

# Making Safeguarding Personal

## Brent Safeguarding Adults Board March 21st 2018

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Adult Safeguarding

## What is Making Safeguarding Personal?

What can we do individually and collectively to make safeguarding effective by making safeguarding personal?

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## A case study: Dudley Trading Standards Department

93 year old man financially exploited by cleaner. He is registered blind, lived alone; has no close relatives in UK. He was visited by a social worker.

A cleaner/carer, `Sue` (alias for Veronica Robinson) progressively isolated him from his social network. Family photos/contact details removed from his home

He told friends that he was lending/giving money to `Sue` (a £10,000 loan for a `lease`, £5000 for `knee operation`)

He told friends and family not to contact him as he `has Sue now`, says it is up to him who he chooses to spend his time with

His wishes are taken in to consideration. An investigation is closed by police

**(Shared by Chris King – Principal Trading Standards Officer; Dudley Trading Standards Department )**

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Investigations revealed that in November 2014 Robinson had written a cheque to herself from the victim`s chequebook for £188,000, which he had signed. The cheque had been used to fund the entire purchase of a detached house which was in Robinson`s name

Robinson was arrested by Police, and bailed away from the victim for one month. This allowed social workers to finally gain access to him

He was diagnosed with dementia and found to be lacking capacity to understand or manage his finances

On this diagnosis his bank was prepared to restrict his access to his finances. A care agency was engaged by the his family to meet his care and support needs

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However, West Midlands Police declined to investigate the matter further and cancelled Robinson`s bail. Robinson immediately returned to the man, his care package was cancelled and the isolation resumed

Dudley MBC commenced Court of Protection (CoP) proceedings to permanently remove Robinson from the man`s life. Robinson objected to the proceedings. She said that the man had legitimately purchased the house for her so she could care for him there when he could no longer live independently

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The CoP served an injunction to remove Robinson from the victim`s life  
At this point the man was regularly visited by a social worker. As the social worker gained his trust, he opened up to him, saying he regretted buying Robinson a house and felt very foolish

Robinson was prosecuted by Dudley MBC Trading Standards for S4 Fraud, and Perverting the Course of Justice (serving false documents on the Court of Protection). After a four week trial involving evidence of over 50 witnesses, Robinson was found guilty and sentenced to five and a half years in prison  
Dudley Trading Standards has been awarded £300k extra funding from the Better Care Fund to develop this area of work

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What does Making Safeguarding Personal have to do with the issues presented here?

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# Issues

- Making Safeguarding Personal is not simply about engaging with people and acting in accordance with their wishes
  - It is about connecting with and building a picture of individuals and their circumstances, understanding what motivates them, through multiagency cooperation. Then using this to negotiate finding a possible way forward
  - It is also about prevention ...empowering people with information so that they can understand risk and protect themselves from future abuse
  - It is about leadership and culture in organisations allowing and supporting flexible responses. The 'right thing' in individual circumstances
  - It is about understanding the range of options for intervening, including legal options; employing a range of skills
  - Putting into practice principles (MCA and safeguarding adults)
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## The significance of MSP within the complexity of safeguarding roles and responsibilities

“people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action”

(Definition of safeguarding within Care and Support Statutory Guidance, DH 2017, 14.7)

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## The core safeguarding principles

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

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

‘We have linked outcomes to the wellbeing principle’

(Feedback from the London region MSP temperature check, 2017)

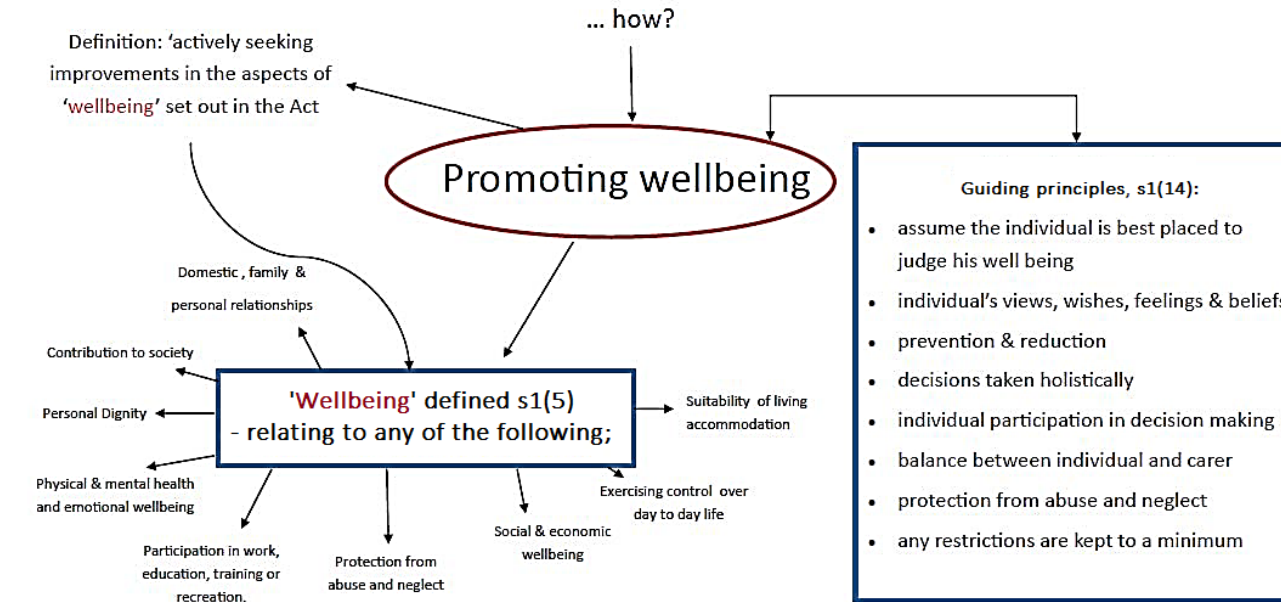
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# Wellbeing principle

## PROMOTING WELLBEING

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

A. To support people to achieve outcomes:

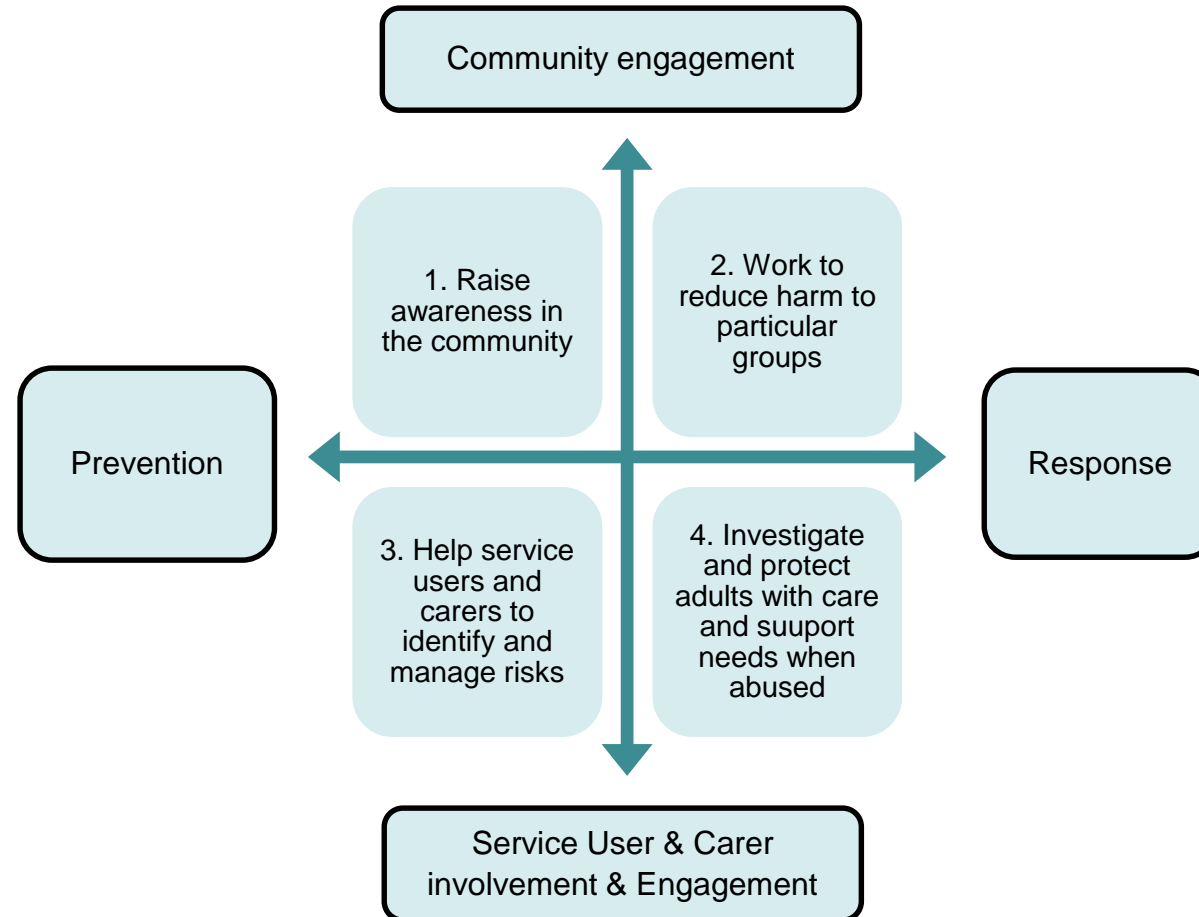


Taken from *Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands*, Sept 2016

# Safeguarding Principles



# Board Purpose



Adapted by Solihull SAB from *The Governance of Adult Safeguarding: Findings from research into Safeguarding Adults Boards*; SCIE report 45, Bray, S., Orr, D., Preston-Shoot, M.; Sept 2011

# **Making Safeguarding Personal and engaging with people is central to prevention and early intervention**

Empowering everyone (including staff and people living in communities) to recognise the potential for abuse or neglect, to raise concerns and to act on these

Empowering, engaging and informing people in order to develop resilience

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# Making Safeguarding Personal ...

... means adult safeguarding:

- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety. (Department of Health, 2017, paragraph 14.15)

***and it must change the culture and practice of adult safeguarding***

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# A core message from the MSP resources

Developing Making Safeguarding Personal is not simply a question of changing individual practice, but the context in which that practice takes place and can flourish. It involves cultural and organisational change

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# Serious case review Mrs ZZ

Mrs ZZ, Camden: ZZ neglected to attend to her basic needs nor at times to accept support with those needs (nutrition; hydration; personal hygiene; health needs amongst these). She was at risk on a number of levels. She was reluctant to engage with services and support offered. She lived alone, recently bereaved. Her nephew visited twice each week. Two themes of self-neglect and working with risk were centre stage in analysing practice. ZZ lived and slept on her sofa. She received care 3 times each day for an hour each time. On admission to hospital her condition was described... “emaciated, ...covered in her own faeces which was stuck to her skin. I would describe it like snake skin it was stuck all over the lower part of her body, legs and feet it must have been there for months. Her body was badly contracted she looked like she had been in that same position for a very long time...We tried to move her arms and legs to expose the sores but her joints were locked...” ZZ had 14 pressure ulcers; 9 of them grade 4. (From a SCR, Camden, 2015)

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## **Mrs ZZ: the issues in the context of Making Safeguarding Personal**

Where must our focus be in making safeguarding personal?

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## Key issues, SCR in respect of Mrs ZZ

- the lack of attempts to engage with ZZ;
  - the failure to engage relevant specialists to address the risks presented for ZZ;
  - the lack of respectful challenge and persistence in supporting ZZ's understanding of the risks;
  - the care management model that closed this case except for annual review when what was required was persistence and continuity;
  - the need for adequate support and supervision of staff working in and managing such challenging situations;
  - Need to develop legal literacy and especially understanding the requirements of the Mental Capacity Act and the balance between choice and safety.
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# Connecting organisational values into front line practice

## ‘My Dignity Promise’

- I will call you by the name you prefer.
- I will do all I can to keep you safe.
- I will treat you with dignity, respect, courtesy and consideration.
- I will promote your independence, well-being and choice.
- I will respect your individuality.
- I will respect your right to privacy.
- I will help you to have greater control in your life.
- I will act on any comments, concerns or complaints you may have.
- I will always remember that I am a guest in your home.
- I will engage with family members and carers as care partners.

Provider for Ms ZZ introduced a ‘Dignity Promise.’ All staff required to commit to it.

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**LGA/ADASS resources including**  
***Making Safeguarding Personal for Safeguarding Adults Boards***  
<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources>

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# Essential steps for Making Safeguarding Personal

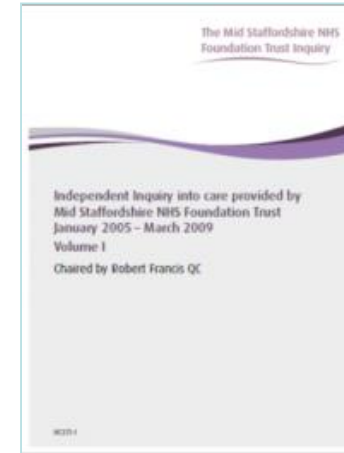
- **Leading Making Safeguarding Personal**
    - Step 1: Evidence strong leadership of Making Safeguarding Personal
    - Step 2: Promote and model the culture shift required for Making Safeguarding Personal
    - Step 3: Define core principles for strategy and practice
  - **Supporting and developing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

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

- Need for respect for Human Rights
- Dignity, respect, compassion in care are crucial
- Patient involvement/empowerment. Relationships with families/carers are central
- Listen to patients. Welcome criticism. Make it easy to raise concerns
- Importance of working effectively with risk; cross-agency communication
- Importance of staff support, supervision, recruitment, reflective practice
- Change of attitude & culture. Emphasis on impact on patients rather than ticking boxes.





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