement of all organisations across the partnership in developing Making Safeguarding Personal
  - Step 9: Measure the difference Making Safeguarding Personal makes for people

Priorities for action?

What needs to be done to

address MSP within the range of safeguarding responsibilities; across all Board subgroups/ all organisations?

What would I prioritise?

- Bring principles ‘centre stage’. Support staff balance these (advocacy?)
- Develop understanding of why/how partnership working is central to MSP
- Support and empower staff, ensuring connection of workplace/ workforce development
- Develop/seek assurance: positive/person centred approaches to working with risk
- Case file audit designed to understand the extent of MSP (combine L&D/QA)
- Collaborate on L&D across sectors/region/sub region on key challenges
- Senior managers and Boards engage directly with people, communities and staff hearing ‘stories’ (inc. through SARs or case studies); they respond to this.
- Boards involve service users
- An MSP approach supports prevention/early intervention. Connect the two
- Measuring: qualitative; pre S42; all partners ask about outcomes; wellbeing focus

- **Leading Making Safeguarding Personal**
  - Bring principles ‘centre stage’
  - Senior managers / Boards connect with people and staff
  - Responsiveness to messages from staff, service users, QA processes
- **Supporting and developing the workforce**
  - Collaborate on L&D across sectors/region/sub region on key challenges
  - Develop positive, person centred approaches to risk. Organisational values support this

- **Early intervention, prevention and engaging with people**
  - Connect MSP into the prevention agenda / strategy. Identify priorities
  - Senior managers and Boards engage directly with people, communities and staff, hearing ‘stories’ (inc. through SARs or case studies); they respond to this in developing practice. Boards involve service users
- **Engaging across organisations in Making Safeguarding Personal and measuring outcomes**
  - Develop understanding of why/how partnership working is central to MSP. Enhance this using MSP resources; check it out in case file audit
  - Design a case file audit tool/methodology to support staff development & MSP
  - Measuring: qualitative; pre S42; all partners ask about outcomes; wellbeing focus

Why these?

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

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