Making Safeguarding Personal

What might 'good' look like for health and social care commissioners and providers?

Contents

1. Introduction

Commissioners and providers across the health and social care sectors play a critical part in safeguarding adults, both on the front line and at a strategic level, as partners on safeguarding adults boards.

This resource is intended to support the joined up development of Making Safeguarding Personal across providers and commissioners in health and social care. The essential links between safeguarding and quality in delivering services must be emphasised. Table 1, section 4, provides examples of how commissioners and providers can make these links.

This resource is part of a suite of resources to support safeguarding adults boards and partners to develop and promote Making Safeguarding Personal. These resources describe what 'good' might look like in Making Safeguarding Personal and promote ownership of this agenda within and across all organisations. The full suite of resources is listed in section 6 below.

What is Making Safeguarding Personal?

Making Safeguarding Personal sits firmly within the Department of Health's Care and Support Statutory Guidance, as revised in 2017. It means safeguarding adults:

- is person-led

- is outcome-focused

- engages the person and enhances involvement, choice and control

- improves quality of life, wellbeing and safety (Paragraph 14.15)[1].

Making Safeguarding Personal must not simply be seen in the context of formal safeguarding enquiries as defined in the Care Act as a Section 42 enquiry[2] but in the whole spectrum of safeguarding activity.

1   Care and Support Statutory Guidance, Department of Health (2017) paragraph 14.15
2   An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs

2. Summary

This summary sets out the headlines of what should be developed and worked on by commissioners and providers in health and social care – the essential steps – to make safeguarding personal. These essential steps are expanded on throughout the main body of the resource in section 4 with suggestions for how and why these steps should be achieved.

A core message running through this resource is that these core steps are already integral to core business in commissioning and providing in health and social care. This is not new or additional work; these are priorities and principles, within existing frameworks that need to be applied consistently in front line practice. The table in section 4 supports making these links.

The following are essential steps in developing Making Safeguarding Personal for health and social care commissioners and providers:

Leading Making Safeguarding Personal

Step 1: Evidence strong leadership of Making Safeguarding Personal

Making Safeguarding Personal is established and developed as a core objective within the commissioning and provision of health and social care services, recognising it as a thread running through all aspects of service quality.

Step 2: Promote and model the culture shift required for Making Safeguarding Personal

The culture and values of health and social care organisations are clear and transparent. These are reflected consistently in strategies and policies and support staff to deliver expectations set out in guidance and training.

Step 3: Define core principles for strategy and practice[3]

The six statutory safeguarding principles are defined as core to Making Safeguarding Personal and there is an emphasis on wellbeing alongside safety.

Supporting and developing the workforce

Step 4: Promote and support workplace and workforce development

Baseline standards that can contribute to Making Safeguarding Personal (including in respect of staff: recruitment, supervision, induction, development) are delivered and assured. Furthermore the workplace values support staff in this and there is a range of support and information for officers and staff.

Step 5: Make sure that staff are aware of and respond to the requirements of the Mental Capacity Act (MCA) (2005)

The Mental Capacity act is empowering legislation and supports Making Safeguarding Personal.

Early intervention, prevention and engaging with people

Step 6: Ensure there is a clear focus on prevention and early intervention

The Making Safeguarding Personal approach applies to prevention as well as to responses to abuse and neglect. Prevention and early intervention requires empowering both staff and people who may be in need of safeguarding support to recognise the potential for abuse or neglect and raise concerns.

---

3   Core principles for Safeguarding Adults are central to success in Making Safeguarding Personal. These are familiar to Boards and organisations. For ease of cross reference, they are set out in Appendix 2: 'Core Principles for Safeguarding Adults in support of Making Safeguarding Personal.'

Step 7: Engage with and include people who use services

Services are influenced by the people who use them both in the way in which front line practice is delivered and at a strategic and policy level. Support responds to the issues that people have themselves identified. Engagement supports people's resilience.

Step 8: Engaging across organisations in Making Safeguarding Personal

Engage with the range of partners to support gaining a full understanding of the individual and their context; working together to achieve the outcomes people want.

Section 4 provides examples of current practice that support and illustrate these steps under the above headings.
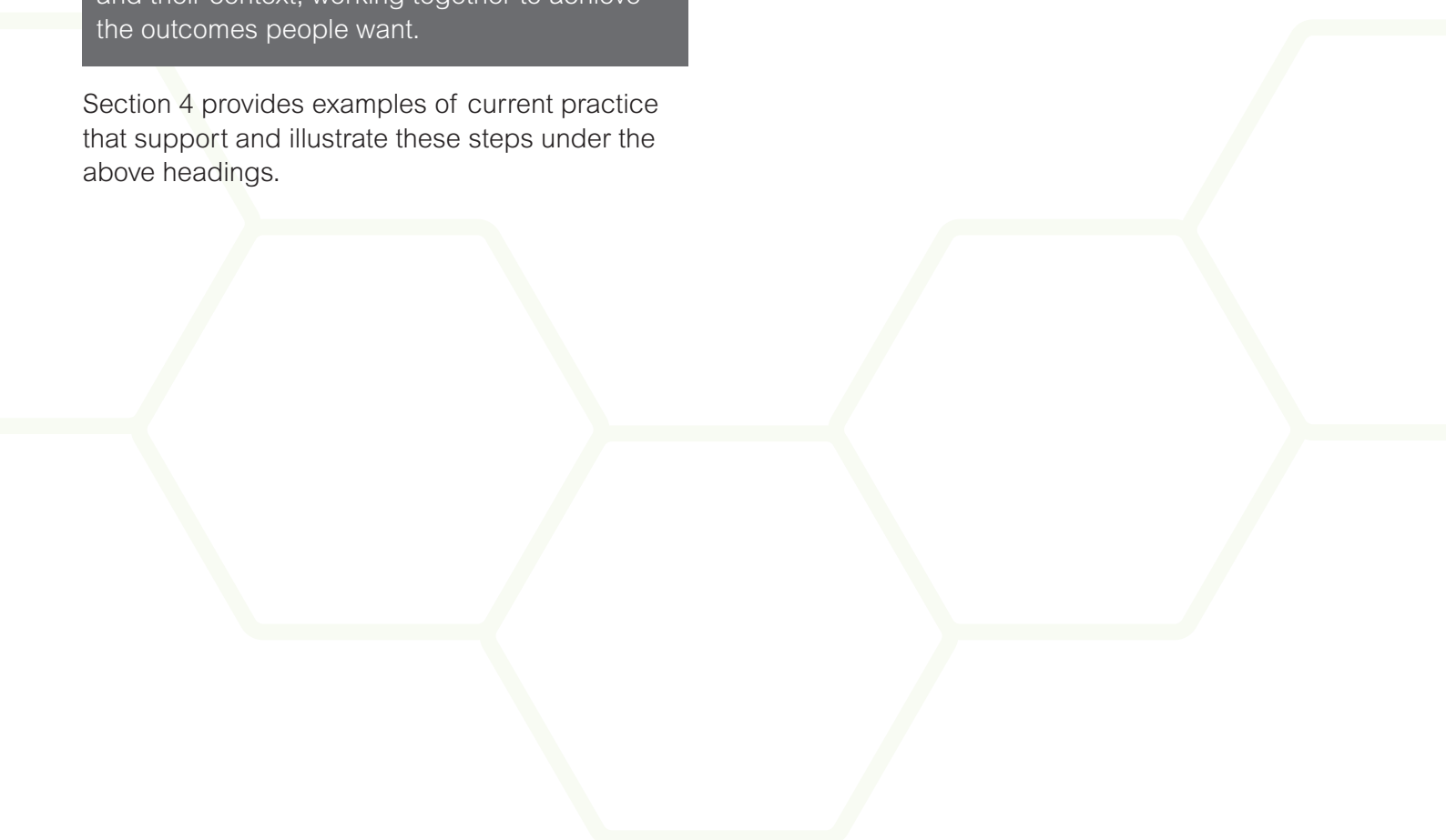
3. The current context

The statutory context for Making Safeguarding Personal

The Care and Support Statutory Guidance sets out the range of responsibilities and priorities relevant for Making Safeguarding Personal. The table in Appendix 1 is helpful in defining the role for commissioners and providers in health and social care.

It provides a summary of priorities and expectations of all organisations and safeguarding adults boards, drawn from the Department of Health's Care and Support Statutory Guidance from 2017. The table sets this alongside learning from the evaluations of the national Making Safeguarding Personal programmes (Lawson et al, 2014)[4]; (Pike and Walsh, 2015)[5]; (Cooper et al, 2016)[6]. This resource draws on these evaluations.

Health and social care commissioners have a leadership role in encouraging development of Making Safeguarding Personal, leading discussions with providers about how best to achieve the outcomes of preventing and responding to abuse and neglect. They have a role in connecting with local populations to determine the outcomes from safeguarding that matter most to people. Their role includes putting in place contracts to support this.

Providers will require ongoing support to develop this agenda. Providers must develop staff, supporting them in preventing and responding to safeguarding concerns, by getting alongside people to understand and respond to what is important to them.

Staff are supported to do this within workplace cultures that respond to core principles set out in the Care and Support Statutory Guidance in respect of Making Safeguarding Personal.

This resource signposts to sources of advice on fundamental principles for safeguarding adults which underpin Making Safeguarding Personal and are relevant for commissioners and providers in health and social care. Appendix 2 highlights what these principles mean in practice.

Extracts from the Care and Support Statutory Guidance that specifically indicate areas of responsibility for commissioners and providers that are pertinent for Making Safeguarding Personal are reproduced in Appendix 3.

This resource sets out essential steps in Making Safeguarding Personal. These steps underline that development of Making Safeguarding Personal is not simply about a focus on personalised front line practice. It requires a whole system approach across and within organisations. The resource sets out steps towards achieving this within existing health and social care frameworks.

"A shift in focus from process to people involves fundamental cultural and organisational change. It is not simply a question of changing individual practice, but the context in which that practice takes place and can flourish…Many [organisations] believe that skills development for practitioners will ultimately form part of a wider strategy for safeguarding, risk enablement and...practice as a whole."[7]

(Lawson et al, 2014)

---

4   Lawson J; Lewis, S; Williams, C; (2014) Making Safeguarding Personal 2013/14; summary of findings; LGA/ADASS
5   Pike, L; Walsh, J (2015) Making Safeguarding Personal Evaluation; LGA
6   Cooper, A; Briggs, M; Lawson, J; Hodson, B; Wilson, M; (July 2016) Making Safeguarding Personal Temperature Check, Association of Directors of Adult Social Services, ADASS

---

7   Lawson J; Lewis, S; Williams, C; (2014) Making Safeguarding Personal 2013/14; summary of findings; LGA/ADASS

Links to existing frameworks and responsibilities in commissioning and providing health and social care

Making Safeguarding Personal is important for commissioners and providers in health and social care because it supports best practice in safeguarding adults and helps put statutory responsibilities into practice, such as the Human Rights Act (1998), the Mental Capacity Act (2005), and the Care Act (2014).

It supports meeting requirements relating to working in partnership in both prevention and responding to safeguarding issues, in a way that engages with individuals about the outcomes they want. The emphasis must be on wellbeing as well as safety.[8]

Engagement and communication – between staff, people using services and all commissioners and providers – are key to achieving the essential steps for delivering Making Safeguarding Personal.

Integration and engagement are already central to existing and developing joint commissioning structures and approaches. For example, new forms of collaboration between health and social care commissioners and providers are being explored through sustainability and transformation plans (STPs)[9], including Accountable Care Systems (ACSs). Essential steps for developing Making Safeguarding Personal resonate with themes that are core to developing STPs and ACSs. These include:

- a holistic focus on health, safety and wellbeing
- providers and commissioners coming together to promote best practice across localities
- sectors working together to provide safe quality services within a consistent framework

- prevention, engagement and developing resilience in people to keep themselves safe and well
- engaging with people in the local population to find out what outcomes they want and designing support accordingly
- providing information and support to improve people's ability to live independently.

Making the connections across these approaches will support unified efforts in achieving the required cultural change for Making Safeguarding Personal.

Implementing and developing Making Safeguarding Personal is best approached through making links to existing frameworks and responsibilities, including to the care quality agenda. Messages in recent publications on improving quality in health (NHS England, 2016)[10] and in adult social care (Department of Health and Care Quality Commission, July 2017)[11] are relevant, including promoting a shared view of what 'good' quality care looks like, linked to the five key questions of the Care Quality Commission regulatory assessment framework.

Effectiveness in Making Safeguarding Personal is facilitated by best practice across all of the Care Quality Commission's (CQC) five assessment framework questions. These are:

- Is the service safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?[12]

---

8   Care and Support Statutory Guidance, Department of Health, (2017), paragraph 14.7).

9   www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/integrating-care-locally/

10   National Quality Board (2016) Shared commitment to Quality, Five Year Forward Plan, NHS England www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf

11   Department of Health and Care Quality Commission, Adult Social Care, Quality Matters, July 2017, www.gov.uk/government/uploads/system/uploads/attachment_data/file/626996/Adult_Social_Care_-_Quality_Matters.pdf

12   Care Quality Commission, CQC, (December 2016) Our next phase of regulation: A more targeted, responsive and collaborative approach – Consultation

4. Developing Making Safeguarding Personal

This section sets out and expands on why and how the essential steps summarised above should be developed in practice by health and social care commissioners and providers.

Leading Making Safeguarding Personal

Step 1: Evidence strong leadership
Making Safeguarding Personal is established and developed as a core objective within the commissioning and provision of health and social care services, recognising it as a thread running through all aspects of service quality.

What needs to happen?

• Making Safeguarding Personal is led within the context of existing quality frameworks. Making Safeguarding Personal is a thread running through these, rather than a single discreet theme (see, for example, Table 1).

• Professionals with designated safeguarding lead roles champion Making Safeguarding Personal, supporting providers in making the links with current safeguarding and care quality practice and guidance. This might include developing champions within provider services (see Appendix 5, practice example from West Sussex County Council).

• There is clarity about what needs to be included in contracts, specifications, policies, staff development resources, with reference to the Care and Support Statutory Guidance (see Appendices 1 and 3).

• Professionals at a senior level in health and social care can connect with the local safeguarding adults board, which has a leadership role in developing this agenda.

National bodies can support this by communicating consistent messages about Making Safeguarding Personal within broader safeguarding and quality assessment and commissioning agendas.

Step 2: Promote and model the culture shift required for Making Safeguarding Personal
The culture and values of organisations are clear and transparent. They are reflected consistently in health and social care strategies and policies and support staff in delivering on expectations set out in guidance and training.

What needs to happen?

• There is an open and communicative culture that engages people receiving services and support as well as staff in giving feedback to inform development of services. Managers and commissioners are visible.

• There is a genuine will to learn and hear what is going well or not so well for people. People are involved every day; not just once a month.

• There is a culture of dignity and respect that values and responds to people's feedback and participation.

• Lessons are learned where things have gone wrong.

• Strategies, policies and training are put in place that support Making Safeguarding Personal and reflect consistency and transparency of culture and values.

Step 3: Define core principles for strategy and practice[13]
Policies, procedures, commissioning frameworks, contracts are underpinned with the six statutory safeguarding principles as core to Making Safeguarding Personal:

What needs to happen?

- Ongoing support and development from commissioners and provider managers helps in translating these into practice. Staff are supported to balance sometimes conflicting principles.

- People are supported in making decisions about risk and within this, wellbeing is considered alongside safety. Organisational culture supports person centred and positive approaches to working with risk.

- People are empowered to participate in shaping safeguarding support and are asked about what they want to happen when there is a safeguarding concern. They are empowered to raise safeguarding concerns because they are well-informed about what to expect from good quality services.

- Information and advice is promoted including rights of people to advocacy support.

Sources of support in leading Making Safeguarding Personal

In terms of learning from examples of best practice in action, Appendix 4 gives examples of the required leadership and culture shift. It provides examples of good and outstanding provider services from Care Quality

Commission reports.[14] These reflect Making Safeguarding Personal. Similar examples of facilitating the required culture shift were provided by national and regional Making Safeguarding Personal Temperature checks.[15]

Your Healthcare Community Interest Company (CIC), Kingston, identified the following as important in supporting Making Safeguarding Personal:

"A flat structure so that we can talk about individuals at the top level"

"Starting to link the root cause analysis (RCA) process with safeguarding and the Making Safeguarding Personal agenda...including service users in the RCA process tool"

"Need to empower staff to empower people"

In South West London and St George's Mental Health NHS Trust, service users in a Making Safeguarding Personal group[16] emphasised:

"Senior managers hearing the voice of people who may be in need of safeguarding support"

"Service users have to be in the foreground. Service users... should be in advisory positions at service providers' executive level"

"There is a need for service providers and service users to support the development of a community-wide 'learning culture' to prevent abuse"

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of the services they deliver. This Mental Health NHS Trust used this mechanism to incentivise improvements.

---

13   Core principles for Safeguarding Adults are central to success in Making Safeguarding Personal. These are familiar to Boards and organisations. For ease of cross reference, they are set out in Appendix 2: 'Core Principles for Safeguarding Adults in support of Making Safeguarding Personal.'

14   CQC (March 2015), Celebrating Good Care, Championing Outstanding Care

15   London, ADASS (2017) Making Safeguarding Personal; London ADASS regional temperature check report and analysis

16   'Report of the 'Making Safeguarding Personal' Group; a co-production project 2015-16; Sutton 1 in 4 Network and South West London and St Georges NHS Mental Health NHS Trust'

The required culture shift and developments can be supported by professionals acting as 'champions'. For example, professionals who have lead roles in commissioning and provider organisations (and who may represent their organisation on safeguarding adults boards), such as directors of nursing, chief nurses or safeguarding lead officers, can advise and influence (with reference to the above).

These champions will make the links with current safeguarding and care quality practice and guidance. This role is underlined in NHS England (pages 21-22).[17] Professionals in these roles in commissioning organisations can nurture champions in provider services.

Appendix 5 offers a practice example where the Care and Business Support Team in West Sussex County Council is developing local Person Centred Safeguarding Champions within provider services.

Table 1 offers examples of good and outstanding care provision and shows how these can be translated into measurable and achievable goals in pursuit of Making Safeguarding Personal (in the context of both intervention and prevention).

Effective and person-centred safeguarding is about the interplay of best practice across all five of the CQC regulatory questions, within a culture that promotes the necessary value base and principles for practice. Making Safeguarding Personal is integral to quality care. This table is constructed on the five core questions that form the CQC assessment framework. Examples are set out, including (in the first and second rows) help in considering what a provider can do and what a commissioner should look for, under each of the questions. It includes, in the third row, aspects of the culture of an organisation that can support Making Safeguarding Personal.

Examples in the table below are taken from inspection reports of outstanding or good care providers (including from those cited in a variety of CQC reports,[18] including from an Ascot nursing home). Commissioners and providers should seek out examples from outstanding providers in their own areas to inform how Making Safeguarding Personal might be developed locally using models of best practice.

17 NHS England "Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" (2015)

18 Care Quality Commission ,CQC, October 2016, Inspection report, St David's Nursing Home, Ascot, Berkshire www.cqc.org.uk/sites/default/files/new_reports/INS2-2468555189.pdf

Table 1 Care Quality Commission five key questions: informing and supporting Making Safeguarding Personal for providers and commissioners

Well led	Caring	Effective	Safe	Responsive
Examples from 'outstanding' provider organisations in Health and Social Care that make safeguarding personal under each of the five questions				
• Managers carry out audits to monitor care quality including speaking to individuals andanalyses information to identify trends and patterns to improve service and prevent future incidents • relatives are welcome • staff felt appreciated/ supported for the work they did • open, reflective management style provides strong values-based leadership to staff team.	• Service has a strong, visible person centred culture and is extremely good at helping people to express views so things are understood from their point of view, and uses creative ways to make sure that communication is accessible and tailored to people's needs • "we observe all the time; look at residents, at staff interacting with them. We know if something is wrong and address it immediately".	• staff supervision is positive and staff are able to share views or concerns • people's wishes are followed in respect of care and treatment • staff notice changes in health needs of individuals so that timely action can be taken • innovative staff training and development makes sure they put learning into practice to deliver outstanding care.	• transparent and open culture encouraging creative thinking in relation to people's safety • risks to people's personal safety were assessed and plans in place minimise risks and support people to maintain freedom and choice • service uses imaginative and innovative ways to manage risk and keep people safe while making sure they have a full and meaningful life.	• people know how to raise concerns. These are dealt with quickly and effectively • service develops to ensure people are provided with personalised care to improve wellbeing • staff find individual ways of involving people so that they feel consulted, empowered, listened to and valued.
What evidence would a commissioner look for?				
• open and transparent communication among staff team and management • evidence that feedback is acted upon: eg. annual survey influences development plans; trends/patterns from information/ audit lead to service development • people using services are included in audits to monitor quality of care.	• aware of responsibilities in context of MCA • individualised care and support • a range of communication methods used to ensure people can express their wishes, including advocacy • people encouraged to report any issues to staff/managers so that these can be addressed.	• staff receive support and supervision, which allows expression of concerns • staff understand the principles of the MCA and of safeguarding adults • staff understand the risks people live with and actions required to minimise these • people are involved in care planning and consent to support provided • Care and health is monitored and changes result in referral to GP.	• personalised and positive approaches to risk in place • care plans balance wellbeing and safety • the service actively seeks out new technology and solutions to make sure that people have as few restrictions possible.	• clear recorded evidence of responsiveness to concerns/ complaints in developing the service • complaints and the outcomes are shared with staff to help reflect on practice and learn lessons.

Well led	Caring	Effective	Safe	Responsive
The culture of the organisation supports personalised approaches to safeguarding. This is demonstrated by:				
• service has developed/sustained a positive culture encouraging all to raise concerns that are then acted on • vision and values are imaginative and person centred and developed and reviewed with people/staff and owned by all • service strives for excellence through consultation/ research/reflective practice • staff feel able to challenge practice.	• the culture of the organisation cares about the wellbeing of staff and people who use services • there is evidence that staff and the people being supported feel safe to raise concerns.	• staff support and supervision includes exploration of MSP • staffing levels meet emotional and physical needs (Staff are busy but not rushing to complete tasks) • People's right to consent to care and treatment is promoted • the organisation demonstrates that it is developing MSP as a 'golden thread' of adult safeguarding engaging with staff, people using services and families.	• transparent and open culture encouraging creative thinking in relation to people's safety. Seeks out current best practice and uses learning from this to drive improvement • service is creative in involving and working with people, challenges discrimination, continually seeks ways to improve, puts changes into practice and sustains this • commitment not to use jargon.	• the service uses innovative ways to look into concerns raised, including use of people/ professionals external to the service to ensure independence and objectivity • an open culture: people who use the service are encouraged and supported to engage with services and events outside the service • input from other services and support networks are encouraged and sustained.

National bodies can support this agenda by communicating consistent messages on Making Safeguarding Personal within broader safeguarding, commissioning and quality agendas. This has been explored briefly in section 3.

The LGA, ADASS, CQC and NHS England all support Making Safeguarding Personal, in line with the Care and Support Statutory Guidance (Department of Health, 2017).

NHS England intends to make this explicit as and when it revises its national publications on adult safeguarding, including Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework.[19] This framework sets the standards on safeguarding for all parts of the NHS, including CCGs, and is used by NHS regional teams to assess safeguarding work.

NHS England, Midlands and East Region; a safeguarding assurance tool (SAT) for NHS England oversight of CCGs discharge of safeguarding responsibilities

This tool encourages assurance on all of the duties of commissioners, including CQC expectations. It includes prevention and organisational culture. Making Safeguarding Personal is a thread running through all of these themes, rather than being confined to a single theme, such as 'patient engagement'.

Central Midlands Directors of Commissioning Operations Team (DCOs), on behalf of NHS England Midlands and East region, led the development of an electronic safeguarding assurance tool (SAT). It is in line with the NHS England Safeguarding Vulnerable People – Accountability and Assurance Framework

The thematic headings of this assurance tool match examples offered in table 1 on the previous page, thus highlighting links to Making Safeguarding Personal. The themes (developed

with input from a range of stakeholders) are as follows:

- leadership and organisational accountability
- governance and commissioning
- training
- safer recruitment
- interagency working
- supervision
- patient engagement
- lessons learnt
- policy and implementation.

Piloting this tool in NHS England Midlands and East region showed it was helpful both for assurance purposes and also for planning purposes. Full support and training will be offered when the SAT is rolled out across the area for CCGs to complete in 2017/18.

The findings of the assurance exercise will be used for continuous improvement for CCGs and their governing bodies. It is seen as a holistic blueprint for delivering safeguarding services, focusing on areas where evidence must be produced.

Supporting and developing the health and social care workforce

Step 4: Promote and support workplace and workforce development
Deliver and seek assurance on baseline standards that can contribute to Making Safeguarding Personal (including in respect of staff: recruitment, supervision, induction, development). Ensure that workplace values support staff in delivering on this.

The context in which practice takes place, the culture and leadership within organisations and the way staff are treated, are significant and have an impact on front line practice, and on whether or not people achieve their outcomes (Point of Care Foundation, 2014).[20] Staff need to be empowered, supported and developed to adopt the Making Safeguarding Personal approach in their practice.

What needs to happen?

Commissioners and providers can focus on:

- Establishing a common and robust approach to workforce recruitment and retention, consistent with Making Safeguarding Personal values and principles, with reference to a common resource, such as the toolkit produced by Skills for Care.[21] This includes support and advice on: recruitment; staff supervision; induction; staff development.

- Seeking assurance on the impact of this through contract monitoring.

- Establishing Making Safeguarding Personal as integral to all training.

- Seeking assurance onwhich staff are trained and relevant areas of staff development, such as those highlighted in the research on Making Safeguarding Personal.[22,23] Appendices 1 and 3 offer examples of requirements from the Care and Support Statutory Guidance[24] for Making Safeguarding Personal that inform a learning and development programme and requirements for commissioners to include in contracts.

- Making sure commissioners are trained and knowledgeable in Making Safeguarding Personal in order that they can support and develop providers.

- Understanding and acting on factors evidenced in research[25] that enable and inhibit the transfer of learning into practice. This includes challenging cultures and structures within organisations that get in the way of Making Safeguarding Personal.

- Seeking assurance that front line staff have a clear framework within which to achieve a balance between wellbeing and safety. Promoting high level organisational support for person-centred, outcomes focused working, linking training to strategic planning objectives.

> **Step 5: Make sure that staff are aware of and respond to the requirements of the Mental Capacity Act (MCA) (2005)**
> The Mental Capacity Act (MCA), (2005) is empowering legislation and supports Making Safeguarding Personal.

The principles of the MCA (2005) support engagement of adults in safeguarding support and related decision making. Evaluations of national Making Safeguarding Personal programmes have highlighted that effective implementation of the Mental Capacity Act is key to Making Safeguarding Personal.

What needs to happen?

Health and social care commissioners and providers should facilitate and deliver the following:

- People who lack capacity are offered person-centred safeguarding support. An outcomes

---

20 Point of Care Foundation, 2014; Staff care: How to engage staff in the NHS and why it matters, Point of Health report https://16682-presscdn-0-1-pagely.netdna-ssl.com/wp-content/uploads/2014/01/POCF_FINAL-inc-references.pdf
21 www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Recruiting-for-values-and-behaviours-in-social-care.aspx
22 Pike and Walsh, 2015
23 This might (depending on local learning needs analysis) include: working with risk; recording outcomes; using the range of legal responses; effective use of the Mental Capacity Act; working with coercive and controlling behaviour.
24 Department of Health, 2017

25 Braye, S; Orr, D; Preston-Shoot, M (October 2013) A scoping study of workforce development for self-neglect work, Skills for Care; Pike, L; Wilkinson, K (2013) How to get learning into practice: practice tool; Research in Practice for Adults, RiPFA; Pike, L; Wilkinson, K (2013) How to get learning into practice: practice tool; Research in Practice for Adults, RiPFA

approach is provided to those who lack mental capacity as well as those with capacity.

- The core principles of the Mental Capacity Act (2005) are integrated in safeguarding practice, with particular emphasis on supported decision making and best interests decision making.

- Mental capacity assessment is an early consideration in safeguarding adults support.

- There is appropriate use of, and commissioning of, advocacy in supporting decision making, both for people who have capacity and for those who lack capacity in safeguarding situations.

Table 1 (above) illustrates a range of examples, from good and outstanding providers, where staff are supported and developed to make safeguarding personal. There is an emphasis on reflective and evidence based practice and innovative staff training and development. There are examples illustrating how a positive organisational culture supports best practice. Examples show learning being translated into practice, including in delivering on the Mental Capacity Act (2005). There is evidence of complaints informing staff development programmes.

The following extracts from Table 1 illustrate workplace support for workforce development. They evidence that staff are developed in key areas required to make safeguarding personal:

"Staff supervision is positive and staff are able to share views or concerns"

"Staff levels meet emotional and physical needs (staff busy but not rushing to complete tasks)"

"Personalised and positive approaches to risk are in place"

"The service develops to make sure people are provided with personalised care to improve wellbeing"

"Complaints and the outcomes are shared with staff to help them reflect on practice and learn lessons"

"There is awareness of responsibilities in the context of the Mental Capacity Act"

"A range of communication methods are used to ensure people can express their wishes, including advocacy"

"Care plans balance wellbeing and safety"

"The provider seeks out current best practice and uses learning from this to drive improvement."

Early intervention, prevention and engaging with people

What should commissioners and providers focus on?

"We observe all the time. We look at residents, look at the staff interacting with them and we know if something is wrong, we address it immediately."
(CQC, October 2016)

Step 6: Ensure there is a clear focus on prevention and early intervention

The Making Safeguarding Personal approach applies in prevention of abuse and neglect as well as to immediate responses to safeguarding concerns. Prevention and early intervention requires empowering both staff and people who may be in need of safeguarding support to recognise the potential for abuse or neglect and to raise concerns.

"Agencies should stress the need for preventing abuse and neglect wherever possible. Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network... Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures."

Department of Health, 2017, paragraph 14.66

Step 7: Engaging with and including people who use services
Services are influenced by the people who use them both in the way in which front line practice is delivered and at a strategic and policy level. Support responds to the issues that people have themselves identified. Engagement supports both people's resilience and prevention.

Areas for providers and commissioners to focus on to ensure prevention and engagement of people include:

- Make the relevant links between service quality and prevention and the role of Making Safeguarding Personal within this.

- Develop the ability of staff to recognise situations where there is potential for abuse/neglect and empower them to report and act on concerns.

- All staff in provider services ask people about the outcomes they want when safeguarding issues first arise. This leads responses.

- Empower, engage and inform people so that they can resolve and prevent abuse and neglect in their own lives, and build their resilience.

- People know what good care looks like. Review the information available to people who use services and their families about safe, good quality care. This means that they are well-informed about the quality of care they should expect and are supported to raise their concerns/assert their requirements.

- Engage with and include people who use services so that services are influenced by the people who use them both in the way in which front line practice is delivered and at a strategic level. Providers respond to the issues that people identify.

- Safeguarding Adult Reviews (SARs), Serious Incidents Requiring Investigation (SIRIs) and other review processes engage with people in receipt of support and services and/or their families. There is a clear response to this engagement.[26]

- Complaints processes and guidance are readily accessible to people in receipt of services and support and their families to help them in raising concerns. Regular meetings are held with residents and relatives to discuss any concerns.

---

26 The Orchid View Serious Case Review (West Sussex Safeguarding Adults Board, June 2014) offers some important insights for providers and commissioners in Making Safeguarding Personal. The engagement of families had a significant influence on recommendations and actions going forward.

This supports a climate where:

- people can say when things aren't quite right

- staff understand people well enough to know when things aren't right for them

- staff pick up on issues which, if they go unnoticed, may turn into safeguarding concerns (relationships/health issues)

- people know what to expect so they can say when this isn't happening; they know what 'good' should look like

- people (in institutions) have contact with the outside world

- people feel valued and happy (staff and people in receipt of services and support).

Engaging across organisations in Making Safeguarding Personal

Step 8: Engaging across organisations in Making Safeguarding Personal
Engaging with the range of partners to support gaining a full understanding of the individual and their context; working together to achieve the outcomes people want.

Partnership working is vital not only in identifying individuals at risk but also in finding approaches and outcomes that are acceptable to them and allowing them to work with the staff they are most able to relate to and trust. This is especially important where people are resistant to engaging with services.

Agencies need to jointly try to understand the complex mix of factors that are at the bottom of resistance, and together find a route in to develop a working relationship and support the individual. Safeguarding adult reviews underline this, for example: Camden Safeguarding Adults Board's report.[27]

The Serious Case Review into the death of Steven Hoskin underlines the need to join up information held across the range of organisations in getting a picture of the individual and the risks:

"Not all staff receiving and collecting information made it available to others in their organisations or, as importantly, to partner organisations. Individual agencies did not have access to what other parts of their organisation and other agencies knew. Each held a piece or pieces of a jigsaw puzzle without any sense of the picture they were creating, or indeed the timeframe within which the puzzle had to be completed."

(Cornwall Adult Protection Committee, 2007).[28]

Further examples of relevant SCRs and SARs which can support learning and development are cited across the suite of resources listed in section 6.

---

27 Camden Safeguarding Adults Partnership Board (2015), Serious Case Review in respect of ZZ Died 10th June 2014, Aged 79 years

28 Cornwall Adult Protection Committee (2007). The Murder of Steven Hoskin. A Serious Case Review; Executive Summary

5. The impact of a Making Safeguarding Personal approach

This resource has set out what has to be done and what needs to be addressed in order to make safeguarding personal. If these steps are taken at all levels within commissioning and providing of health and social care, safeguarding adults will look like this for people, organisations and practice:

- The six core safeguarding adults principles and the wellbeing principle (Department of Health, 2017) are at the heart of Making Safeguarding Personal across all health and social care commissioning and provider organisations.

- Health and social care staff will ask people (and/or their advocate) about the outcomes they want to achieve at the very beginning of safeguarding support. They will be asked about how far their expectations in respect of both safety and wellbeing have been met at the conclusion of support.

- People are actively involved in achieving those outcomes and develop resilience as a result.

- An outcomes approach is as much part of safeguarding support for those who lack mental capacity as for those with capacity.

- Staff are trained and supported by managers at all levels to embed Making Safeguarding Personal in their practice. There are direct links between strategic planning and training.

- Health and social care staff will work alongside individuals to prevent abuse and neglect and to intervene at an early stage where there are concerns.

- People who may be in need of safeguarding support are involved in developing approaches to safeguarding support.

- There is an open and transparent culture which values, welcomes and responds to feedback from staff and people who need support from safeguarding services.

- Commissioning reflects and supports the values and principles necessary to make safeguarding personal.

6. Resources

The full suite of resources is available on the Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) websites and comprises:

• Support for Boards in Making Safeguarding Personal across the Safeguarding Adults Partnership

• Making Safeguarding Personal; what might 'good' look like for health and social care commissioners and providers?

• Making Safeguarding Personal; what might 'good' look like for the police?

• Making Safeguarding Personal; what might 'good' look like for advocacy?

• Making Safeguarding Personal; what might 'good' look like for those working in the housing sector?

• A resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support.

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

Safeguarding resources

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

Care Act 2014 Role and duties of safeguarding adults boards SCIE (2015)
www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-Boards-checklist-and-resources/role-and-duties.asp

Engagement and Communication. Social Care Institute of Excellence (SCIE), (2015)
www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp

Making Safeguarding Personal Temperature Check, ADASS (2016)
www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

Appendix 1

Setting safeguarding adults board and organisations' priorities against expectations in the Care and Support Statutory Guidance

What does the statutory guidance indicate should be priority areas in seeking to make safeguarding personal? What does experience from the MSP national programmes say that helps?[29][30]

Priorities for focus in support of MSP	Care and Support Statutory Guidance[8]	What supports MSP? (findings from MSP national programmes)[9]
• **Principles** (wellbeing; safeguarding core principles; MCA principles) • Leadership on these	• outcomes reflect adult's wishes and/or best interests and are proportionate to concerns (14.79) • everyone must focus on improving the person's wellbeing (14.92) • core safeguarding adults principles (14.13 and 14.14)	• focus on the person's outcomes and wellbeing
• **Culture shift** across organisations • Leadership models and seeks assurance on this	• strong multiagency partnership; effective responses and prevention; clarity as to roles and responsibilities; positive learning environment to help break down cultures that are risk-averse (14.12) • MSP underpins all healthcare delivery in relation to safeguarding (14.207) • policies and procedures across organisations should assist the development of swift and personalised safeguarding responses and involvement of adults in decision making (14.52)	• achieving the necessary cultural shift • all partners take on board benefits of outcomes focus • all partners develop personalised responses and procedures • develop commissioners in how to build MSP into their commissioning practice
• **Prevention** is a priority in MSP	• raise public awareness so communities play their part (14.11; 14.136; 14.139) • aim of safeguarding to prevent harm (14.11) • strong multiagency partnerships that provide timely and effective prevention" (14.12) • six safeguarding principles (14.13) • early intervention to prevent abuse (14.66) • supporting adults to weigh up risks and benefits of different options (14.37; 14.56; 14.91; 14.97) • early identification and assessment of risk; (14.62)	• support wider prevention and awareness in community • enhance prevention of abuse through empowerment • build a pathway from alerts to a range of lower level responses • empower people to manage risks in their own lives

---

29 This column shows related references from chapter 14 of the Care and Support Statutory Guidance
30 This column references findings from MSP national programmes 2013-2016

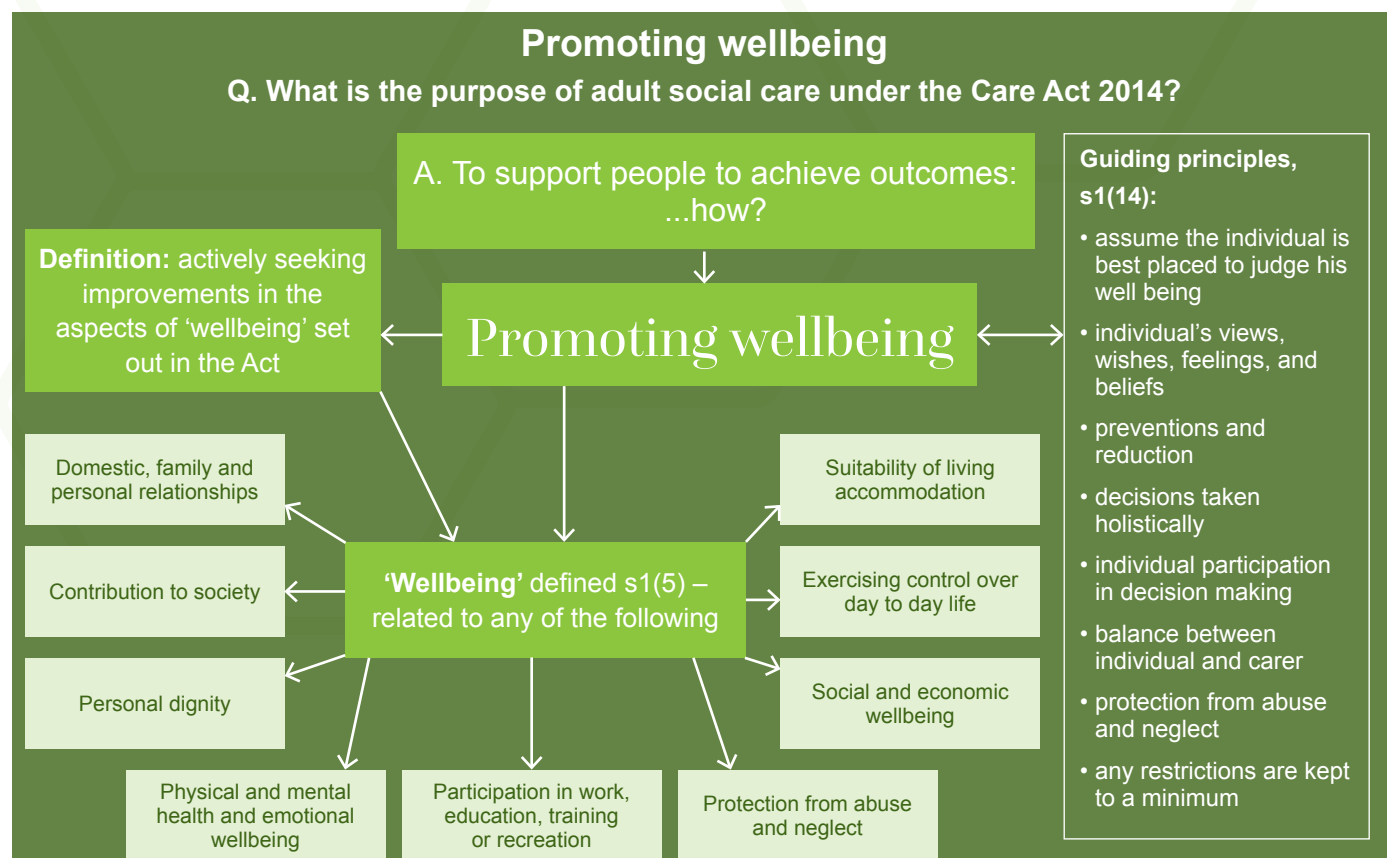| Priorities for focus in support of MSP	Care and Support Statutory Guidance[8]	What supports MSP? (findings from MSP national programmes)[9]
• Workforce development/ support	• regular face to face supervision to enable staff to work confidently and competently; guidance and support for staff; skilled knowledgeable supervision focused on outcomes (14.56; 14.57; 14.202)	• develop core skills/ tools to support practice • support, supervision, reflective practice • challenging practice through supervision, for example by asking 'How good are you at having difficult conversations'?
• Measuring the difference made to people through safeguarding support	• Safeguarding Adult Board should consider the extent to which outcomes have been realized (14.157)	• meaningful recording and measuring of outcomes
• Leading the shift to personalised safeguarding support through engaging with this broad range of aspects which might feature on the safeguarding adults board strategic plan and that connect with making safeguarding personal.; these are all statutory requirements for all partners • Making sure that commitment at Board level translates to changes in front line practice	• provide information and support in accessible ways (14.11) • provide an independent advocate to represent and support ...adults (14.10; 14.48; 14.54; 14.77; 14.80) • MCA 2005 compliance (14.55-14.61; 14.97) • supporting adults to weigh up risks and benefits of different options (14.37; 14.56; 14.91; 14.97) • procedures should assist in a personalised responses and involve adults in decision making (14.52) • clear methodology which involves the person at the centre and proportionate to concerns (14.92; 14.93) • enquiries range from a conversation through to a much more formal multiagency action plan (14.77) • enquiries will usually start with the adult's views and wishes, which determine next steps (14.93) • discussion with person confirms cause for concern and agrees outcomes (14.92)	• involve people in meetings/ reduce number of formal meetings • simplify language and guides for people using services • review outcomes • involvement of advocates and IMCAs • sound practice in context of MCA 2005 and DoLS • support people in managing risks • policies and procedures need to be revised • conversations with people and a move away from process and completing prescribed forms

Appendix 2

Core principles for safeguarding adults in support of Making Safeguarding Personal

This appendix explores how the wellbeing principle and the six principles for adult safeguarding can support Making Safeguarding Personal.

Wellbeing

The wellbeing principle is at the heart of care and support (as set out in the Care Act, 2014). The Care and Support Statutory Guidance, states that "The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life... Underpinning all... individual 'care and support functions'... is the need to ensure that doing so focuses on the needs and goals of the person concerned."[31]

This is central to Making Safeguarding Personal which "engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety".[32] This applies to safeguarding responsibilities in the broadest sense, not just to Section 42 enquiries (under the Care Act, 2014). The wellbeing principle is underlined in guidance across a range of organisations.[33]

Promoting wellbeing

Q. What is the purpose of adult social care under the Care Act 2014?

A. To support people to achieve outcomes: ...how?

Guiding principles, s1(14):

- assume the individual is best placed to judge his well being
- individual's views, wishes, feelings, and beliefs
- preventions and reduction
- decisions taken holistically
- individual participation in decision making
- balance between individual and carer
- protection from abuse and neglect
- any restrictions are kept to a minimum

Promoting wellbeing

Definition: actively seeking improvements in the aspects of 'wellbeing' set out in the Act

'Wellbeing' defined s1(5) – related to any of the following

Domestic, family and personal relationships

Contribution to society

Personal dignity

Physical and mental health and emotional wellbeing

Participation in work, education, training or recreation

Protection from abuse and neglect

Suitability of living accommodation

Exercising control over day to day life

Social and economic wellbeing

Taken from 'Adult safeguarding: multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands', Sept 2016

31 Care and Support Statutory Guidance, Department of Health, 2017, paragraph 1.1

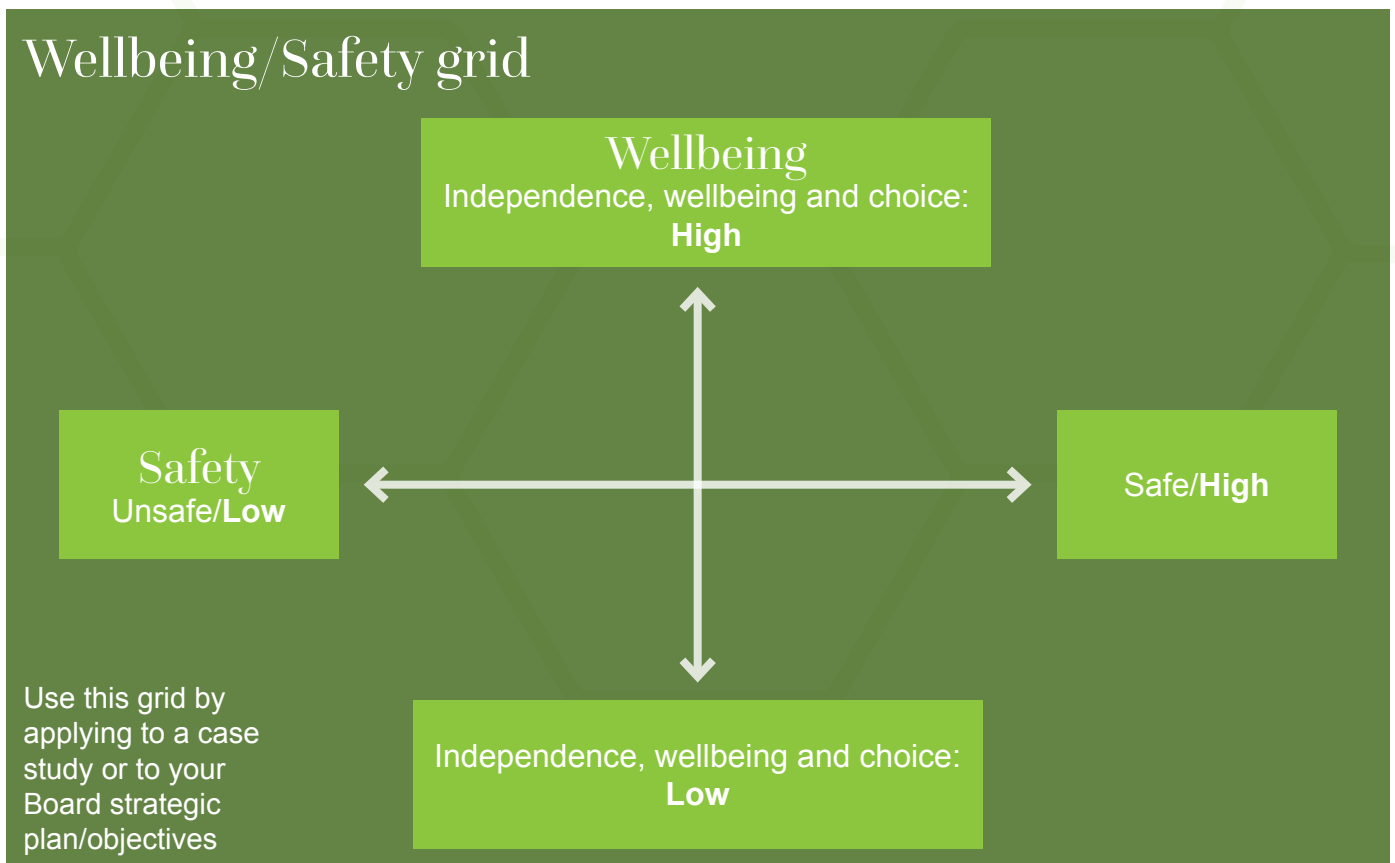32 Care and Support Statutory Guidance, Department of Health, 2017, paragraph 14.15

33 NHS England (2012). Compassion in Practice – Our culture of compassionate care. Available at: www.england.nhs.uk/nursingvision/
Ministry of Justice (2014). Our Commitment to Victims. Available at: http://londonadass.org.uk/wp-content/uploads/2014/12/Our-commitment-to-victims.pdf

The Care and Support Statutory Guidance says that "Promoting wellbeing does not mean simply looking at a need that corresponds to a particular service. At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent advocate."[34] (Department of Health 2017, paragraph 1.21). Key elements are responsiveness to the person's needs and wishes, creativity in finding solutions and within this, joining up across the partnership. There is a focus on giving people the information they need to take control and to choose the options that are right for them.

Challenge is required within and across the safeguarding adults board partnership, asking 'Are our safeguarding approaches specifically focused on promoting wellbeing alongside safety?' Is a Making Safeguarding Personal approach facilitating understanding of what promotes wellbeing in peoples' lives? Do organisational cultures and board culture recognise and support staff with the challenges in balancing wellbeing and safety?

The following tool can be used to support consideration of the extent to which wellbeing is a prominent feature in strategic planning as well as in front line practice. The grid can be applied to individual cases or strategic plans and the questions asked: how can we move from the lower negative axis regarding wellbeing or safety, to the higher positive axis, through this objective action or intervention?

Wellbeing/Safety grid

Wellbeing
Independence, wellbeing and choice:
High

Safety
Unsafe/**Low**

Safe/**High**

Independence, wellbeing and choice:
Low

Use this grid by applying to a case study or to your Board strategic plan/objectives

---

34   Care and Support Statutory Guidance, Department of Health, 2017, paragraph 1.21

The six core safeguarding principles and the associated 'I' statements

These principles can be used by the safeguarding adults board and partner organisations to review, examine and improve local arrangements, both at practice and strategic levels. The principles apply to all sectors and settings and must inform the ways in which professionals and other staff work with adults.

Six key principles underpin all adult safeguarding work (Department of Health, 2017, paragraph 4.13)	
Empowerment: People being supported and encouraged to make their own decisions and informed consent.	'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.'
Prevention: It is better to take action before harm occurs.	'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.'
Proportionality: The least intrusive response appropriate to the risk presented.	'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.'
Protection: Support and representation for those in greatest need.	'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.'
Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.'
Accountability: Accountability and transparency in delivering safeguarding.	'I understand the role of everyone involved in my life and so do they.'

(Department of Health, 2017, paragraph 4.13)

These principles are underlined in guidance for partner organisations, such as the NHSE Safeguarding Accountability and Assurance framework[35] and in the London Multi Agency Safeguarding Adults Procedures (London ADASS, 2016)[36] (which outline responsibilities across all organisations) as well as procedures elsewhere. They are indicated in an Adult Safeguarding Improvement Tool[37] developed in partnership by: Association of Chief Police Officers (ACPO); ADASS; LGA; NHS Confederation; NHS Clinical Commissioners. (Local Government Association, 2015).

---

35 NHSE (July 2015) Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
36 London ADASS (2016); London Multi-Agency Safeguarding Policy and Procedures
37 LGA (March 2015) Adult Safeguarding Improvement Tool

Appendix 3

Excerpts from the Care and Support Statutory Guidance (Department of Health, 2017)

14.15 "Making Safeguarding Personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Nevertheless, there are key issues that local authorities and their partners should consider...if they suspect or are made aware of abuse or neglect. See section 14.231 for more detail about what ...guidelines should cover" (paragraph 14.15).

In signposting section 14.231 directly alongside the definition of Making Safeguarding Personal, the guidance (Department of Health, 2017) highlights the firm link between Making Safeguarding Personal and prevention and service quality, embracing a wide range of practice areas and relevant operational guidelines. There is a clear message about implementing practice and processes that prevent the need for safeguarding interventions – making the links with workforce support, contracts and the regulator.

The guidance states: "Provider agencies should produce for their staff a set of internal guidelines which relate clearly to the multiagency policy and which set out the responsibilities of all staff to operate within it."

These should include guidance on:

- identifying adults who are particularly at risk

- recognising risk from different sources and in different situations and recognising abusive or neglectful behaviour from other service users, colleagues, and family members

- routes for making a referral and channels of communication within and beyond the agency

- organisational and individual responsibilities for whistleblowing

- assurances of protection for whistle blowers

- working within best practice as specified in contracts

- working within and cooperating with regulatory mechanisms

- working within agreed operational guidelines to maintain best practice in relation to:

  ◦ challenging or distressing behaviour

  ◦ personal and intimate care

  ◦ control and restraint

  ◦ gender identity and sexual orientation

  ◦ medication

  ◦ handling of people's money

  ◦ risk assessment and management (read risk guidance for people living with dementia) (Paragraph 14.231, Department of Health, 2017).

The emphasis on prevention is further underlined in the guidance (Department of Health, 2017) including as follows:

"Agencies should stress the need for preventing abuse and neglect wherever possible. Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network...Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures."

(paragraph 14.66)

"Partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention... Policies and strategies for safeguarding adults should include measures to minimise the circumstances, including isolation, which make adults vulnerable to abuse."

(paragraph 14.67)

Commissioners are encouraged in the guidance to promote an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult (14.74) and to consider the range of means by which providers' standards can be raised both through the support of commissioners and of the CQC (paragraph 14.73).

Appendix 1 sets out requirements of all organisations in respect of Making Safeguarding Personal as identified in the Care and Support Statutory Guidance, 2017.

Appendix 4

The importance of organisational culture and climate in Making Safeguarding Personal providers

Examples of good practice in facilitating a culture shift:

The Care Quality Commission report (CQC, March 2015) celebrating care that was found to be good or outstanding includes the following examples that illustrate leadership and culture shift towards Making Safeguarding Personal.

Salford Health Matters, Community Interest Company providing primary care services in Eccles:

"We collect feedback and the scores vary but we want the front line to own the findings, not the board."

"To provide great care you need a great place to work. We have a culture of openness and we have tried to reduce hierarchy – there is an annual staff survey and we regularly test the 'staff temperature'."

"Salford Health Matters checks with its patients' participation group to see how well it is doing – and there are good examples of improvements made to services as a direct result of responding to comments and suggestions."

Cambridgeshire Community Services NHS Trust:

"Staff are empowered to make informed decisions and provide high quality, personalised care to those that use our services."

"Board members spend time 'on the front line' with clinicians, identifying actions that can be taken forward to improve services and the working lives of staff."

Frimley Park Hospital:

"A strong patient-centred culture"

"A clear vision and values had been developed with staff to ensure they were aligned with a service they wanted to work for...happy staff will deliver great care."

"There are no more than four tiers between the CEO and lowest graded member of staff and high visibility is a key priority for the executive team."

The Ridgeway in Romford provides supported care for up to four adults with learning disabilities and other complex needs:

"It easy to see too many risks and wrap people in cotton wool. The people we support can be vulnerable but we use positive risk-taking to ensure they have the same opportunities as everyone else."

Appendix 5
West Sussex County Council Person Centred Safeguarding Champions Programme

In West Sussex commissioners are supporting a person centred safeguarding champion programme, facilitating "a 'preventative' programme focused on 'person centred safety' for older people (living within a registered care home), that will improve their involvement, choice, control, wellbeing and safety, and so enhance the quality of their life".

The care and business support team (West Sussex County Council) which set up this programme has recruited and is supporting development of around 40 Champions across care homes. As a champion a staff member has dedicated specialist time to develop person-centred approaches to safeguarding, and to provide support to all staff about the various personalisation tools, practice and approaches promoted by the team (a range of more specific tools used by the programme have been based on examples developed by Helen Sanderson, which can be seen in a publication on creating person-centred organisations).[38]

The programme is described by the team as follows:

The programme's purpose:
"To facilitate a 'preventative programme' focused on 'person centred safety' for older people (living within a registered care home), that will improve their involvement, choice, control, wellbeing and safety, and so enhance their quality of their life."

Its aim:
"To raise awareness of and promote a person-centred approach to safety with 'front line staff', which will enable the person being supported to remain in control of their lives and so maintain their wellbeing."

The impact of the programme will support services to reduce incidents of safeguarding and support recovery by understanding and acting upon what is important to and for the person.

The person-centred safeguarding champions will, in line with Making Safeguarding Personal, have a focus on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them how best these can be achieved.

The Person-Centred Champion Programme includes supporting front line staff with their managers to:

- develop and encourage the use of a range of person centred approaches, knowledge and skills

- support services to design person centred policies and procedure that focus on a person-centred approach

- support new initiatives to engage/involve/consult with people when looking at their personal view of safety

- develop a range of recording mechanisms

- focus on awareness of any cultural needs and changes that need to be implemented

- follow-up activity that will record learning that can be used to inform practice

- make sure people are much better informed about what safeguarding is.

---

38 Stirk, S; Sanderson, H, 2012, Creating Person-Centred Organisations

The programme seeks to have a positive impact on people, on staff and on the service including:

- "The objective of the programme is to increase peoples feeling of safety and security, promote choice and control and lessen any feelings of anxiety they may be experiencing. It will also support people to maintain and form positive relationships with others both at home and within their local community. The programme will provide a known point of contact for families to express any concerns they may have (in addition to the manager of the service). The champions will also support family members/carers to feel confident that their relatives/loved ones needs are known and understood".

- It will "support staff to improve their learning/development career opportunities, remove the 'fear' of safeguarding processes, by making safeguarding 'real', live and focused within the daily support provided".

- "The impact of the programme will support care services to reduce the number of incidents of safeguarding and support recovery by knowing, understanding and acting upon what is 'important to the person'."

The idea for developing this initiative came from finding out about Peregrine House, a care home in Whitby, where there is a safeguarding champion and which has a CQC 'outstanding' rating in all five areas of key questions (safe, effective, caring, responsive, and well-led).

The programme was in part prompted by findings from the Serious Case Review into Orchid View Care Home.[39] The steering group for the programme includes family members of people formerly living at Orchid View.

The programme has developed a tool where the service considers what success looks like from the perspective of the person being supported, the relatives/friends of the individual and from the perspective of staff and the service. This begins to embrace a view of Making Safeguarding Personal that uses a necessarily broad lens, taking in organisational culture and the development and wellbeing of staff as well as of residents and their relatives. This programme has based some of its stated measures of success around research of elements of practice and strategy in outstanding providers.

A table used by West Sussex Council (slightly adapted) showing measures of success from those different perspectives is included below.
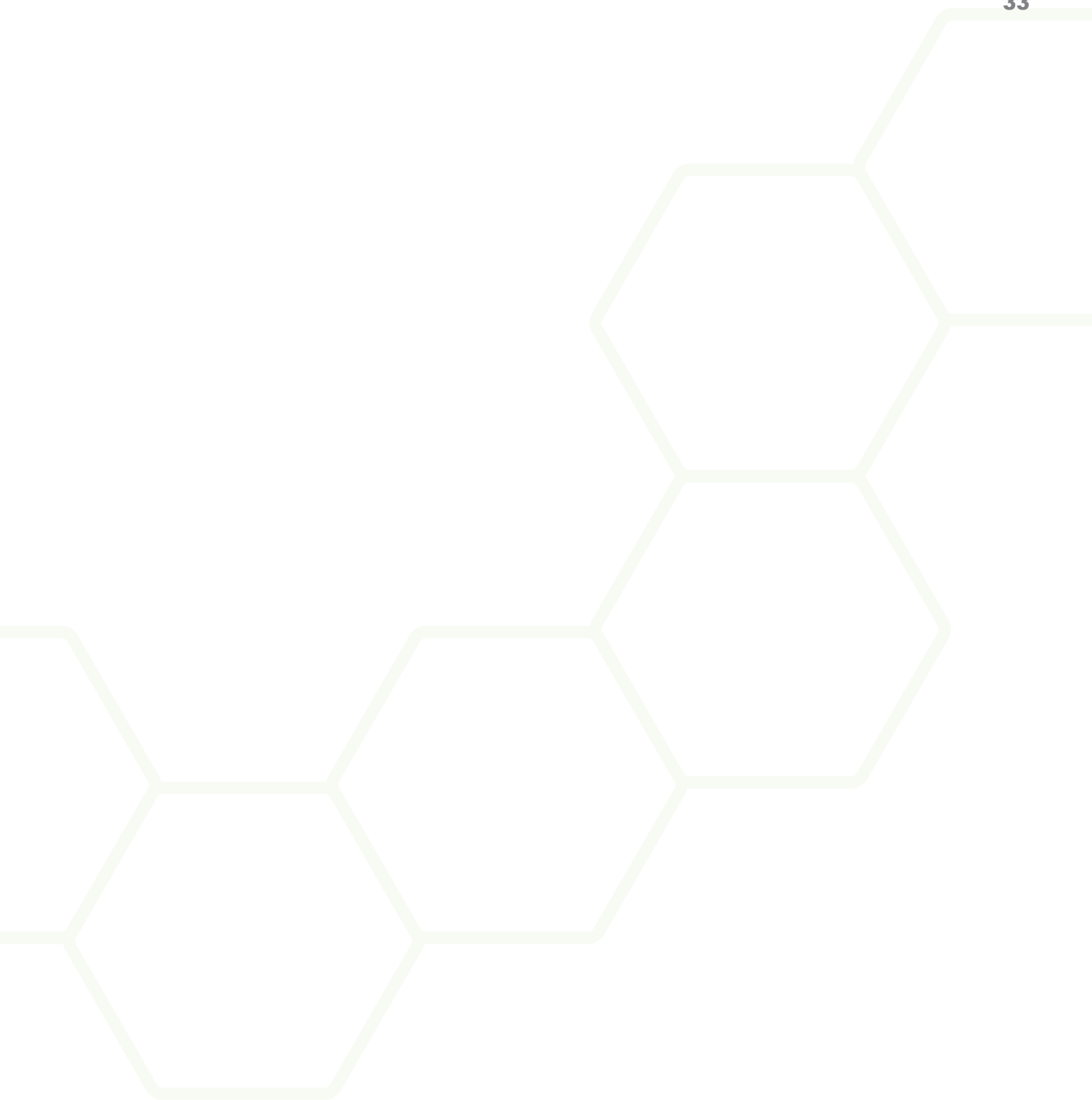
---

39   West Sussex Safeguarding Adults Board, 2014

Person Centred Safeguarding Champions Programme; care and business support team, West Sussex County Council (slightly adapted)

What success means to:			
Individuals	**Staff**	**Service**	**Relatives/friends**
• I feel safe and confident in my home • I have someone I trust to talk to whenever I feel anxious/fearful/lonely • Staff always listen to me and know what is important to me • I meet with my family/friends as often as I wish • I feel valued and appreciated • I am involved in all decisions • I feel in control of my life • I feel part of the wider community.	• I am confident I know how to support people to feel safe • I am proud of the job I do • I listen to each person I support and know and act on what is important to them • I have good positive relationships with the people I support and their families/friends. • I am listened to and feel valued • I feel like my contribution makes a difference.	• We provide person-centred support • We listen to everyone's concerns and always act upon them • We are open to learning and developing • We note and celebrate everyone's' success. • We value everyone's contribution • We share information and learn alongside the person we support and their family • We know what matters to people and act upon it.	• I know who to speak to if I have a concern • I feel listened to and am kept informed of the progress regarding any concerns expressed • I feel welcome to visit at any time • I feel valued and appreciated • I feel confident in the care provided.
We can deliver success by using:			
• Personalisation tools and approaches to gather information about what is important to me, and this forms part of my support plan • Information from me (and my family/friends) through meetings and conversations to develop 'I statements' around 'I feel safe because…' • My preferred form of communication to ensure I know what to expect (my rights)and I have a regular chance to identify any concerns • My comments from satisfaction surveys and acting on these • Information provided by me and my family/friends.	• information gathered from meaningful questions/conversations/meetings with people and their loved ones and keeping support plans up-to-date • celebrating success, sharing best practice and addressing concerns at meetings • adhering to the pledges from the 'feeling safe charter' (I promise to…) gathered and created by the champions • individuals' preferred form of communication • knowledge and experience gained from regular training opportunities and reflective practice.	• Time allocated off rota for observation and research for champions to inform best practice • Time slot at team meetings, and other forums to talk about the champion role and its aims • Staff supervisions to identify progress/further development opportunities • Persons' expressed wishes regarding outcome of concerns raised, and that these outcomes are communicated in a timely way • Information from self-assessment/annual audit • Accreditation schemes: Making It Real, Social Care Commitment to embed good practice.	• Annual audit, satisfaction surveys, meetings/reviews to express comments/suggestions for improvement • Champion to discuss any concerns • Relatives meeting (champion's slot to check on quality) • Complaints/compliments book to share ideas suggestions, and to celebrate good practice • Our knowledge and known history of loved one to inform staff support.

We measure success by:			
Individuals	**Staff**	**Service**	**Relatives/friends**
• Satisfaction surveys score • Compliments/concerns/ complaints • Level of incidents/ safeguarding concerns • Improved wellbeing, confidence, communication and positive relationships with others evident • 'I' statements produced, known, signed/ agreed • Outcome of person centred review (what's working/not working, future plans) • Better relationships within home/ community • Meaningful engagement of people/families where safeguarding support is needed.	• Progress reports highlighting best practice, new initiatives • Production of 'feeling safe charter' • Regular meetings held with health colleagues • Improved confidence regarding hearing, reporting and acting upon concerns expressed • Confirmed annual refresh of safeguarding training.	• Reduction in serious safeguarding incidents • Peoples' wishes are recorded and acted upon within safeguarding support • Monitoring, analysis and learning from concerns/ compliments/complaints • Completion of annual audit • Signing-up to making it real programme (kite mark achieved) • Signing-up to social care commitment (kite mark) • Proactive in drawing attention of residents/ relatives/families to cqc inspection reports.	• Satisfaction surveys score • Audit results • Support plans up-to-date and relevant. • Relative/friend's wellbeing is improved • Communication with all is receptive, positive, clear, timely and inclusive • Dignity and respect for people's needs and wishes is always evident, and is confirmed in all forms of contact • Confirmed feeling of open and transparent culture.