

Making safeguarding personal temperature check

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Published version

NELSON, Pete, WHITEHEAD, Louise, FOGGIN, Jane and JOHNSON, David (2019). Making safeguarding personal temperature check. Project Report. Sheffield, Sheffield Hallam University. (Unpublished)

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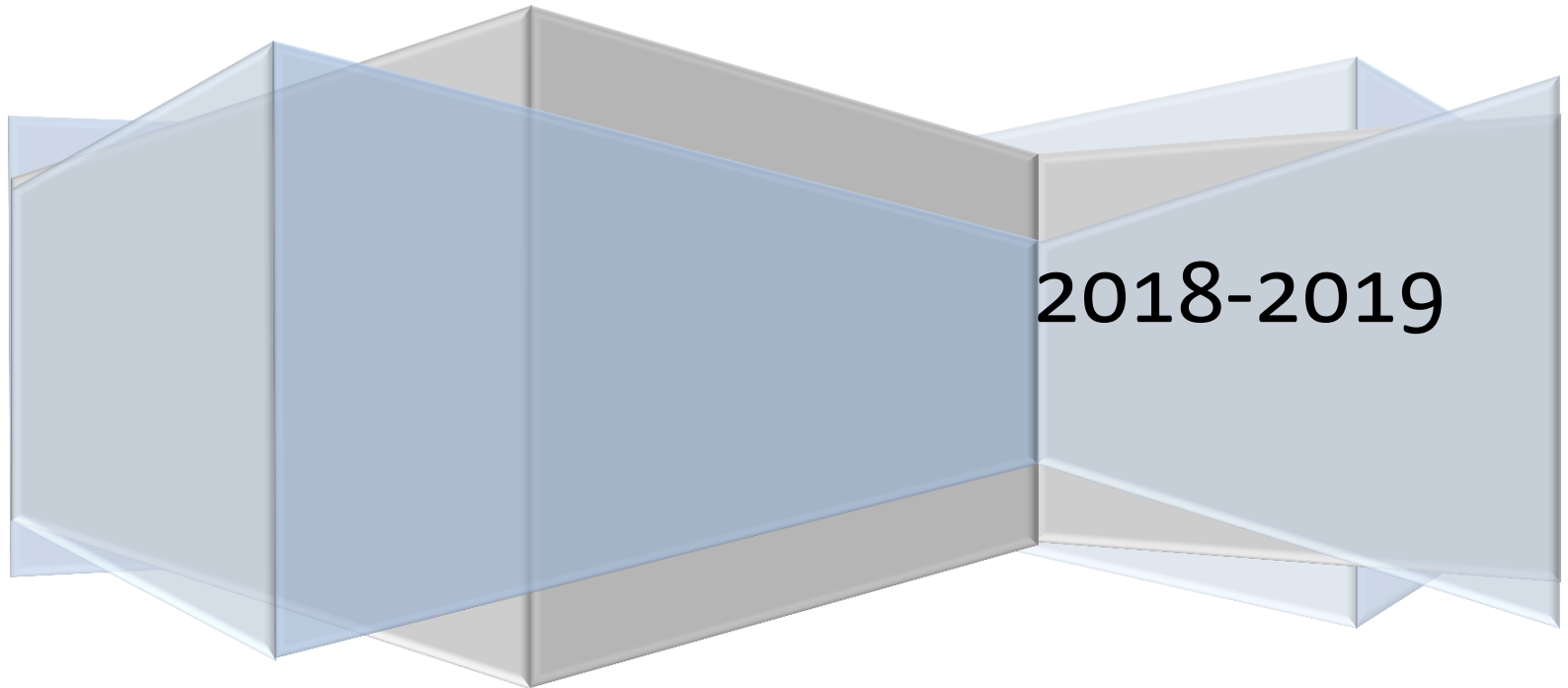
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**Making Safeguarding Personal
Temperature Check - Doncaster
MBC**

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2018-2019

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Executive Summary

Introduction

Making Safeguarding Personal is a sector-led improvement initiative which sought to align personalisation and adult safeguarding, in response to the 'No Secrets' consultation exercise in 2009. It was embedded into legislation through statutory guidance for the Care Act (2014). Making Safeguarding Personal relates to the whole spectrum of safeguarding adults activity, not just actions focussed in the context of s42 enquiries as defined in the Care Act (2014) (LGA/ADASS 2017).

The focus of Making Safeguarding Personal is to drive person-centred approaches and move away from traditional procedure driven safeguarding processes, characterised by 'No Secrets agenda' (2000 LGA et al., 2010). To enable this approach to flourish, a cultural change is required. This change recognises and utilises the significant resources and assets held by individuals, their families, friends and other networks in a way which is coterminous with the personalisation agenda.

Making Safeguarding Personal means safeguarding adults work is:

- Person-led
- Outcome-focused
- Engages the person and enhances involvement, choice and control
- Improves quality of life, wellbeing and safety

(Care and Support Guidance (2014) Paragraph 14.15).

Background

Why has this temperature check been conducted?

Doncaster Safeguarding Adults Board has been involved with the Making Safeguarding Personal (MSP) agenda since its inception. It took part in the initial ADASS/LGA pilot scheme at 'Bronze' level. Doncaster also took part in a regional ADASS temperature check and assessment and from this report, a recommendation was made that a further temperature check should be undertaken to explore the implementation of MSP in organisations across the partnership. In response to this, Doncaster Safeguarding Adults Board commissioned Sheffield Hallam University to undertake a local MSP temperature check.

The aim of this work was to explore the impact of the Board's implementation plan across Doncaster. It was agreed that the focus of this piece of work would not be aimed at Safeguarding Board members, but at managers in a range of organisations across Doncaster.

Methodology

This temperature check is an in depth qualitative exploration of the implementation of Making Safeguarding Personal (MSP) within Doncaster. Data was gathered using Individual semi-structured interviews that were held with managers within 17 organisations. The interviews explored managerial understanding and the current level of implementation of MSP within their respective organisations. Sampling was conducted in a purposive manner to include a range of participants from private and public organisations linked to their role with MSP. Framework Analysis methods were used to generate categories, codes and themes that capture the experiences, views and perceptions of the participants. The research team took a collective approach to the analytical process in order to develop the thematic framework.

Findings

The thematic framework consisted of seven key themes:

1. Designated role/responsibility for Making Safeguarding Personal

In considering who was responsible for implementing, managing and overseeing MSP within a particular organisation there was a degree of commonality but also differences. For some organisations responsibility lay within a role that encompassed all safeguarding responsibilities (both children and adults). In some organisations a new role was created to ensure compliance with safeguarding requirements, in other organisations it was a pre-existing role to which MSP had been added, for others the role had an adult safeguarding focus only. One organisation (Police) distinguished between adult abuse, for which they had responsibility and adult safeguarding for which they did not. There was also difference in terms of designation, responsibility and seniority of the role; for some organisations the role was encompassed within an overall management role for which safeguarding was just one of many responsibilities. For others there was a specific safeguarding role with a distinction being made between strategic and operational management. For a number of organisations it was important to identify that overall responsibility for MSP needed to be spread throughout the workforce and not located within one individual.

2. Understanding of MSP

One of the key objectives of the research was to explore how organisations understand Making Safeguarding Personal. The research concluded that there was a distinct difference in the understanding of the term Making Safeguarding Personal across the organisations who participated in the research. Some organisations were aware of the concept of MSP as defined by the Care Act (2014) and this was implemented in safeguarding adults procedures in Doncaster. Other organisations did not recognise MSP as being distinctively different from approaches to adult safeguarding pre-Care Act (2014). A clear pattern emerged from the data; the closer the organisational link to Doncaster Safeguarding Adults Board, the clearer its articulated understanding of MSP was; and conversely, the further removed the organisation, the less clear they were about the MSP concept.

3. Organisations

The success of MSP relies on the development of local understanding and implementation across a wide range of organisations, structures and services. It is therefore unsurprising that 'organisations' emerged as a theme within this research. It is clear that procedural adults safeguarding is well defined in Doncaster organisations; it not as clear that MSP concepts have been universally accepted.

4. Implementation of MSP

There were a range of views amongst respondents about how far MSP is being implemented. Some were positive about a culture shift towards a more person centred approach taking place, though some were concerned that new policies and processes, whilst good, were not the whole answer. One of the emerging messages about implementing MSP was that sometimes there was a disjuncture between the policies used and the person centred philosophy of MSP, and that resourcing and other organisational issues can be barriers. The message was one of commitment, a sense of progress, and a recognition that there is much still to be done.

5. Challenges of implementation

Participants identified some challenges they have experienced in implementing MSP. The challenges included a lack of clarity about the conceptual difference of MSP. Some providers also reported a lack of clarity about safeguarding adults' processes as they were unclear about reporting procedures and expectations for response and support from the local authority. Multi-agency working and the application of thresholds across agencies were also identified as challenges of implementation as there appeared to be differences in what was perceived as a safeguarding adults issue. Participants acknowledged that to work in a way that isn't tokenistic, and to help people to achieve meaningful

outcomes takes both time and resources which participants reported were not available. In particular, Staff shortages and workforce churn were identified as key resource issues as staff turnover had the most significant impact on the skill mix of the workforce.

6. MSP Working Well

There was some optimism among respondents that the implementation of MSP complemented key professional values, and that with the right staff, practice was more person centred, more legally literate and that there was more effective collaboration between agencies.

7. Outcomes

Participants identified that achieving outcomes is one of the key characteristics of the MSP approach. There were subtle differences across organisation about how they understood achieving outcomes in this context; some organisations focused on the person's feelings of safety, others shifted to a wider focus on what the individual wanted to achieve. Some also included organisational outcomes such as customer satisfaction or how the organisation can learn from what has happened to the individual to minimise future risk of harm for that person or others. Outcomes often had to be negotiated throughout the process because either the outcome they wanted was unachievable or unrealistic, or the person changed their mind about what they wanted to achieve once the initial crisis situation has passed. Participants reported that there were challenges to identifying outcomes, including when people were unable to articulate the outcome they wished to achieve. Often participants found that the process was too complicated. In these circumstances, it was identified that a more rounded piece of work was required to help people ascertain their outcomes and often outcomes were met outside of a s42 enquiry. Some organisations are only involved for part of the safeguarding process; therefore, it can be difficult for them to establish whether a person's outcomes have been achieved. It was also identified that there remains a conflict between the person and the process, where outcomes for the safeguarding process were captured but issues such as the ongoing trauma of the individual were not addressed. Capturing outcomes was also a challenge. Although a range of internal recording methods were described, there was a lack of a rigor and consistency in the approach to capturing and recording outcomes.

Conclusion and Implications for Practice

This research has provided a temperature check on the implementation of Making Safeguarding Personal in Doncaster. The overall message is that organisations in Doncaster understand safeguarding adults and have aligned to MSP, with evidence of procedures being in place across all participating organisations.

There remain challenges of course and some organisations experience difficulties in moving away from a process driven approach, either due to organisation systems driving culture or concerns about evidencing accountability. Organisational culture appears key to implementing the values and ethos of MSP with focussed and targeted training one approach being to achieving and embedding cultural change.

To further progress implementation of MSP a number of implications for practice can be drawn from the research:

- Training in respect of MSP to be ongoing and include philosophical and cultural issues alongside processes
- Training to be targeted and tailored to meet the needs of individual organisations in terms of delivery patterns and content.
- A common understanding of 'outcomes' is required at individual organisation and multi professional levels
- A system for recording 'outcomes' at individual service user, single organisation and multi professional level could be further developed
- Insufficient time and human resource can act as an inhibitor to full implementation of MSP

Limitations

There are limitations to the research findings and consequent implications for practice in that the focus has been on managers; further work is required to assess the impact of implementation at individual practitioner and service user level.

Key Messages from the Research

Findings

- Organisations in Doncaster understand safeguarding adults and have aligned to Making Safeguarding Personal, with evidence of procedures being in place across all participating organisations
- At times organisations can confuse Making Safeguarding Personal with talking about Adult Safeguarding
- Organisations that sit close to the Adults Safeguarding Board have a greater level of understanding and application of Making Safeguarding Personal philosophy
- The cultural and philosophical understanding of MSP at care provider level is less strong and sometimes missing
- Outcome measures across all organisations were not clearly articulated with subtle but important distinctions across organisations about what was meant by outcomes in safeguarding adults.
- Support for the implementation of MSP is seen as uneven. Training is valued and seen as useful but delivery patterns don't always meet operational needs.

Organisational culture and MSP

- Culture emerged iteratively as an important category during the data analysis
- Organisational culture is key to implementation of MSP
- Policies and procedures are in place across organisations but the extent to which they are implemented depends on the organisational culture
- A cultural shift may be happening but this is difficult to quantify and evidence
-

Typology of MSP organisational implementation

A typology of MSP organisational implementation emerged from the research and could be used by organisations to assess their implementation of MSP:

- Systems in place and working well. Changes have been made and agencies are doing something different which is evidenced. (Doncaster College)
- MSP is congruent with the way the organisation works (St Leger)
- 'We do it anyway' (Nursing) (how do we or they know?)
- Awareness of MSP is embedded in procedures but more work is needed to change the organisational culture (DMBC)
- Aware of safeguarding requirements but not MSP (small care providers)
-

Implications for practice

- Training in respect of MSP to be ongoing and include cultural issues alongside processes
- Training to be targeted and tailored to meet the needs of individual organisations in terms of delivery patterns and content.
- A common understanding of *outcomes* is required at individual organisation and multi professional levels
- A system for recording *outcomes* at individual service user, single organisation and multi professional level could be further developed
- Insufficient time and human resource can act as an inhibitor to full implementation of MSP

Introduction

Making Safeguarding Personal is a sector-led improvement initiative which sought to align personalisation and adult safeguarding, in response to the 'No Secrets' consultation exercise in 2009. It was embedded into legislation through the statutory guidance for the Care Act (2014). Making Safeguarding Personal relates to the whole spectrum of safeguarding adults activity, not just actions focussed in the context of s42 enquiries as defined in the Care Act (2014) (LGA/ADASS 2017).

The focus of Making Safeguarding Personal is to drive person-centred approaches to move away from traditional procedural driven safeguarding processes, characterised by 'No Secrets agenda' (2000 LGA et al., 2010). This required a cultural change to see the significant resources and assets within individuals and families which may be most suited to support an adult in need of safeguarding and is considered an approach which is coterminous with personalisation. The approach requires that people are asked what outcome they want to achieve at the beginning of the process, checking in with them as things progress and finally finding out if their outcomes were achieved at the end. It also involves using a range of interventions to achieve outcomes, not simply identifying what happened and making professional decisions about future risk. To enable this approach to flourish, a cultural change is required.

Making Safeguarding Personal means safeguarding adults work is:

- Person-led
- Outcome-focused
- Engages the person and enhances involvement, choice and control
- Improves quality of life, wellbeing and safety

(Care and Support Guidance (2014) Paragraph 14.15).

The Care Act (2014) guidance incorporated Making Safeguarding Personal as the recommended approach to safeguarding, underpinned by the six principles to work to in safeguarding:

- ✓ Empowerment
- ✓ Prevention
- ✓ Proportionality
- ✓ Protection
- ✓ Partnership
- ✓ Accountability

Background

Why has this temperature check been conducted?

Doncaster Safeguarding Adults Board has been involved with the Making Safeguarding Personal agenda since its inception. It took part in the initial ADASS/LGA pilot scheme at 'Bronze' level. Doncaster also took part in a regional ADASS temperature check and assessment and from this report, a recommendation was made that a further temperature check should be undertaken to explore the implementation of MSP in organisations across the partnership. In response to this, Doncaster Safeguarding Adults Board commissioned Sheffield Hallam University to undertake a local MSP temperature check.

The aim of this work was to explore the impact of the Board's implementation plan across Doncaster. It was agreed that the focus of this piece of work would not be aimed at Safeguarding Board members, but at managers in a range of organisations across Doncaster.

This temperature check took place between June-December 2018 with organisations across the Doncaster Partnership. The focus of this study has been to interview managers in both statutory and third sector organisations and explore how the Board's MSP strategy has been implemented.

Methodology

Design

The temperature check is an in depth qualitative exploration of the current implementation of Making Safeguarding Personal (MSP) within Doncaster. The study adopted a constructivist epistemological perspective and qualitative methodological approach. Data was gathered using Individual semi-structured interviews that were held with managers within 17 organisations. The interviews explored managerial understanding and the current level of implementation of MSP within their respective organisations.

Sampling

Sampling was conducted in a purposive manner to include a range of participants linked to their role with MSP. The sample sought to cover the range of public and private organisations involved with MSP. The focus was on managers in both statutory and third sector organisations to explore how the Board's MSP plan has been implemented. The interviews took place between June-December 2018

with organisations across the Doncaster Partnership. The sample size was limited by the funding available and consequent researcher time but was broadly successful in covering the range of participants (see table 1, page 13 for participant characteristics). Data saturation occurs at a point when the research team conclude that pragmatically there is no point in interviewing more people as no new themes will emerge from more interviews. It is not clear that data saturation was reached in the research; findings have to be viewed within this context.

Participants were initially identified in consultation with the Doncaster Safeguarding Adults Board (DSAB) manager. Staff were chosen as their role within their organisation had responsibility for MSP. Prospective participants were provided with a participant information sheet (appendix 2) and allowed time to consider participating in the study. If they agreed, and following the signing of a consent form, (see appendix 2) semi-structured interviews were conducted either face to face in a private area at their place of work or by telephone. The interviews lasted for a range of thirty minutes to an hour and twenty minutes.

The interviews were recorded and transcribed in full. The transcriptions were anonymised and any data identifying the individual removed. The consent form acknowledged, however, that for some staff their designation and role might lead to anonymization being qualified. The data was stored securely within a protected base at Sheffield Hallam University in accordance with data protection protocol. Information relating to role and profession was retained as who said what and why was considered important for the analysis phase of the research. The number given to each participant relates to the anonymised code ascribed for purposes of data collection and analysis. See table 1 for details of participant characteristics.

Interviews took a semi-structured pattern and were conducted using an interview schedule devised collectively by the research team in consultation with the board manager. Questions were based on the ADASS questions but developed further to be appropriate for the audience. Two members of the research team were responsible for undertaking interviews.

Following transcription, the data from all individual and group interviews were entered in Microsoft Office Word on to a password protected network available only to the research team. Framework analysis methods were used to generate categories, codes and themes that capture the experiences, views and perceptions of the sample.

Analysis

Framework analysis has emerged from policy research and is a pragmatic and systematic approach to qualitative data analysis. (Gale et al 2013, Ritchie and Lewis 2003) It involves a systematic process of sifting, charting and sorting the material into key issues and themes. Framework analysis allows

the integration of pre-existing themes into the emerging data analysis. It has been used and is particularly useful in multi-disciplinary health research teams (Gale et al 2013).

The research team took a collective analysis approach. The whole team met together and initially read and coded three transcripts each. These were discussed and a set of categories and codes developed which formed the initial analytical framework. The researchers then read all the transcripts and developed a coding framework with new codes emerging and others which were conceptually related being merged. The categories were colour coded and quotations highlighted on the transcripts which related to the specific category. To assist with triangulation of findings the interviews were divided between team members and the process ensured the person who undertook the interview did not code that interview. Initial categories and themes were recorded on a pro forma alongside illustrative quotations.

The team then met again and using graphical imagery, agreed a set of categories and codes. One or two categories were then taken by each member of the research team and the transcripts read again alongside the initial coding pro forma and a narrative account of the findings was produced for each category.

At the next meeting the final analytic framework was agreed and data charted on to a matrix. The matrix was then collectively reviewed, alongside the narrative account, and subsequent discussion, sought to interpret the data. The intention was to develop themes which offered some explanations for what was being presented in the data. The process was informed by the original research aims alongside concepts generated inductively from the data.

Appendix 3 displays the themes and subthemes derived from the interview data.

Table 1 Doncaster MSP Temperature Check interviewees

Organisation	Ref
South Yorkshire Fire and Rescue	p001
St Leger Homes	p002
RDaSH	p003
Doncaster Clinical Commissioning Group	p005
Doncaster College	p006
South Yorkshire Police	p007
DMBC, Safeguarding Adults	p008
DMBC, Safeguarding Adult Hub	p009
HMP/YOI Hatfield	p010
Doncaster and Bassetlaw Health Foundation Trust (DBHFT)	p011
DBHFT	p012
Care home provider 1	p013
Care home provider 2	p016
Care home provider 3	p017
Domiciliary care provider 1	p022
Domiciliary care provider 2	p023
Domiciliary care provider 3	p025
The interview numbers are not sequential as numbers were allocated to all the potential participants; the number represents all that were interviewed.	

Findings

The following section presents the findings of the research grouped under the names of codes generated by the Framework analysis. (See appendix 3)

1. Designated role/responsibility for Making Safeguarding Personal

Summary

In considering who was responsible for implementing, managing and overseeing MSP within a particular organisation there was some commonality but also differences. For some organisations responsibility lay within a role that encompassed all safeguarding responsibilities including children and adults. This role might be a new role created to ensure compliance with safeguarding requirements or a pre-existing one to which MSP had been added. For others the role had an adult safeguarding focus only, with one organisation (police) distinguishing between adult abuse for which they had responsibility and adult safeguarding for which they did not. In terms of designation and seniority of the role and responsibility, for some organisations the role was encompassed within an overall management role for which safeguarding was just one of many responsibilities. For others there was a specific safeguarding role with a distinction being made between strategic and operational management. For a number of organisations, it was important to identify that overall responsibility for MSP needed to be spread throughout the workforce and not located within one individual.

Detail

For some organisations there was clarity on exactly where responsibility for MSP resided alongside all other safeguarding responsibilities:

'And it was a new post to actually ensure that the organisation was compliant with safeguarding requirements. So, my role actually covers safeguarding children and adults' (p001).

'My role is safeguarding children, adults and being available to work with partners as and when required both strategically and operationally' (p002).

For others adult safeguarding was distinguished from children:

'But I am also the designated safeguarding officer and I take particular responsibility for adults' (p006).

And also, for one organisation a more nuanced distinction between safeguarding and abuse:

'I'm in charge of PVP which is Protecting Vulnerable People... we deal with all child abuse and we deal with elements of adult abuse. We don't deal with our adult safeguarding' (p007).

With organisations where safeguarding was a significant part of the organisation's purpose then role and responsibility was taken to include operational and resource management and oversight with strategic oversight residing in senior management:

'But my role is to oversee all of the work that's carried out within the safeguarding hub. Whether that be about investigating a concern, whether that be ensuring that someone's not deprived unlawfully of their liberty. I also get involved in obviously the strategic side of things. So, looking at ensuring we have enough resources, recently getting involved in quite a hefty audit for DoLS and looking at ensuring that we are compliant with legislation... So basically, along with people management it's also resource management I guess' (p009).

For other organisations MSP was one of a raft of responsibilities:

'I'm the registered manager here not just responsible for safeguarding' (p016).

'I'm in charge of all the residential units at HMP Hatfield which is a prison that covers two sites. So, it's looking after, ensuring all the day-to-day running of the prison goes smoothly, looking at inmate behaviours. I'm also in charge of the Safer Custody Region and I'm charge of Violence Reduction' (p010).

For care providers in particular responsibility for MSP was one managerial duty among many:

.... 'We have approximately 1,200 employees delivering care and support to vulnerable people across the whole of those areas. And I am also the designated safeguarding lead for the (Domiciliary care provider 2) group as well' (p023)

However, where this was the case safeguarding had for some priority and required seniority of role:

'I've two deputies in place that manage the care overall and the relationships with people but when it comes to safeguarding that's where I kind of leap in and take that role' (p025).

One participant expressed some frustrations with a role that could be restricted to managerial oversight and wished to take this further to include staff support:

'It's very difficult. And I think that's one of the challenges we've got. Because we take a lot of calls from staff. Because staff really struggle sometimes. The patients don't want to, don't want help or to protect themselves and staff really struggle. And that's where I see my role as I should go out and support the staff and be able to take it that bit further' (p012).

This view found some support in organisations where responsibility for MSP was seen to spread more widely than one individual to encompass the wider staff group:

'I would expect our staff to have an awareness of the issues and awareness of making safeguarding personal and be able to be that, if we do get that first call to be able to identify that and identify that that person has needs and that there are concerns. And I do think we're getting there with that' (p007).

'It has to start with our front-line staff. Because if they don't have a good understanding of safeguarding, and I don't just mean what constitutes abuse, but a good understanding of processes. If they don't have that then everything fails' (p023).

Working with other organisations who were seen to have specific expertise, in order to share responsibility was identified as important by health providers both operationally and strategically:

'The key stakeholders, well we do have a lot of work with the social workers. So we do have a social work team within the Trust who we liaise with quite frequently' (p012).

'And our deputy director of nursing sits on the Safeguarding Board and he's 100 percent behind all the work we do' (p012).

For others the inter professional net was cast more widely:

'We work very closely with local authorities, and we work very closely with CCGs as well' (p023).

2. Understanding of Making Safeguarding Personal

Summary

One of the key objectives of the research was to explore how organisations understand Making Safeguarding Personal. The research found that there was a distinction in the understanding of the term Making Safeguarding Personal between the organisations who participated in the research. Some of the organisations were aware of the concept of Making Safeguarding Personal as defined by

the Care Act (2014) and implemented in the safeguarding adults process in Doncaster. Other organisations did not recognise Making Safeguarding Personal as a concept which was distinctively different from approaches to adult safeguarding pre-Care Act (2014). A clear pattern emerged from the data, where an organisation had closer links to Doncaster Safeguarding Adults Board, the clearer its understanding of Making Safeguarding Personal and the further removed the organisation, the less clear they were about the Making Safeguarding Personal concept. Despite this difference it was possible to identify the components which reflect organisational understanding through the application of Making Safeguarding Personal to practice.

Detail

Incorporation of Making Safeguarding Personal into mainstream organisational business.

Current guidance on implementation advises that organisations incorporate MSP into their existing structures (LGA/ADASS 2018). There was evidence to suggest that this is taking place in organisations in Doncaster and that the commitment to Making Safeguarding Personal went across the spectrum of safeguarding adult work, not just within the remit of s42 enquiries:

'So, with regards to safeguarding, it just forms part of the whole person-centred approach. It's nothing separate' (p013).

'Making safeguarding personal I think, I don't think it's anything new to a nurse. I think, well I know as a nurse, we've always communicated well with our patients. It's very, I think making safeguarding personal is the same as patient-centred care' (p012).

'Where to a certain degree you could ask well why it is separate, yeah, because actually our service provision is wrapped around the safeguarding personalisation approach' (p002).

Participants acknowledged that although terminology in their organisation may be different from the terminology of the Care Act (2014) and Making Safeguarding Personal but that the essential work which reflected Making Safeguarding Personal remained the same:

'They want the communities to be safe and happy and they want to do the best for them. And they might not be able to say making safeguarding personal is this this this this this, but they'll know the concept in broad terms' (p007).

'You keep people safe in custody and you wouldn't call it safeguarding as such but it's our safe custody role' (p010).

Move from process to conversations

The Making Safeguarding Personal guidance reflects that the change in values should move from a process supported by a conversation, to a conversation supported by a process:

'Making safeguarding personal is about listening. And it's on occasion seeing behind what an individual says, so it's about open listening, body language etc. And it's ensuring that you are taking on board that individuals desire or wish seriously and you do your utmost to deliver that bespoke tailored support package for them to enhance their wellbeing and their quality of life' (p002).

'So, when we're discussing any care aspects with our patients, we offer them choices, we ask them what they want, have they got any concerns, any questions. So, we work together with our patient. And I think that is the same as Making Safeguarding Personal with safeguarding' (p012).

Although there was some evidence of conversations supported by a process, this was not consistent. There was some evidence to suggest that the safeguarding process drives the approach:

'However, I do believe we still remain heavily process driven. I think we have a service that is intent often on, and I use the phrase, for want of a better phrase, hoovering up as much as possible into the safeguarding system and then processing it in a very depersonalised way' (p008).

The Local Authority service manager acknowledged that this process- driven approach had been heavily influenced by the I.T. system:

'I think some of our processes are dictated very heavily by our IT system. And that makes us very process driven in that respect. I also think operationally there is a process mentality that is driven by the IT system' (p008).

Concerns about the shift away from a process-driven approach were raised by some participants who discussed the importance of accountability and how adherence to processes can support shared understanding about safeguarding adults:

'I mean I know what you're saying about making it personal but there's got to be some common ground so that you can tick that box and say well this is a safeguarding because of

this criteria [sic], that's what we want. However personal it is the ethos of safeguarding someone is the same so we should be able to have a sort of clear pathway' (p017).

Elements of Making Safeguarding Personal approach

It was possible from the analysis of the data to identify some common elements which form key parts of the Making Safeguarding Personal approach.

Person-centred

The evidence from participants indicated that their organisations had aligned a person-centred approach to adult safeguarding. This ethos was evident in how participants discussed their understanding of their organisations approach to adult safeguarding work:

'It means very much like a person-centred approach. So, it's about starting with the individual' (p006).

'I suppose exactly what it says really: it's personal to the person' (p013).

'From my mind if you're going to do safeguarding, I liken it to safe custody in prisons, it's about working with the individual themselves and helping them to put measures in place to safeguard themselves rather than pushing something on somebody and telling them what they have to do. It's having that agreement and working together. It's collaborative' (p010).

Even when participants did not appear to explicitly identify changes under Making Safeguarding Personal, they did identify that a person-centred approach underpinned their organisation's ethos in this area of practice:

'So, well, any kind of safeguarding, but making it personal means keeping the person at risk, or in the cared for environment, safe, happy and well' (p017).

'It's protecting that individual. Obviously, everybody's got individual needs and it's making sure that we look at what they can establish themselves in doing to make sure that it's safe for them to possibly do so' (p022).

Participants also indicated that there had been a shift in the ethos of their organisation to reflect a move to a person-centred approach to adult safeguarding work:

'I think it was just a change in perception more than anything. A change in how we deal with adult safeguarding. When the Care Act obviously brought in making safeguarding personal,

it was, it's more about the person than perhaps it used to be. So, it's about what the person wants and about trying to work with the person rather than working at them, if you like, to them' (p007).

Outcome focused

Participants indicated that the recognised that adult safeguarding had shifted to a focus on outcomes rather than output:

'...It's also about looking at having more bespoke personalised approaches to safeguarding people and meeting their outcomes going forward' (p008).

Self-determination and decision-making

Self-determination was identified by the participants as a key feature of the Making Safeguarding Personal approach:

'Ensuring that individuals are empowered and included in making choices and decisions that affect them based on their capacity to do so' (p003).

One of the identified challenges was how organisations work with individuals who make decisions or seek outcomes which staff perceive as harmful to the person. The hospital nursing team identified the challenges hospital staff experience:

'I think it's a challenge for the staff to understand that actually they are working in the patient's best interests because that's what the patient wants. The staff find it difficult' (p011).

'That doesn't always sit very comfortable I've got to say with clinical staff and nursing staff, because they want what they believe is best for patient. And it's not always what the patient wants for themselves' (p011).

This issue was also identified by the fire service:

'What they do accept now is yes, we've identified it, we've tried to work with people, but there's still a risk, and in fact we had to create a whole new policy. Because this is often where there's actual risk remaining, and it's got very clear pathways of, well at the end of the day if this adult has got capacity, and there's always that challenge that might go on

about that, they can make very unwise decisions. And they can do that and accepting that. And I think that is getting there. It doesn't sit comfortably with a service that is about rescuing and saving lives' (p001).

A home care provider identified how the staff culture had shifted to support self-determination:

'I think with the staff culture it is, yeah, because you do get the staff, and especially these days as well that they'll go in and they'll see a house that is in neglect and they want to do more, and it's taking the step back but monitoring the situation as well to understand that that is how that person is choosing to live'(p022).

The challenges in managing self-determination were identified by the safeguarding hub manager:

'So the one thing I've heard since Making Safeguarding Personal that I haven't heard since we closed the long stay hospitals is people saying but they chose not to. And we used to hear that ever such a lot when people first came out of the long stay hospitals. I can remember he chose not to have a shave. He chose to eat three pound of cheese in one sitting. And I'm hearing that a lot. We closed it because the person asked us to. And that worries me quite a lot' (p009).

The importance of making Reasonable Adjustments was also indicated to support people to participate in the process. Reasonable adjustments as defined by the Equality Act (2010) states that changes or adjustments should be made for people who have disabilities to access education, employment, housing, goods, service and private associations. The Equality Act (2010) requires adjustments to be made if they are reasonable in three areas – changes to the way things are done, changes to physical features and provision of extra aids or services. There was evidence to suggest that reasonable adjustments were being made in the approach to safeguarding to support the individual's involvement:

'...and we need to be making reasonable adjustments to make sure that they are involved as much as possible with any decisions that are made around either a safeguarding referral, how the process is undertaken and any outcomes from that' (p013).

An example of a Reasonable Adjustment was given by the provider:

'For communication issues, we would involve our speech and language therapist to give an explanation as to what's happening and why it's happening and what we're actually doing for them and with them' (p013).

The requirement to provide advocacy support to some individuals in the context of a s42 enquiry is clearly established by the Care Act (2014); however, the challenges of this in Doncaster were identified by a participant from the Local Authority:

'I think we need to involve advocacy a bit more, but we do have some pressures in terms of advocacy capacity and it isn't always possible, particularly in an urgent situation to arrange for advocacy to support someone in those circumstances' (p008).

The complexities of working with people who have capacity but make [perceived] unwise decisions, particularly decisions about their lifestyle which may compromise their welfare or safety was identified as a key part of the Making Safeguarding Personal approach. Participants acknowledged that a key part of the approach was to continue the conversation with the individual beyond the decisions the individual makes:

'it's for us to be able to understand their needs but also their risks and then where I think there is need for further work is where their choice is against their needs and that needs raising is the ability to have a conversation' (p025).

'Because if somebody's living in such a way that is harmful to them, why is that? We need to understand that a bit more, what that's about and how they've got to that point. What else they may want, you know, do people want to live that, like, in certain ways. So, I think it doesn't end the conversation I guess is my point' (p003).

The approach to making safeguarding personal also included people who may lack capacity to make the relevant decisions about their welfare, safety or other relevant aspects was included:

'I think it is the individuals that potentially the safeguarding is about. For some of the clients obviously that's much easier to be able to deal with. For some of them it's a lot more difficult. But I think it's just about people coming together' (p016).

Involving people who are significant in the life of the person who has experienced harm was also evident:

'In fact, everybody that's involved in that person should need to be consulted at some point in order to make a truly person-centred. It would be different for everyone and that's the point isn't it?' (p017).

The issue of risk assessment and management was also addressed by the participants, but this reflected an approach which reflected Making Safeguarding Personal:

'It's about how we work with them to understand their concept of risk, what their views and wishes and feelings are. How they might find a solution for something or how they may want help around something' (p003).

'Understanding people's individual circumstances and what is, what risk factors would make them, you know, at risk and in need of intervention or raising to other services. And for individuals that's different. Whilst it falls in categories of self-neglect, abuse, general other things, it's different for different people' (p025).

It was acknowledged that sometimes it is crucial to take action to address risk, even if the person who may be at risk of harm or has experienced harm does not want this to happen. Discussion about this centred around criminal offences and about how best to manage this with the person:

'Where we're not, about us being honest, where we have to follow the law, so where we think that a criminal offence is being committed, we have to be really honest about that. And about working with and to look at how things may be different and what that different looks and feels like to them and what support they need in that' (p003).

'So, they're the ones that lead, ensuring that we've looked at what do they want from safeguarding, what is their understanding of safeguarding. And also, what is their understanding of the broader context of that. So, if they don't want us to take it forward that we might have to take it forward to safeguard other people' (p009).

3. Organisations

Summary

The success of MSP obviously relies on the development of local understanding and implementation across a wide range of organisations, structures and services. It is therefore unsurprising that 'organisations' emerged as a theme within this research. It is clear that procedural adults safeguarding is well defined in Doncaster organisations; it not as clear that MSP concepts have been universally accepted. A number of sub themes are reported under this heading.

Detail

There are many ways that organisational culture can be described; a very simple quote suggests Organisation Culture is "how things are around here" (Cameron and Quinn 2011 p19). It would seem that for MSP to be accepted as 'how things are' the concept has to become part of the organisational culture of the organisations that sponsor it. Schein (2017) described how organisational culture is formed from the values and beliefs that an organisation espouses and that leadership is central to this development. Discussion with managers would seem to be crucial in determining if MSP had become 'how things are' in Doncaster organisations and it was comments in relation to this area that were included in this section.

A number of participants clearly believed that MSP had become embedded in their organisational culture. Although it should be noted that whilst the commentary articulated the concepts of MSP, the language that participants used often referred to safeguarding:

'It's like a golden thread to be honest throughout our organisation' (p002).

*'when I first started here, the attitude was very much that safeguarding, oh we get a concern, we pass it on. And I think that has changed...
I think that has been a big cultural change and it is about, because safeguarding, safeguarding is everybody's responsibility' (p006).*

'Making sure that safeguarding is kind of an approach that should be inherent in everything we do and it doesn't just become a process of what we do to people, ... it's about a process that helps them rather than a process that we put them through if something goes wrong' (p023).

'Yeah. I think actually now it is better. I think it definitely is better because I think it definitely keeps the person and that individual or individuals involved at the centre of it and that's the focus' (p016).

'I think it was just a change in perception more than anything. A change in how we deal with adult safeguarding' (p007).

'It was a bit of a culture change more than anything as to how we, we used to sort of come along and try and protect people and now it's more about well how do they want protecting and how do they want their life to change and that kind of thing' (p007).

'For me making safeguarding personal is about actually moving away from the very process led in part, very process-led model that we've operated here in Doncaster and in my experience that we've operated elsewhere' (p008).

A comment from a participant suggested that MSP was becoming much more common in responses that were received from others:

'We're getting much more information. You can tell from the concerns that come in that they are having a conversation with people' (p001).

Some participants used 'journeys' as analogies to help describe their adaptation of MSP:

'There's been a journey, very much so. There has been a journey. A lot of work has gone in to embedding personalisation and safeguarding throughout the organisation by managers and senior management' (p002).

The comments below suggest the journey hasn't ended:

'It's a journey that we're nowhere near the end of' (p023).

'I think we've got probably some way to go. I don't think we're, I would never say that we are completely fantastic. But I do think we're making strides in all areas of safeguarding really' (p007).

It is also clear that there is still work to be done:

'it's very difficult to move everybody away from time and task. It's very difficult to move everybody into more outcomes and person centred. So I guess we're tackling it from lots of different angles, but we still, and there's still, that shift in culture is happening' (p023).

'Culturally as well, within the council there's a very strong view amongst for example our locality teams that safeguarding is this kind of precious thing that needs to be over there being dealt with by somebody else. And there's a lot of resistance and again, it's a cultural thing, a lot of resistance to those teams picking up some of the more personalised aspects of these pieces of work, undertaking some of the self-neglect and hoarding work because they genuinely don't believe that they should have to do it' (p008).

'It is. It's very difficult. And I think that's one of the challenges we've got. Because we take a lot of calls from staff. Because staff really struggle sometimes. The patients don't want to, don't want help or to protect themselves and staff really struggle. And that's where I see my role as I should go out and support the staff and be able to take it that bit further'(p012).

4. Implementation of MSP

Summary

There was a range of views amongst respondents about how far MSP is being implemented. Some were positive about the culture shift taking place towards a more person-centred approach, though some were concerned that new policies and processes, whilst good, were not the whole answer. One of the emerging messages about implementing MSP was that sometimes there was a disjuncture between the policies used and the person-centred philosophy of MSP, and that resourcing and other organisational issues can be barriers. The message was one of commitment, a sense of progress, and a recognition that there is much still to be done.

Detail

Respondents gave a range of responses when exploring how the implementation of MSP is progressing. Some believed that progress was very good, and especially commented that the person-centred philosophy was well embedded:

'It's like a golden thread throughout our organisation' (p002).

Others noted that it had been largely process driven, and that whilst there was a feeling of getting there, sometime resources stood in the way. The majority of respondents considered that progress was being made and that there was much more to be done:

'It's a journey that we're nowhere near the end of' (p023).

Participants identified a range of triggers that were driving the changes. These included the MSP project itself and the new statutory footing that the Care Act 2014 has given to safeguarding:

'Yeah, I think it's made a huge difference to the Local Authority (p012).

There was a varied picture in terms of how far the message that safeguarding is everyone's business has penetrated into organisations. Examples of good practice included the College, which recognised that instead of passing every potential safeguarding issue on to the local authority there is a recognition that:

'that has been a big cultural change...because safeguarding is everybody's responsibility' (p006).

Contrasting views were expressed, suggesting that for some agencies, the change was part of wider changes that were occurring for a number of reasons:

'No I don't believe the Care Act has had a massive impact [because] our approach to service delivery is all about the customer...and MSP is embedded effectively throughout that process' (p002).

Measuring Outcomes

There was a wide range of views on the issue of measuring outcomes. For some agencies with quite distinctive roles (such as the emergency services) there was a view that the dialogue with service users about outcomes would not routinely encompass the safeguarding concern specifically, though it would comprise of some kind of closure and outcome with an expectation that ongoing issues would be picked up by partner agencies:

'I think our outcomes have to be more about how we are keeping people safe...we wouldn't demonstrate that outcome because we can only really look at have we reduced that risk of fire' (p001).

Some agencies have very specific processes in place to pick up on outcomes of the safeguarding experience, which include some form of initial questioning about safety:

'and then at the end of the process they're asked again: do you feel safer, do you feel better, how do you feel?' (p009).

Others considered that their overall approach to person centred care planning was wider and inclusive of safety issues without badging it separately as MSP:

'let's make his care plan and his experience personal as a wider thing...if you narrow the focus to just MSP you might hit the target, but you might miss the point of the person's wider experience' (p025).

Some respondents indicated that the paperwork and procedures guided them explicitly towards asking questions about whether the desired outcomes have been achieved:

'these forms have covered a lot of questions....It'll say have the outcomes been achieved' (p012).

Some good practices were also described which not only covered the collection of outcomes on a case by case basis, but also referred to collation of data about numbers of safeguarding issues and summaries of outcomes and lessons learned:

'It's not about quantifying safeguarding, it really is about outcomes. So it really stresses the lessons we are learning, the plans we are putting in place to include outcomes' (p023).

Training

Training was clearly occurring in a number of different ways across the organisations engaged in the research. There were agencies which had made sure that staff across all levels had at least minimum levels of training:

'everybody, whether they are delivering clinical care or support, or whether they're actually office based....still receive the same training as minimal standard with regard to safeguarding' (p023).

Several interviewees shared thoughts about how to make training interesting and relevant:

'I think courses are good. You can ask people questions but the people that run the courses aren't the people that are running the service' (p017).

'giving them live examples.... get them to think a little bit more about it' (p025).

Joint training events also featured in responses, and suggestions about integrating training across agencies so that training could be passported when someone moved jobs were offered.

Respondents talked about implementing certain changes to practice such as requiring a face to face contact with the alleged victim, and about a range of methods such as use of social media to seek to put the information out to all parts of the organisation and to the public too.

Working together across agencies was recognised as bringing a number of challenges. There can be differences in perceived safety issues and what constitutes a safeguarding matter. Differences in approach with children's services is an example of this:

'They couldn't see the needs of the vulnerable adults in this situation' (p008).

A strong sense of commitment to collaboration was apparent in some responses, with a recognition that mutual understanding was a good starting point. Clarity about roles was seen as central. A related theme that was recurrent across participants was about the fragmentation of services, which

focus on specific groups of service users, and the need to work towards a more holistic and coordinated approach in order to achieve good quality safeguarding:

'We all have to know what our role is and not expect each other to do each other's roles... if we all do our role properly then that should all interlink and work' (p007).

Time constraints were flagged as a barrier to good practice especially in terms of administrative tasks, and the time needed to liaise across agencies:

'I think it's really positive, except for time constraints of the ...team to go out there and support staff' (p012).

Other respondents also reflected on the lack of joined up IT services that created barriers to accessing information in a timely manner.

Some respondents, especially providers, felt that further clarity was needed:

'there should be some kind of flowchart for us.... we've just been given a list of issues.... it's frustrating.' (p017).

A further challenge that manifested in some of the interviews was the issue of self-determination of service users. Several thoughts were shared about the ethical tensions between respecting someone's right to make decisions that could be deemed detrimental, and where the concept of best interests fits in:

'I think it's a challenge for staff to understand that actually they are working in the patient's best interest because that is what the patient wants' (p011).

A small number of participants recognised that issues of capacity, self-determination and best interest are highly complex and that it could be reductive to simply operate from an assumption that if a service user is choosing to stay in a risky situation or is asking for the safeguarding involvement to be closed that it should always be acted upon:

'I'm hearing this a lot. We closed it because the person asked us to. And that worries me quite a lot' (p009).

Resources to implement MSP were a concern for several respondents across all the sectors, in order to deliver more training and also to perhaps step-down cases from safeguarding but offer other appropriate forms of support such as a Care Act assessment:

'we always want more hours and more staff' (p012).

Multi-Agency and Single Agency Training

Multi-agency and single-agency training to support the implementation of Making Safeguarding Personal was identified by participants.

Multi-agency training

There was acknowledgement that the Local Authority provides multi-agency safeguarding training:

'They do get the training here in Doncaster, which doesn't happen in other authorities. So, we do put training, enquiry training on. And quite a lot of providers have taken advantage of that' (p009).

There was also an indication from participants that partners make a contribution to multi-agency training:

'Yeah we do quite a bit of joint training with partners... So we put on training sessions for all the sergeants so they could cascade to their staff' (p007).

'Occasionally we open up some of our training sessions to multi-agency on special events like we have a safeguarding week coming up in July' (p012).

Some providers felt that they had not been provided with the information they needed to enable them to work effectively:

'Yet we haven't got information apart from leaflets and booklets to give you guidance...there just doesn't seem to be any clarity in how safeguarding should be run for each individual' (p017).

Although participants provided positive feedback about the multi-agency training available, there was acknowledgement that there was a disconnect between the training and service delivery:

'I think courses are good. You can ask people questions, but the people that run the courses aren't the people that are running the service' (p017).

The limitations of the multi-agency training were also recognised; managers of services advised that the level of course they felt was appropriate was not open to them:

'There was one other that I put my name down for myself as the registered manager. But we were then told it wasn't for me it was for social workers. And that for me kind of, I felt would have been more appropriate course from reading the brief content of it and was quite looking forward to going and doing it. And then it wasn't for me, it was just for social workers'. (p016).

Single-agency training

Participants indicated that organisation had committed to delivering single-agency training across organisations:

'When it was a safeguarding, sorry making safeguarding personal, all employees of [housing provider] do complete the safeguarding awareness training. And making safeguarding personal is at the forefront of that process' (p002).

'Inside there's been a significant awareness raise in training' (p007).

We do statutory and essential to role training. Which safeguarding obviously covers everybody within the trust' (p011).

'The training that we do is of a level 2 standard and the Care Act and MSP is all embedded in there. We also do have eLearning. So if staff do struggle to get on a face-to-face course eLearning is available' (p012).

Organisations acknowledged the success of their single-agency training; the fire service identified that the training supported the introduction of the new policy, with the impact it had on the implementation of the policy:

'We were changing the resource that we were using and then they actually introduced a new policy and then there was a lot of training done. So, there was a lot of buy-in'.(p001).

There were some acknowledged challenges to single-agency training; the police acknowledge that their organisation has invested in training for front-line staff, but is unsure of the impact it has had on front-line practice:

'And the training that's gone into recognising vulnerability for the front-line staff has been quite intense. It's been there, the training's there and they do recognise vulnerability.

Whether, like I say, they can tell you what making safeguarding personal is I don't know if I'm honest' (p007).

Other relevant training is made available in organisations:

'There's training, self-harm awareness training which 100% of all staff have to go through. That's always been developed. We've just got a new... I think we're about 85% compliant in our prison at the moment. We've got everybody trained, and I'll have everybody trained by November this year' (p010).

'People come to ours from other organisations on Thursday, the safe and well service and the fire service are coming to talk through that aspect of risk and at the last one there was a solicitor talking about mental capacity and when that kicks in because obviously that has a big impact on safeguarding' (p025).

Some evidence from providers that training is provided for individuals who use their services about safeguarding and protection, but this was not consistent across all organisations:

'So we actually talk about it on a very personal level here to the individuals that live here and how might they protect somebody if, you know, if one of the clients came with an allegation, or if they were non-verbal if they felt somehow their behaviour was different or they noticed some bruising or lots of different things that can indicate abuse. And we talk about that with the, about the individuals here, because obviously training can be a very general thing' (p016).

5. Challenges of implementation

Summary

Participants identified some challenges they have experienced in implementing Making Safeguarding Personal. The challenges included a lack of clarity about the conceptual difference of Making Safeguarding Personal. Some providers also reported a lack of clarity about the safeguarding adults process as they were unclear about reporting procedures and expectations for response and support from the local authority. Multi-agency working and the application of thresholds across agencies was also identified as a challenge of implementation as there appeared to be differences in perception of what was perceived as a safeguarding adults issue. Participants acknowledged that to work in a non-tokenistic way to help people to achieve meaningful outcomes takes time and resources which

participants reported were not available. In particular, staff shortages and workforce churn were identified as key resource issues as staff turnover had the most significant impact on the skill mix of the workforce.

Detail

Clarity about the adult safeguarding process

Where providers were not clear about Making Safeguarding Personal, a clear barrier to implementation for them was a lack of clarity about seeking advice about safeguarding adults concerns. A residential care provider (who had not been asked to undertake a s42 enquiry and did not identify Making Safeguarding Personal as a distinct concept) identified the challenge they experience when seeking advice or identifying a concern with the local authority:

'In the past few months, there's been so many safeguarding referrals that the council had to react by putting them into two separate categories, which can be very fuzzy and interrelated, and then with a regulator comes you discover that you're not doing it how the council want it' (p017).

This concern was echoed by a home care provider in a similar situation:

'...and I think that's where we find that there's sometimes a link in the process that we find that's missing, and it's at that point where we decided actually there's a gap in the need to be met here' (p025).

Working with other agencies and thresholds

Challenges for implementation were identified across a range of agencies. This was particularly evident when exploring different perceptions of adult safeguarding work in the multi-agency arena. Agencies identified differing perceptions of what was seen as an adult safeguarding issue which caused some frustration between professional groups. Where this had been an issue, participants identified an important component to overcome this was to use a joined-up, holistic approach when working in a multi-agency environment:

'So, in the future I think what we would like to see is a far more joined up, holistic, family centred view of how we work with basically the fact you were doing the same job as us, albeit in a different context and with a different person. It was in everybody's best interests in that situation for us to work collectively and holistically to find a family based solution to

the issue as opposed to a really polarised - we'll deal with that bit, and you deal with that bit' (p009).

The Fire Service also identified the importance of understanding the remit of organisations in the multi-agency environment, to understand the differing roles of the organisations:

'I think what I've always emphasised here is that you can't work with other organisations unless you understand what their remit is and how they're working with people as well' (p001):

The housing provider described how they worked in the multi-agency environment:

'There's a lot of agencies where it's just children, it's just adults, it's just older people, it's people with learning disabilities, but for us we, our assessments are all family assessments. We don't identify oh well this adult needs this and the children are, you know, it's a whole family assessment. And that in itself at times can be challenging, getting all the partners involved, because we have to ensure it's not confusing for the end user' (p002).

The hospital nursing team identified that information sharing between multi-agency colleagues within their organisation was positive:

'Absolutely yeah. In an ideal world we'd all be on one same system. But saying that, you know, my colleagues in the local authority, if I want to share information or I want to do a bit of fact finding they'll quite happily, they can give us that. It's never been an issue really, except for time' (p012).

Some participants acknowledged that one of the challenges in working with multi-agency colleagues was the different thresholds for tolerance and management of risk:

'I think that is a challenge working with the other agencies whose, I know the term thresholds has certainly gone from adults but like for [another agency] the tolerance for risk I would say is quite different. And I think for our staff tolerating that risk and what level, how do we do that?' (p001).

'We do get a lot of stuff that isn't safeguarding from [another partner organisation]. Often, I think that's related to [the organisation] own training, you know, in fact some of the stuff I've seen, attended property, found a 70-year-old man stood on chair changing lightbulb, this

should not be allowed, refer to adult safeguarding which is a waste of our time, it's a waste of their time' (p008).

Time

Time was also identified as a critical factor which can present a challenge in implementing Making Safeguarding Personal. Both residential and home care providers identified the challenges:

'I wouldn't say it's the barriers against implementing it, time is always an issue. Because to try and talk to people about their support needs and to make it very outcome focused, so does that care need to move away from a time and task approach? Or is it so stupid, you actually need time to move away from a time and task approach, because outcomes, to make sure that it isn't tokenism we actually need to spend time so that we can work with people to see what is the meaningful improvement that they want'(p023).

'..but it's all time and it's all paperwork, and for example So that impacts on my work. We're a small company. So then you get delayed and things that really need to be there can't be because there are more frontline issues that need to be addressed first' (p017).

Resources

A lack of staff was a running theme from the participants. A number of organisations identified that they were experiencing a shortage of staff, which impacted on service delivery and by extension of this, was affecting the delivery of Making Safeguarding Personal:

'We're in the middle of a crisis with staff recruitment. We're not for profit, so we're kind of fortunate that we don't have to make massive amounts of money. We just need to break even, and to keep the lights on. But some of the stuff that our care staff is doing and we're really talking about making a difference to people, Making Safeguarding Personal and outcomes, yet they're some of the lowest paid people around.' (p023).

Organisations also found that turnover of staff in their organisation had a significant impact on the skill mix of the workforce:

'Sufficient staff with the right skills and in the right place to be able to engage with the right offenders. Which is easier, oh yeah that sounds utopia but it's more difficult to achieve..... The biggest problem we've got at the moment is the lack of experience, because a lot of experienced staff left three or four years ago. So now we've got this big recruitment drive and you've got new in-service staff being mentored by people only a couple of years ahead of them' (p010).

A lack of staff also impacted on the organisations ability to deliver the training to the workforce they perceive is necessary to deliver Making Safeguarding Personal:

'I think it's always difficult because we always want more hours and more staff. Hopefully when the, our safeguarding integrated document out that will support us to put a business case forward to get some more staff so we can take the training further'(p012).

6. MSP Working Well

Summary

There was some optimism among respondents that the implementation of MSP complemented key professional values, and that with the right staff, practice was more person centred, more legally literate and that there was more effective collaboration between agencies.

Detail

Participants generally conveyed a sense that things were changing and that a more personalised approach to safeguarding was being implemented. Some agencies saw this as being about going back to previous practices:

'I just think the reintroduction of the neighbourhood teams is a real benefit...there was a gap before for vulnerable adults. I think we were perhaps not picking it up as often as we should have done because we didn't have police out knowing the communities' (p007).

And others recognised that having the right people and structures was important:

'We've got a good chair of the board, there's very clear plans in place...to embed... a more personalised way of working with people that previously probably didn't event figure in terms of adult safeguarding. They were seen more as not our problems as opposed to us being able to work collectively' (p008).

There was an explicit acknowledgement from some participants about the values underlying MSP and how these were coming through into practice through the implementation of MSP in the approach taken to adult safeguarding:

*'So it's treating people with dignity and respect.....be accountable to people really (p002)
It's a part of patient-centred care...giving that holistic care that they need' (p012).*

'There's definitely more engagement with our service users. It is more about what we're doing with them, rather than what we're doing to them' (p023).

Some of the positive responses when asked where MSP was working well covered areas such as improved knowledge about risk, the legal parameters and personalised approaches to safeguarding so that a more nuanced understanding is achieved:

'We've identified it, we've tried to work with people, but there's still a risk... if the adult has got capacity they can make very unwise decisions, and [staff] can do that and are accepting that' (p001).

This was developed further by some participants who reflected that there had been increased confidence amongst staff in terms of understanding and applying legal knowledge and knowing where to go for support and advice, especially in the context of multi-agency practice:

'Actually, it works really well. The team get back to us usually fairly quickly' (p006.).

'Well I think it cascades down from the social work team and the health. You can't do it without their support' (p017).

7. Outcomes

Summary

Participants identified that achieving outcomes is one of the key characteristics of the Making Safeguarding Personal approach. There were some subtle differences across organisation about how they understood achieving outcomes in this context; some organisations focused on the person's feelings of safety, others shifted to a wider focus on what the individual wanted to achieve. Some also included organisational outcomes such as customer satisfaction or how the organisation can learn from what has happened to the individual to minimise future risk of harm for that person or others. Outcomes often have to be negotiated throughout the process because either the outcome they want is unachievable or unrealistic, or the person changes their mind about what they want to achieve once the initial crisis situation has passed. Participants reported that there were challenges to identifying outcomes, including when people were unable to articulate the outcome they wished to achieve and often the process was too complicated. In these circumstances, participants identified that often a more rounded piece of work was required to help people ascertain their outcomes and often outcomes were met outside of a s42 enquiry. Some organisations are only involved for part of the safeguarding process; therefore, it can be difficult for them to establish whether a person's outcomes have been achieved. It was also identified that there remains a conflict between the person and the process, where outcomes for the safeguarding process were captured but issues such as the ongoing trauma of the individual were not addressed. Capturing outcomes was also a challenge; although a range of internal recording methods were described by participants, there was a lack of a rigorous and consistent approach to capturing and recording outcomes.

Detail

Outcomes are one of the key characteristics of the Making Safeguarding Personal approach. Although participants identified that outcomes were a key part of their organisation's approach to Making Safeguarding Personal, what 'outcome' means differs across organisations. The local authority identified those outcomes they sought where the 3-point test had been met and had consented to a s42 enquiry, the outcomes they were asked about centred on their feelings of safety:

'It's one of our service delivery outcomes. It's one of our KPIs. And so obviously people are asked at the beginning, you know, basically how safe do you feel, do you feel unsafe, how does this make you feel, this allegation or concern? And then at the end of the process they're asked again: do you feel safer, do you feel better, how do you feel? And that's measured' (p009).

Safety was also a key feature of outcomes for other organisations. The fire service discussed this issue in further depth, considering what their organisations perceived as outcomes. They noted it would centre on fire risk and keeping people safe:

'I think our outcomes have to be more about how we're keeping people safe. So we wouldn't demonstrate that outcome because we can only really look at have we reduced that risk of fire' (p001).

When discussing outcomes with the participant from the Mental Health Foundation Trust, there was a subtle shift in focus from safety to a focus on how an individual felt and also what impact has been for them:

'Say for example if you had the, you followed it through due process and a meeting, you would be constantly checking out with that individual how they felt about that, what the outcome was for them, has it made any difference to them, what's the impact on them of that' (p003).

This approach was echoed by the FE College and a home care provider:

'Particularly because they're adults, about what is it that they want to change. How are we going to move forward? And how will they know that things have changed? What is going to make things better?' (p006).

'We ask them what they would want to achieve, what they would want doing following the incident' (p023).

The housing provider discusses outcomes in the context of customer satisfaction, linking experienced and an outcome an individual may have requested. Outcomes also included views from professional partners about the person's engagement with services:

'So it's for me, how we measure it is customer satisfaction in terms of 'how was it for you'? And what was the experience for you?' (p002).

Outcomes identified as part of the safeguarding process were expanded to consider how organisations monitor and learn from these experiences. A residential provider identified the importance of learning as an outcome from safeguarding, both for the organisation and the individual:

'Make sure that that forms part of that lesson learned. And again, that they get the closure from that as well, so are they happy that the outcome that they wanted has been achieved' (p023).

The housing provider also identified how an outcome from an adult safeguarding enquiry may be communication from other agencies about how they perceive the progress of the individual:

'to receiving information from partners saying well this person now is engaging with our service and we can see a marked improvement' (p002).

Challenges in establishing outcomes

The Local Authority service manager discussed challenges in identifying outcomes:

'So, I think we do ask the question to the people that we come across who have capacity and can state that, but I don't think we're as holistic with people who don't necessarily. It can't, or in some cases, often won't, but in some cases, they aren't in a position to state that outcome. Or in some cases don't know what the outcome is. I don't necessarily think that we do in all cases, a rounded piece of work to ascertain that around the outcomes' (p008).

The safeguarding hub manager reflected on their experience in identifying outcomes:

'So, we're really poor at identifying outcomes. However, I do know that's nationally. And I did some work around personalisation many, many years ago, and even then people did not understand outcomes, and we ended up making it too complicated for people to understand, rather than just simplifying it down and just saying what do you want, what would be good, how will we know we've achieved something?'(p009).

Negotiated outcomes

Policy guidance on outcomes in safeguarding adults work identify that there is a process of negotiating outcomes throughout the safeguarding process. Pike and Walsh (2015) identify the need to negotiate between realistic and desired outcomes and a need for workers to work with individuals' stated outcomes rather than imposing outcomes. There is some evidence of outcome negotiation in organisations in the research data. The FE College identified that outcomes for individuals often changed throughout the safeguarding process:

'Often people, that's how the crisis, what they perceive they want. Actually, when they get through the crisis then what they actually want can be quite different. So, one says yeah well, it's up there isn't it and everything's awful and my life is blighted. But actually, once they feel safer, they can start, what they want actually changes' (p006).

The housing provider discussed how they approach individuals who identify outcomes which are unrealistic or unachievable:

'Invariably we all know the best is what actually they see as the best and for us to support their vision. But also, if it isn't realistic, encourage them to understand why it's unrealistic' (p002).

A similar example was given by the hospital nursing team about the feasibility of outcomes which are identified by the individual:

'I just did have a bit of a concern that people would say they hadn't met the outcomes because they've not got the answer, they wanted in the first place. So, it's about working out what the patient wants or what the person wants and what is feasible and marrying those two up together' (p011).

In these circumstances, the housing provider identified their approach to working with people:

'you tend to find that once you're transparent and honest with a person and say look, it's not that we don't want to offer this or don't want to deliver that, we can't, it's not possible' (p002).

Capturing outcomes

All participants identified ways in which general outcomes are captured in their organisation, some of which were related to adult safeguarding, others were related to broader ways in which more general outcomes for individuals are captured.

Individual safeguarding level

Participants indicated that organisations are capturing outcomes for individuals using a range of methods which are appropriate to their organisation:

'We actually keep a spreadsheet ourselves which, we piloted the new threshold for Doncaster here as well and we kept a spreadsheet' (p013).

'Anybody that comes off an Assessment Care in Custody and Teamwork (ACCT) document you get post-closure interviews. There'll be questionnaires when you leave custody as well but in fairness most prisoners just want to get out. Tick the boxes so they can go. So, it's very difficult' (p010).

'...at the end of the day they open up to carers, they know their carers. The carers would feed back to us on a daily basis mood changes, outlook of the person. It could be that they've been financially abused from the family. The carer would notice now that there's actually food in property, bills are getting paid. They're not cold any more. Mrs Smith looks happier. That's obviously not somebody's name but Mrs Smith looks happier in herself; she looks more well-presented; she's more outgoing. So that would all get fed back and we'd have the strategy meetings obviously with the local authority' (p022).

Strategic/organisational level

The Local Authority service manager identifies that some quantitative feedback is gained via the adult safeguarding board:

'I know [the adult safeguarding board]'s team does produce a survey annually that records people's outcomes for those people who, we do have an audit tool. It's very based around processes, the quality with which the forms are being filled in, as opposed to what we've actually done' (p008).

The Local Authority manager acknowledged a gap in knowledge in information gathered via qualitative methods to gain a richer picture of people's experience:

'It doesn't measure, as I say the qualitative outcomes which I think are the key ones, people's own views and opinions' (p008).

The housing provider acknowledged that outcomes are captured through various methods:

'Those outcomes are fed in through, well various methods. I mean we produce an annual safeguarding report which details referrals and concerns received and referrals to partners' (p002).

In light of this, the Fire Service consider that their outcomes focus on agency engagement, and the number of safeguarding concerns:

'So, I suppose our evidence will be along the lines of which agencies we've worked in, how many safeguarding concerns coming to me' (p001).

The FE college described their approach:

'It is recorded and then we do an annual report to governance. And within that we talk about the outcomes. So, it's not just we've had this number of cases. It's also actually about the outcomes that have been through the work' (p006).

A home care provider identified how they monitor the outcomes within their organisation:

'Every month there is a safeguarding report that is disseminated to all registered managers and also goes to the board every month as well. So to make sure that everybody is fully included in the loop. Really strenuously it's not about quantifying safeguarding, it really is about outcomes. So, it really stresses the lessons that we are learning, the plans that we are putting in place to include outcomes; as opposed to tick boxes of number of incidents that have happened and types of abuse' (p023).

Outcomes met outside of s42 enquiries

Sometimes outcomes are not best met through s42 action. The Safeguarding Hub manager stated that:

'We have quite a high rate of re-referrals in Doncaster. And I think it's because of that. Because if we're going to close a safeguarding, I think we absolutely need to explore why that person doesn't want to take it further. Not just they've got capacity and they want to exit' (p009).

The Local Authority service manager identified challenges with the current process which hinder the ability to look at outcomes:

'I'm not saying we wouldn't label things as safeguarding. I'm saying that we've got a mentality that that's a safeguarding, that has to go into that process, instead of saying this person's at risk we're going to manage it through the most appropriate means. And that would give us far more opportunities to look at the qualitative outcomes at the end of that process in terms of what somebody needs, because we'll have worked in a far more personalised way. Our current process is very depersonalised. We measure outcomes by tick boxes' (p008).

The lack of time available for workers was identified as a significant issue which has an impact on preventative work and any actions which take place outside of a s42 enquiry. This issue was particularly identified by the safeguarding hub manager:

'So, if someone is saying to us, I don't want to take this further, I don't want safeguarding involved, there should be option, I think, for someone to maybe look at alternatives like do they need a Care Act Assessment? Do they need a little bit more support? Do they need advice on socialising? But we don't have the time really to look at that in that way because we're a safeguarding team and we just need to, our input has doubled in this year, well 50%' (p009).

Organisational challenges in measuring outcomes

Some organisations identified the challenges they experience in measuring adult safeguarding outcomes because of the nature of the work of their organisation. The hospital nursing team recognised that they are only involved for part of the process which makes it difficult when working with outcomes:

'I guess that's probably a bit of a tricky one really given that a lot of our patients, an awful lot of our patients are in and out. They may make a disclosure, or somebody may have some concerns when a patient is admitted, and they're not necessarily addressed by the time the patient goes home. If there are concerns or allegations around the Trust, then the safeguarding team picks those up. So, we will see that through right to the end of the process. But the vast majority of ours are managed by people outside of the organisation. So, we never really get to see that end result' (p011).

This challenge was echoed by the participant from the prison service: also acknowledged the challenges for their organisation:

'It's a difficult one to actually measure whether you've, the fact that somebody you've engaged with, you've had on an ACCT document, is successfully released from custody, they're still alive, is a success' (p010).

A residential provider identified challenges when measuring outcomes, particularly the conflict between the individual and the process:

'When you've supported somebody through a safeguarding experience, I suppose you can, you can measure, have they got any trauma from it, would it have been different if you hadn't done it that way?' But that again is quite difficult because when it comes to an outcome of the safeguarding, you might have an outcome that says yes it was the safeguarding, no it wasn't, yes we've done this, no we didn't do that' (p016).

8. Future improved implementation of MSP/improved practice

Participants reflected on how MSP might continue to be implemented and practice improved in the future. There was acknowledgement that implementation had not progressed as quickly as had been hoped but optimism that progress would be made. Increased inter agency working was seen as important by agencies across the range of interviewees both in terms of joint working in practice and of training. Resources were seen as significant in terms of increased staffing and also recruiting staff with the potential to implement MSP. This latter was seen as likely to increase the costs of

private care. A challenge was seen as the need to change the negative view of safeguarding in terms of public and professional perception. One approach was to change the negative language inherent in safeguarding processes and to stop viewing safeguarding as a set of procedures to be followed step by step. Ideally service users should be much more involved in a preventative community-based approach.

That MSP had not been implemented as fully and as quickly as had been hoped was frustrating for one senior manager:

'So, it's a big frustration but it's something that we're working on. We know what we need to be doing. The challenge is being in a position to do it. The will's there and it will happen. It's not happening as quickly as we hoped it would, but it will do. I'm confident in that, and I'm confident that we have the mentality and the understanding to implement what we need to and then develop it even more' (p008).

The way forward was seen very much as increasing inter – professional work and a range of ways this could be done were put forward, both strategic and more immediately operational ideas:

'Going forwards in the future, my view of our safeguarding hub would be that it develops into more of a MASH approach, more multi-agency focussed hub. Now I think there's grounds for some safeguarding to continue to be undertaken by staff in that hub but going forwards I would like to see devolved out some of the personnel from our own safeguarding hub into our own district and then utilisation of the senior staff resource in that team, which are we've got five senior practitioner posts. I'd like to see them devolved out into the localities and actually used to support and embed making safeguarding personal in our own teams and use them to work proactively with providers in developing confidence in undertaking this work on their behalf' (p008).

'I think for all our, not all our staff, certainly our Community Safety staff, to have a bit more of an opportunity to work with and alongside other professionals who have that professional background' (p001). 'Yeah joint visits usually work really well, because then they appreciate what we do and we can see what they do' (p001).

A common problem for a range of agencies as requiring action both now and in the future was the transition from child to adult services:

'I mean for me the big gap at the minute is the transition from child to adult. I think that's a real gap. It's being worked on. It's being worked on as a partnership with the new safeguarding arrangements and everything. And looking to make that transition better and, because what they tend to do is they fall off a cliff at 18'. (p007).

Increased and improved training was identified as a need particularly by care providers who would like to see training more tailored to their need:

'I know that's my next port of call, training. But it's whether it hits the mark and it clarifies. I mean I didn't get clarity over DoLS until I was on the advanced course; yet the paperwork was still there to be filled in. Do you know what I mean?'(p017).

'So, I think for me as a manager it would be nice to have short sharp bursts but regularly of training. This has changed, this has improved, this is done. I can't always afford to have all day out of service but if I could go and have some training that was maybe an hour or a couple of hours. An opportunity to talk with other managers and the safeguarding team and other people that are involved that would be, for me that would be really helpful' (p016).

'I think it's the ongoing training and just keeping up to date and probably having that opportunity to, it's time which does relate to staff to have time to reflect on and understand what we're doing better' (p001).

Alongside training a sufficient and appropriate staffing resource was seen as key for the promotion of MSP in the future:

'I would say more staff' (p001).

For a range of care providers there was some reflection that recruiting staff to implement MSP might need a change in recruitment processes and a consequent cost which would have to be borne by service users:

'And as much as none of us want to introduce fees, top up fees or anything because that really goes against our ethos as a company, I think for us we are in a difficult time where you may have to. Because otherwise we won't get the right, we won't recruit the right staff, and we really don't want to be a position of we're recruiting just anybody, because that doesn't align with our goals to make everything better and person centred' (p023).

'We're in the middle of a crisis with staff recruitment. We're not for profit, so we're kind of fortunate that we don't have to make massive amounts of money. We just need to break even, and to keep the lights on. But some of the stuff that our care staff is doing and we're really talking about making a difference to people, Making Safeguarding Personal and outcomes, yet they're some of the lowest paid people around'(p023).

To fully implement the spirit and focus of MSP a change was seen as required in the current negative view of safeguarding held by both professionals and service users:

'I mean the main thing for us is that it needs to move from, somehow move the negative connotations of safeguarding to something that is more positively framed which is about making sure people get the help and support that they need' (p025).

'You know, it might be a very committed, loving family that, through the fault of no one else's actually need to not be in there and safeguarding still has, and some of the wording that's still used in it, things like perpetrator and things like that, it still has a very negative tone. And it's got to move away from that and that's where I think the ability to have a sane conversation with somebody shouldn't be taken out of it' (p025).

For some others what was needed going forward was much simpler and more prosaic; a basic set of procedures and available support:

'We would like to see a standardised, clear paper trail, and we would like help and support on individual situations face-to-face, simple answer'(p017).

This basic request from a care provider is in tension with the longer-term strategic goals of those more fully engaged in safeguarding:

'The other thing that we do that we need to get away from is that we see everything in terms of safeguarding in relation to a process. Now certainly my view is that safeguarding isn't a process and we don't safeguard people by putting them through a process. We safeguard people by ensuring adequate, timely, appropriate and outcome focussed response for people. Now we can achieve those without necessarily going through a process from form one to form two, to form three, to form four. We can do that in a far more dynamic way, sometimes without even, and safeguard people adequately and appropriately and meet their outcomes without actually engaging with that process even' (p008).

There was overall recognition that MSP had brought about changes and that these needed to be consolidated:

'Safeguarding would happen. You'd follow all the processes, but not necessarily involve the person. That's the difference. Whereas now, obviously I've done it since I've been here really, that the people we try and involve them as much as they can be involved in that process. Whereas before I think there was a potential to just do it rather than give them that involvement. And obviously it's talking to people as well' (p013).

One way to do this was seen by one organisation as increasing the role of service users and taking a more community based preventative approach:

'I think we probably, we could be a whole lot better about involving service users in the first place. I don't think we're that good' (p001).

'I think they sort of identified a bit of a gap in that particular group not being able to engage in the community, not getting the community. So, this time, and actually one of the managers has asked Community Safety to do some more work with them about engaging with people. And they put a tea dance on last Friday for elderly. And I think those, the feedback I've had is those recruits were lovely' (p001).

For others however a preventative approach was seen as something of an ideal view:

'A much more preventative model, probably part of the community-led support work. So, yeah, I'm trying to think of examples of safeguarding where, you know, really, we should just be the resource, as in we should be the information givers, we should be supporting. We shouldn't be doing all this safeguarding investigative work or, yeah. It would look that everybody would just be playing their part within it, but then that's a bit of an ideal view on that' (p009).

To counter this ideal view for some all that was required was more of the same, consolidating what had always been done:

'I think we just need to do more of the same and get more people with it in the front of their minds and not the back of their mind..... I do think it's easier in a hospital setting because it's what nurses do. It's just part of what they do on a daily basis' (p011).

Case Examples

Case 1. P008 Inter-agency working regarding adults and children's services

I mean one thing, and I've seen it before in practice, it's quite often that we have shared clients, albeit children will deal with children, adults will deal with adults, often and I can think of cases and examples. Often there's a conflict between working - for example with ourselves and The Children's Trust. I can think of a case, for example, and it's one of many I can think of others where we had a young person of age 14 who had some significant behavioural issues. There was a lot of family history and a lot of context to it. He was not attending school, there was substance issues. He wasn't living with his family. He had placed by Children's social care with his grandparents, who were themselves; I think they were in their late 70s.

Now the grandmother in this situation had significant health issues that she'd developed subsequent to this young person being placed in the home. And she actually had a terminal illness and was very poorly and was restricted to bed, and this young person who exhibited some very difficult behaviours, non-attendance at school, being quite violent and aggressive at home as well. And it became an adult safeguarding case because of the behaviours. The grandfather had a heart condition. Neither of the grandparents was prepared to say this young person couldn't live in the property. But we had a joint meeting with the colleagues in Children's and it was really, it was quite a difficult meeting because Children's only focussed on the child.

They couldn't see the needs of the vulnerable adults in this situation. They were thinking about their duties under the Children Act, the welfare of the child is paramount is very much the model that they were taking, which left us in a position where, you know, I had to point out that we're in a situation where the grandma might be not here for very much longer and you're going to have to consider what you're going to do at that point because it's unlikely the grandad's going to be able to support us. But they just couldn't see beyond he's accommodated, he's safe, we want to get him back into school. And we were coming at this from a very different angle.

So in the future I think what we would like to see is a far more joined up, holistic, family centred view of how we work with basically the fact you were doing the same job as us, albeit in a different context and with a different person. It was in everybody's best interests in that situation for us to work collectively and holistically to find a family base solution to the issue as opposed to a really polarised - we'll deal with that bit, and you deal with that bit. It was resolved in the end but we really struggled to get that buy in from colleagues in Children's because their [unclear 0:26.44] tells them, the welfare of the child is paramount and that was their guiding light. So, again a more joined up approach. And we have had early doors discussions about developing an all age safeguarding front door for adults and children's. But that's still fairly early and I'm not sure how that will progress. Because we're slightly different in Doncaster to other local authorities because our children's trust is actually a separate organisation; albeit funded through the council, it is a trust as opposed to an in-house service.

Case 2. P023 Multi agency working

Each partner stakeholder is very very important in terms of our roles as predominantly housing providers. We don't deliver support services per se; what we do do is work with partners and deliver the package. So an example would be, we come across an individual in a tenancy and it's pretty obvious that they are struggling to sustain the tenancy. They're possibly socially isolated or they feel that at the end of the day it doesn't matter what they do because nobody's particularly interested. They could be a little depressed and they have a mental health history. They refuse to go to the doctors. And you can see that some support really would benefit that individual. And the first stage would be to get, request a Care Act Assessment if needed. So we would rely heavily on the Adult Contact team. And we put the referral through to the Adult Contact team. And sometimes we do the joint visit or sometimes somebody would go out and do the assessment on their own and come back and let us know what's been agreed and what's been decided.

There are occasions we desperately need mental health contribution because somebody's presenting as psychotic or suicidal. But to inform them of what is available isn't at that particular time appropriate because they need more bespoke services, more, somebody there who's more experienced in that field. We do struggle to get mental health services on board. Because it's not a service where end of the day they do home visits. It's a service where we get told to take that individual to the doctor, and there's occasions where that individual refuses to go to the doctor. So when it comes to what our customers do require, sometimes it's quite challenging getting things in place for them.

When it comes to domestic abuse, and we are quite, we lead quite strongly when it comes to the strategic domestic abuse agenda in Doncaster. But again we do at times struggle getting the support required for that individual, particularly for that high risk, because it doesn't go to the MARAC, the Multi Agency Risk Assessment Conference. It can go to a domestic abuse case worker. Who are brilliant, that team per se are very very good at what they do. But at the end of the day it all depends on what that individual wishes us to do. Same with hate crime, same with social care concerns. The partners are quite varied and wide actually. We refer victims of domestic abuse for example to Safe Lives to complete the Freedom Programme, things such as that. Counselling referrals we do to those organisations.

So it's finding out what that individual or what that family require, and then going away and trying to deliver it, you know, establish that plan, and getting the person or the family on board with it. Stronger Families, that's a good one, that's very effective, where that process allows the whole family to be taken into consideration. There's a lot of agencies where it's just children, it's just adults, it's just older people, it's people with learning disabilities, but for us we, our assessments are all family assessments. We don't identify oh well this adult needs this and the children are, you know, it's a whole family assessment. And that in itself at times can be challenging, getting all the partners involved, because we have to ensure it's not confusing for the end user.

Case 3. P006 The Messiness of MSP in Practice

Not very long ago we had a woman who is, she's got lots of issues. And lots of issues at home and home is very volatile. She's a very volatile young woman. Her sister's very volatile. Her grandmother's very volatile. But she'd had, she came in and she was all, which she is most days. Well she has improved an awful lot. So she was shouting. And she'd had a fight with her grandmother and I think it probably happens on a regular basis. And I think that it's not, she probably initiates a lot of it. But one of the welfare workers said oh we've got, and they did push her into calling And that's not what she wanted at all. And when actually she did talk to the police and the police just, well, you know, she was quite clear with them that she didn't want. But they couldn't understand. You know, the person was very, but that's what you do, that's what you do. Why wouldn't she do that? And they found that quite hard to accept that somebody else's life, you wouldn't want to live like. They may not make that choice to live like that but that's how that family live. And a bit of pushing about and things, it's how they live. And it's their choice to a certain extent. You can't make her press charges. And some people find that quite hard.

Discussion

The evidence suggests that the participating organisations in Doncaster understand safeguarding adults and have aligned to Making Safeguarding Personal through their commitment to the South Yorkshire Safeguarding Adults Procedures. The evidence gathered as part of this temperature check broadly suggests that change is happening. The approach is becoming embedded and agencies are mostly beginning to understand that their role is now likely to be more than just referring on to social services and that everyone (including service users themselves) has some role and responsibility in seeking to keep someone safe. This suggests that the Dept. of Health message (2016) that safeguarding is "everybody's business" is permeating agencies.

All participants were well versed in wider person-centred approaches, but to embed Making Safeguarding Personal more extensively, Redley et al (2018) recommend that further guidance is required to define what person-centred means specifically in a safeguarding adults context. It is clear that some problems still exist in terms of basic threshold judgements for understanding what a safeguarding concern might be. These problems are manifest across the range of agencies in Doncaster, so some referrals are regarded as inappropriate or unnecessary. A smaller provider also identified confusion about reporting routes for safeguarding concerns. They were unclear about when to report safeguarding concerns to the safeguarding team and when to report concerns to the DMBC contracts team.

Organisational culture emerged iteratively as an important category and was identified as key to the implementation of Making Safeguarding Personal. Participants identified that a cultural shift seemed to be happening in their organisation, they often described that things 'felt' different, but this cultural shift was difficult to quantify. The Making Safeguarding Personal guidance stresses the importance of a change in values and the evidence suggests that this has happened in most of the participating organisations to some degree; however, this was not consistent across all organisations. There was some evidence to suggest that safeguarding procedures drives the approach. Some participants identified challenges in moving away from a process – driven approach, either due to organisation systems driving culture or concerns about evidencing accountability. An example of this was the influence I.T. systems have on shaping process-driven practice.

Not all participants identified the difference between a traditional, pre-Care Act (2014) safeguarding adults approach and Making Safeguarding Personal. There were some organisations where although participants were able to articulate the organisational approach and relationship to the Local Authority safeguarding adults team, they did not recognise the difference between this and Making Safeguarding Personal. It was evident that the closer links the organisation had to Doncaster Safeguarding Adults Board, the clearer its understanding of Making Safeguarding Personal.

For participants who did not recognise Making Safeguarding Personal as a distinct concept, they felt they required further clarity about the safeguarding adults process. This was reflected by a participant from a smaller care provider who stated they would prefer to have a conversation with someone from the safeguarding adults team when safeguarding concerns arose, rather than report via an online portal. Their view of best practice reflected the Making Safeguarding Personal approach, but it was not recognised as the change of approach brought about through the Care Act (2014). This could reflect the nuanced relationship between Making Safeguarding Personal, a sector-led initiative, and the Care Act 2014: MSP pre-dates the Act, but has been brought directly into the Statutory Guidance for the Act, (DHSC 2018) thus providing a more recent statutory footing.

Participants recognised that adult safeguarding action was often needed outside the remit of a s42 enquiry, but there was not a consistent approach to how this was decided or undertaken. This approach takes time and resources and a lack of these things was identified by some participants as a significant issue, particularly regarding preventative work. This issue was also found by Needham (2015) in research which discovered that practitioners felt constrained by the timescales of safeguarding which resulted in them having to rush their time with service users. Needham (2015) found that service user contact often focused on workers trying to find out what happened, rather than focused on what the person wanted to achieve. These implications of a lack of time and resources may be worth closer consideration when thinking about support for practitioners and organisations in their Making Safeguarding Personal journey.

All participants recognised that self-determination was seen as a key component in the adult safeguarding approach. The research indicated that organisations were committed to self-determination, even when people were living in risky situations or making [perceived] unwise decisions. Where a safeguarding concern was raised (whether or not a s42 enquiry was initiated) people were supported to make decisions, accessing independent advocacy (identified as a resource deficit, particularly in dealing with urgent situations) and other Reasonable Adjustments made (as defined by the Equality Act (2010)) to support their participation in the process initiated to deal with the safeguarding concern. Participants acknowledged that sometimes the organisation needed to act against the individual's wishes, namely when risks to others were identified or a criminal offence had been identified, but recognised that when this happened, they tried to make sure it took place in a way which was honest and transparent. Challenges in working with partners were identified, particularly with regard to the thresholds for tolerance of risk which were different across the partner organisations. These ethical legal and practice complexities are recurrent themes in research regarding safeguarding, especially in challenging areas such as self-neglect (Braye, Orr, & Preston-Shoot, 2011, 2017) which now sits within the Statutory Guidance (DHSC 2018) as a safeguarding issue.

There was a clear shift in approach to focus on outcomes rather than output, although the concept of outcome focused approaches was less well developed than the idea of person-centred practice. There is a subtle but distinct difference in how outcomes are being approached across the partnership. Some organisations focused on the person's feelings of safety, whilst others took a wider view to include how the individual felt and the impact of the harm has had on them. Some organisations also included outcomes related to the organisation rather than the individual, including levels of customer satisfaction and actions for organisations to minimise risk of harm for those who use those services in the future.

It was also acknowledged that negotiation is required throughout as the outcomes people state they would like at the outset do not always remain the same throughout the process, and outcomes the individual wants are not always feasible or achievable. This is supported by Pike and Walsh (2015), who identify the need to negotiate between realistic and desired outcomes and a need for workers to work with an individual's stated outcomes rather than imposing outcomes. Participants reported challenges in moving to an outcomes-focused approach. It was acknowledged that the process can sometimes be complicated for service users and professionals to understand, with a more rounded piece of work needed to help individuals to establish the outcomes they want to achieve which can often be achieved outside of a s42 enquiry. It is also the case that outcomes-focused approaches are a more recent development than person-centred philosophies, and are therefore possibly less well understood in terms of practice, as suggested by Lawson (2017, in Cooper and White 2017).

With regard to recording outcomes, there was a lack of clarity as participants were unable to articulate a rigorous or consistent approach. For some organisations, their work with an individual is time-limited; they may not be involved throughout the process so, it is difficult for them to know what they should record and measure. Another challenge stated by some participants was that the options in recording tended to be process-driven and didn't provide an option in the recording to look at for example outcomes for individuals which come from work to recover from the trauma of the harm from the abuse or neglect they experienced. Gough (2016) recognises that Making Safeguarding Personal needs to address a deep cultural change which goes beyond the limits of recording. In our research it was difficult to establish whether this cultural change had been achieved as outcomes were reported via professional research participants rather than individuals who had experienced abuse or neglect. Gough (2016) recommends more direct and explicit reference to the wishes of the person when recording outcomes. Needham (2015) also suggests that a shift from process-quality (measured by adherence to timeframes and process) to outcome-quality (with a focus on achieving outcomes) would be helpful. This approach to recording outcomes may be worth consideration to bring clarity and transparency when outcomes are recorded.

There were some clear challenges which emerged from the research data. Firstly, participants identified that a lack of time and resources were two of the key barriers to the implementation of Making Safeguarding Personal in their organisation. The shifting skill mix was identified as a challenge, particularly as experienced members of staff have moved out of the workforce, leaving a knowledge and experience deficit. Safeguarding adults training was also identified as something which has been valuable and supportive in the shift towards Making Safeguarding Personal. The feedback about the single-agency training was generally positive, but a query was raised by a participant about the extent to which the training had an influence on front-line practice. There was positive feedback about the multi-agency training; it was acknowledged it had been supported by the partners, either by contributing to the training, or opening their single agency training to multi-agency colleagues. For future training, it would be helpful for those attending the training to have access to practitioners as well as those who deliver the training to facilitate discussion about practical implementation issues. Participants also identified a need for training appropriate for those with senior levels of responsibility in their organisations, such as care home managers, and which met their time pressures where safeguarding was one role amongst many.

From the overarching analysis of the research data, it was possible to develop a typology of organisations which identifies progress on the journey for full implementation of Making Safeguarding Personal. It is anticipated that this may be useful for organisations to reflect on their progress and useful to the Doncaster Safeguarding Adults Board for strategic planning purposes.

- Systems in place and working well. Changes have been made and agencies are doing something different which is evidenced. (Doncaster College)
- MSP is congruent with the way the organisation works (St Leger)
- 'We do it anyway' (Nursing) (how do we or they know?)
- Awareness of MSP is embedded in procedures but more work is needed to change the organisational culture (DMBC)
- Aware of safeguarding requirements but not MSP (small care providers)

Key Messages from the Research

Findings

- Organisations in Doncaster understand safeguarding adults and have aligned to Making Safeguarding Personal, with evidence of procedures being in place across all participating organisations
- At times organisations can confuse Making Safeguarding Personal with talking about Adult Safeguarding
- Organisations that sit close to the Adults Safeguarding Board have a greater level of understanding and application of Making Safeguarding Personal philosophy
- The cultural and philosophical understanding of MSP at care provider level is less strong and sometimes missing
- Outcome measures across all organisations were not clearly articulated with subtle but important distinctions across organisations about what was meant by outcomes in safeguarding adults.
- Support for the implementation of MSP is seen as uneven. Training is valued and seen as useful but delivery patterns don't always meet operational needs.

Organisational culture and MSP

- Culture emerged iteratively as an important category during the data analysis
- Organisational culture is key to implementation of MSP
- Policies and procedures are in place across organisations but the extent to which they are implemented depends on the organisational culture
- A cultural shift may be happening but this is difficult to quantify and evidence

Typology of MSP organisational implementation

A typology of MSP organisational implementation emerged from the research and could be used by organisations to assess their implementation of MSP:

- Systems in place and working well. Changes have been made and agencies are doing something different which is evidenced. (Doncaster College)
- MSP is congruent with the way the organisation works (St Leger)
- 'We do it anyway' (Nursing) (how do we or they know?)
- Awareness of MSP is embedded in procedures but more work is needed to change the organisational culture (DMBC)
- Aware of safeguarding requirements but not MSP (small care providers)

Implications for practice

- Training in respect of MSP to be ongoing and include cultural issues alongside processes
- Training to be targeted and tailored to meet the needs of individual organisations in terms of delivery patterns and content.
- A common understanding of *outcomes* is required at individual organisation and multi professional levels
- A system for recording *outcomes* at individual service user, single organisation and multi professional level could be further developed
- Insufficient time and human resource can act as an inhibitor to full implementation of MSP

Conclusion and Implications for Practice

This research has provided a temperature check on the implementation of Making Safeguarding Personal in Doncaster. The overall message is that organisations in Doncaster understand safeguarding adults and have aligned to Making Safeguarding Personal, with evidence of procedures being in place across all participating organisations.

There remain challenges of course and some organisations experience difficulties in moving away from a process – driven approach, either due to organisation systems driving culture or concerns about evidencing accountability. Organisation culture appears key to implementing the values and ethos of MSP and focussed and targeted training one approach to achieving and embedding cultural change.

To further progress implementation of MSP a number of implications for practice can be drawn from the research:

- Training in respect of MSP to be ongoing and include cultural issues alongside processes
- Training to be targeted and tailored to meet the needs of individual organisations in terms of delivery patterns and content.
- A common understanding of *outcomes* is required at individual organisation and multi professional levels
- A system for recording *outcomes* at individual service user, single organisation and multi professional level could be further developed
- Insufficient time and human resource can act as an inhibitor to full implementation of MSP

Limitations

There are limitations to the research findings and consequent implications for practice in that the focus has been on managers and further work is required to assess the impact of implementation at individual practitioner and service user level. The range of research participants was limited by funding resources and timescales, but a spread of organisations was achieved which can give some confidence in the findings.

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Appendices

Appendix one

Safeguarding Board Members Interview Schedule

Introduction

Thank you for agreeing to take part in this interview, which is taking place as part of the Making Safeguarding Personal Temperature Check for Doncaster Safeguarding Adults Board.

I just want to check that you have received the information sheet about the project and the consent form? I would also like to confirm that this interview is confidential and can be ended at any time. You should note that that confidentiality is limited and if anything arises during the interviews that indicate that a child or adult with care and support needs is at risk of abuse or neglect, then this information will be reported to Angelique Choppin, Doncaster Safeguarding Adults Board Manager.

With your permission, I would like to record the discussion. This will allow the conversation to be listened to again if needed. Is it all right with you to record the interview? Once the interview has been transcribed the recording will be deleted.

Are there any questions you have before we begin?

Background information and overview

1. Could you start by saying your name and telling me a little bit about your current role?
(Prompt - How long have you worked in this role?)
2. In the context of your role, what does Making Safeguarding Personal mean to you?

Organisational commitment

3. What is your perception of the level of engagement is with MSP across your organisation?
What informs your perception of this?
4. In your high level organisational plans, how important is Making Safeguarding Personal?
(Prompt: give examples of where MSP features).
5. How much support have you received from your organisation to implement MSP?/What support do you provide to others when they implement MSP?

6. How much support and engagement do you receive from other agencies when doing MSP work?

Measuring outcomes

7. How are people who experience safeguarding processes asked about what outcomes they want?

8. How do you measure the difference being made to people's lives through MSP?

9. Have your reporting and recording system be adapted adequately to capture MSP work?

Impact

10. What do you do differently in your practice because of MSP?

11. What are the strengths of your MSP implementation?

12. What are the blockages to implementation and what would help to remove these blocks?

13. Broadly, how have staff reacted to the culture change needed to implement the MSP approach in your organisation?

Implementing MSP

14. What could MSP look like in the future in your organisation?

15. What do you need to get there? (Prompt - stronger policies and procedures, stronger management buy-in, learning, supervision, mentoring, what your organisation is doing to develop staff and promote MSP?)

Evaluation of progress

16. What's your perception of your organisation's achievement of MSP?

17. That is the end of my questions – is there anything else you would like to add?

Thank you for taking part in this interview. Please let me know if you have any further questions.

Appendix Two

Participant Information Sheet

Research project: Making Safeguarding Personal Temperature Check for Doncaster Safeguarding Adults Board

Thank you for agreeing to participate in an interview as part of this research project. This participant information sheet sets out why the research is taking place, what your participation involves and what happens after the study ends. Please take the time to read the following information carefully and ask questions about anything that is not clear to you.

What is the purpose of the research?

The research is taking place to find out how effective the Doncaster Safeguarding Adults Board's plans are in implementing Making Safeguarding Personal.

Your participation in this research is entirely voluntary. If you at any stage decide you no longer wish to be part of the research project you can withdraw at any time and have any information you have contributed taken out of the project.

If you agree to take part in this research project, you will be asked to sign the consent form and you will be given a copy of both the participant information sheet and the signed consent form to keep.

Why have you been chosen?

You have been chosen because you are either a Doncaster Safeguarding Adults Board member or you work in a role where you are expected to undertake actions under Making Safeguarding Personal.

What can you expect from the interview?

You will be asked to participate in a face-to-face individual interview with a member of the research team about

What will happen to your information?

With your permission, the interviews will be recorded so they can allow the conversations to be listened to again. Before the recording starts, you will be asked again for your permission to record the conversations and you will be told when the recording has started.

All information about the research is confidential and your information will be collected, handled, processed and stored in a way which is consistent with the Data Protection Act (1998). Your real names will not be used in the final written version of this research project. Direct quotations from interviews will be used but they will be reported in a way which will be anonymised. Although every effort will be made to maintain anonymity, you should be aware that there may be a possibility that you could be identified from your responses.

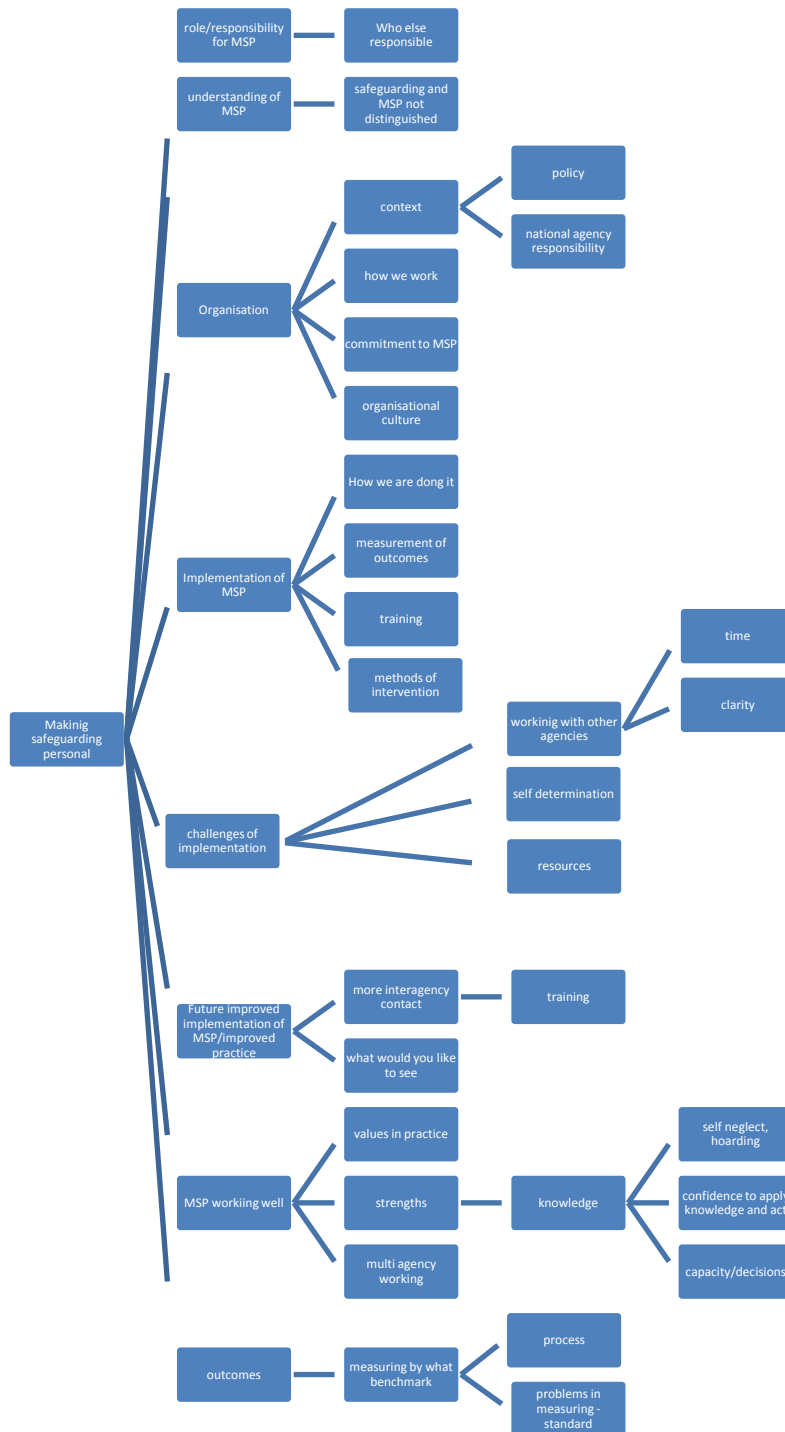
Although the Data Protection Act (1998) will be followed to maintain confidentiality, you should note that that confidentiality has a limitation and if anything arises during the interviews that indicate that a child or adult with care and support needs is at risk of abuse or neglect, then this information will be reported to the appropriate safeguarding team.

What if there is a problem?

If you are concerned about any part of this research project, please contact:

Thank you for your help with this study and I hope that you will enjoy being part of this research.

Appendix Three



Appendix Four

Summary Thematic Messages which emerged during data analysis

Implementation

- Organisations in Doncaster understand how Making Safeguarding Personal is part of their core business.
- Some organisations experience challenges in moving away from a process – driven approach, either due to organisation systems driving culture or concerns about evidencing accountability.
- Participants indicated that their organisations have a person-centred ethos which underpins their approach to adult safeguarding.
- Participants indicated that establishing outcomes for individuals were a key part of the adult safeguarding approach in their organisation.
- Self-determination was seen as something which underpinned the adult safeguarding approach. Participants indicated that organisations were committed to self-determination, even when people were living in risky situations or making [perceived] unwise decisions.
- The involvement of people who are important to the individual was also seen as important.
- Challenges to self-determination were also identified by participant including staff understanding about support in these circumstances, access to advocacy and other reasonable adjustments.
- Participants recognised that sometimes the organisation needed to take action against the individual's wishes, namely when risks to others were identified or a criminal offence had been identified. Participants described how this takes place in a way which is honest and transparent.

Training

- Participants acknowledged that both single agency and multi-agency training as been made available.

- The feedback about the single-agency training was generally positive, but a query was raised by a participant about the extent to which the training had an influence on front-line practice.
- The multi-agency training has been supported by the Partners, either by contributing to the training, or opening their single agency training to multi-agency colleagues.
- Positive feedback was provided by participants about the multi-agency training
- It would be helpful for those attending the training to have access to practitioners as well as those who deliver the training to facilitate discussion about practical implementation issues.
- Participants identified a need for training for those who are more senior in provider organisations which is appropriate for their level of responsibility. Training delivered at this level would need to take account of the amount of time managers are able to spend away from their organisation.

Outcomes

- There is a subtle but distinct difference in how outcomes are being approached across the partnership.
- The process can sometimes be too complicated for people to understand and often a more rounded piece of work is needed to help individuals to establish the outcomes they want to achieve.
- Individual outcomes do not always remain the same throughout the adult safeguarding process.
- Sometimes outcomes the individual wants are not feasible or achievable.
- Organisations are using a range of methods to capture adult safeguarding outcomes as appropriate to their organisation.
- Overall lack of outcome measurements
- Participants recognised that adult safeguarding action was often needed outside the remit of a s42 enquiry, but there was not a consistent approach to how this was undertaken.

- Some organisations their work with an individual is limited so they may not be involved throughout the process, so it is difficult for them to be able to know what they should measure.
- Some participants found it challenging to know what they should record as an outcome, as the options in the safeguarding process didn't reflect the experience of the individual.

Organisational Culture

- Culture emerged iteratively as an important category
- Organisational culture is key
- Policies and procedures in place across organisations but the extent to which they are perceived to be implemented depends on the organisational culture
- Cultural shift may be happening but difficult to quantify
- We do it anyway – do they – how would we or they know?

Multi agency working

- Some participants identified that clarity was required about their adult safeguarding process. This lack of clarity was present in participants who did not recognise Making Safeguarding Personal as a distinct concept and the Local Authority had not made a request to that organisation to undertake a s42 enquiry on its behalf.
- Participants recognised the importance of working with multi-agency partners and there was clear agreement that a holistic approach was most important to support individuals to achieve their outcomes.
- Challenges in working with partners were identified, particularly with regard to the thresholds for tolerance of risk which were different across the partner organisations.
- Participants identified that a lack of time and staff were two of the key barriers to the implementation of Making Safeguarding Personal in their organisation, primarily in undertaking adult safeguarding activity and delivering adult safeguarding training.

- The skill mix in the workforce was identified as a challenge, particularly as experienced members of staff have moved out of the workforce in organisation, leaving a knowledge and experience deficit in the workforce.

Challenges for implementation

- The person centred nature of MSP is recognised and understood, there is a sense that the philosophy of MSP is slowly becoming embedded. However there seems to be some tensions with having policies and procedures to follow, as a process, as this in itself can get in the way of putting the values of MSP into action.
- Problems still exist in terms of basic thresholds for understanding what a safeguarding concern might be so some referrals are inappropriate or unnecessary.
- Things ARE changing. The approach is becoming embedded; agencies are understanding that their role is now likely to be more than just referring on to social services, that everyone (including service users themselves) have some roles and responsibilities in seeking to keep someone safe.
- The concept of outcome focused approaches seems to be slightly less well developed than the idea of person-centred practice.
- Progress is patchy and I think our proposed typology of where different agencies might be at is a helpful construct to make sense of that.