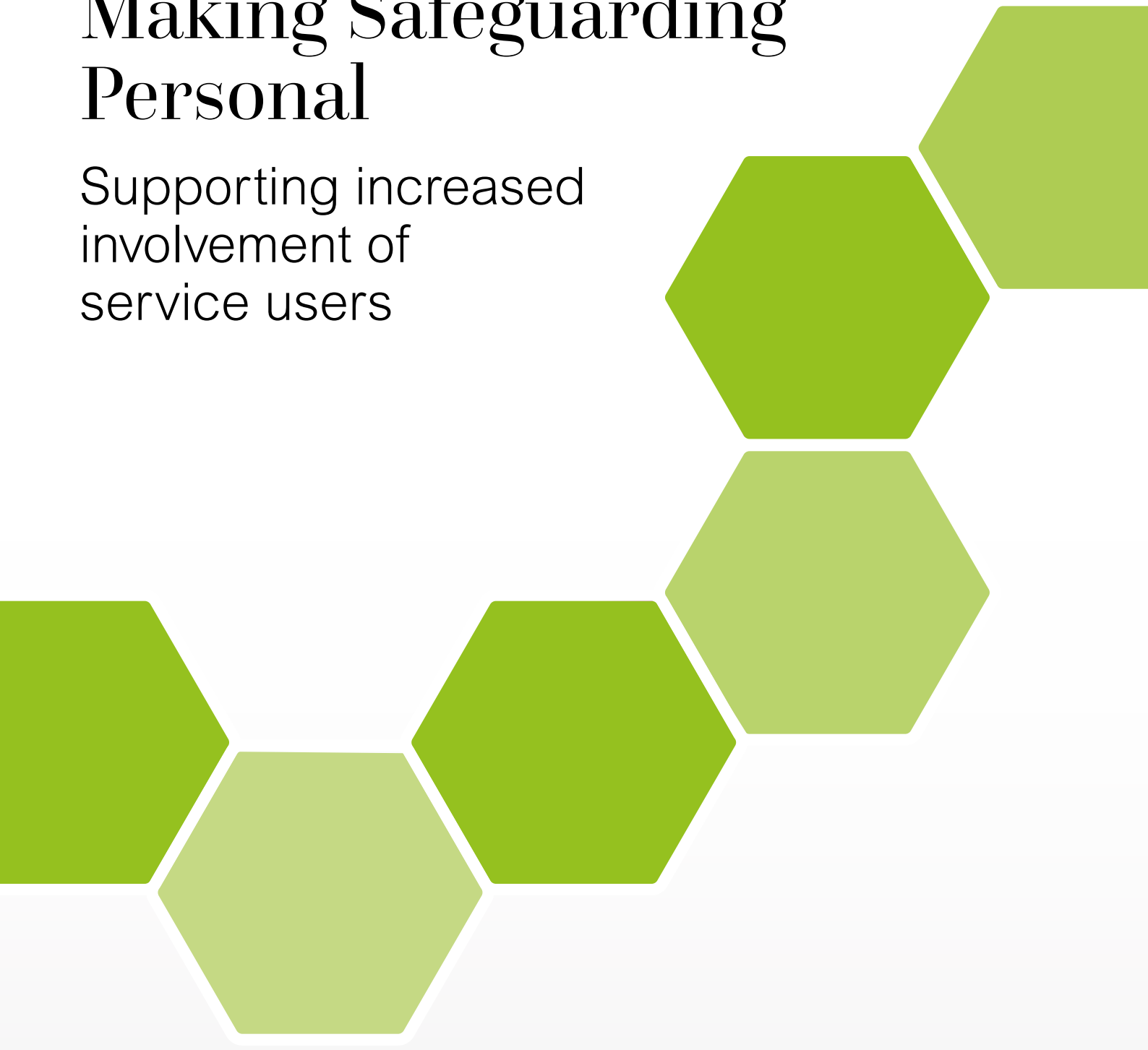
Local Government Association

directors of adass adult social services

Making Safeguarding Personal

Supporting increased involvement of service users



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Choices Advocacy, Southampton

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South East Network of Disabled People's Organisations (South East England Regional Organisation)

SPECTRUM Centre for Independent Living, Southampton and Hampshire

The Making Safeguarding Personal Group, South West South West London and St George's Mental Health NHS Trust met to offer insights to inform this resource

Terminology

This guide uses the term 'service user' and 'user', although it is recognised that some people prefer to use other terms to describe people who may require safeguarding support. The terms were chosen as they were used most commonly by interviewees whilst researching the guide, particularly by the user led organisations themselves. It is written in straightforward language avoiding jargon where possible. Where jargon has been used, we aim to offer a simple definition after it. One of the tools within the toolkit is a jargon buster which can be used during safeguarding adults board meetings as well as when writing up minutes and other material produced by the board.

Report Authors: **Robert Droy** and **Jane Lawson** on behalf of ADASS and the LGA

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Part 1: Guide

1 Introduction

This resource offers support to safeguarding adults boards for increased involvement in safeguarding adults boards of people who may be in need of safeguarding support. It and the associated tools are aimed at encouraging safeguarding adults boards to consider what more they can do to support meaningful user involvement. It includes examples of a range of tried and tested approaches.

It should also help the voluntary sector and user groups in the community to consider how they can be more effective partners in the work of the safeguarding adults board and what questions they need to be asking of the board.

As part of the Making Safeguarding Personal Temperature Check (Cooper et al, 2016)[1], the theme of how 'end users' of safeguarding were involved in safeguarding was explored in conversations. The recommendations of that temperature check include:

"All organisations and safeguarding adults boards need to do more to meaningfully engage service users in planning and shaping safeguarding services. This report gives examples of where and how this is being achieved and we would encourage organisations to share their approaches."

(Cooper et al, 2016, p29)

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. More details on the full suite of resources is given in Part 3: resources, references and further reading.

The Making Safeguarding Personal[2] approach has been developed extensively with the support of a national programme that started in 2010. Much has been done to ensure that safeguarding for individuals is outcome focused and not solely process driven. Evaluations of national Making Safeguarding Personal programmes: ((Lawson et al, 2014)[3] (Pike and Walsh, 2015)[4]; (Cooper et al, 2016) provide the context for this resource.

It is clear from the Making Safeguarding Personal Temperature Check (Cooper et al, 2016) that safeguarding adults boards are all at very different stages in their journey in making effective user involvement a reality. This guide will be useful for all safeguarding adults boards in different ways, no matter what stage they are at in the journey.

1 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

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

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

4 Pike, L; Walsh, J (2015) Making Safeguarding Personal Evaluation; LGA

2. Summary

This resource underlines the way in which effective user involvement can support delivery of the six core safeguarding principles in practice as outlined in the Department of Health Care and Support Statutory Guidance, revised in 2017 (paragraph 4.13)[5]. Involvement supports development of effective safeguarding practice, informed by people whose self-confidence, self-esteem and resilience can be developed through that involvement. A board that works hard to achieve meaningful involvement within the board itself and across the range of sub groups reflects a commitment to working in a way that is both accountable and transparent.

There are very positive examples of service user involvement in a range of activities, from safeguarding adults boards, (as outlined in part two of this resource). Underpinning these are guiding principles for this involvement:

- **Equality**: treating people with 'lived experience' as equal partners in the safeguarding adults board and with respect for their strengths, knowledge and experience.
- **Diversity**: making sure the voice of all of the different groups that make up communities can be heard by the safeguarding adults board, including groups who are seldom heard.
- **Accessibility**: making the involvement processes as simple and accessible as possible, with easy to understand information about what involvement entails. Linking up with all sectors of the community.
- **Reciprocity**: making sure that people's experience and knowledge is recognised and rewarded in some way. This may be in a range of different ways, including payment and supporting personal development.

The learning from some safeguarding adults boards, as well as from the research literature (see case studies and references sections of this resource), underlines some key ingredients that are needed for effective engagement:

- senior leadership and support for user involvement
- taking on board the learning from research and current practice
- taking the necessary steps to develop an enthusiastic and committed core group of service users and community organisations
- the support of staff who believe strongly in the importance of user involvement, especially in order to sustain involvement
- skilled facilitation of service user involvement groups
- adequate resourcing to improve the likelihood of delivering positive outcomes from user involvement
- tangible recognition of the contribution that service users make
- clarity about the purpose of involvement
- developing a range of tasks and products for involvement to achieve, using a variety of methods that work for a range of people
- measuring the impact of user involvement and responding to what is learned from this.

5 Department of Health (2017), Care and Support Statutory Guidance

3. The current context

Most safeguarding adults boards take one or more of three broad approaches to involvement. The case studies presented in Part 2 of this resource indicate the benefits of combining more than one approach. These approaches are:

- involvement with users focused specifically on safeguarding issues
- engagement through advocacy organisations or other organisations, such as Healthwatch
- engagement with existing user led engagement groups that are not specifically focused on safeguarding.

Safeguarding adults boards' responsibilities in user and community involvement are set out in the statutory guidance (Department of Health, 2017, paragraphs 14.139; 14.153-4; 14.157). This resource offers support in fulfilling those responsibilities.

User involvement in safeguarding adults boards builds on a history across many public services of trying to put people at the centre of service delivery and trying to hear the voice of people when developing strategy and policy. The voluntary sector and particularly advocacy groups and user led organisations have led the way in establishing principles of effective user involvement, particularly in the field of personalisation (Beresford, P, 2013, p13).[6]

Safeguarding adults boards have been making efforts to involve service users and communities for a considerable time.

"[Safeguarding adults] boards are working to embrace personalisation and to promote more empowering ways of working with individuals and communities, while also recognising that self-directed support might open up new risks, and requires new ways of working to ensure that people have access to safeguarding when they need it."

(Braye; Orr and Preston-Shoot, 2011, p2)[7]

There are strong links across to the six key principles that the Care and Support Statutory Guidance (Department of Health, 2017) states should underpin adult safeguarding work. Effective user involvement can support those six key principles:

- **Empowerment**. Supporting and encouraging people to become involved in the work of the safeguarding adults board can help people feel they are doing something constructive, positive and worthwhile which can build their self confidence and self-esteem. People who have gone through the safeguarding process often want their (sometimes negative) experience to help inform future safeguarding work so other people don't go through what they went through.
- **Prevention**. Users are well placed to advise and inform the Safeguarding Adults Board on how to present information about safeguarding in a clear and simple way. People in the wider community may not understand the jargon that is often used or may not feel information is relevant to them or the community. This is particularly important when it comes to marginalised communities. Involving a diverse range of people, including those who are 'seldom heard', will help the

6 Beresford, P (2013) Beyond the Usual Suspects, published by Shaping Our Lives www.shapingourlives.org.uk/documents/BTUSGUIDE.pdf

7 Braye, S; Orr, D; Preston-Shoot, M,(2011); The governance of adult safeguarding: findings from research into Safeguarding adults boards, SCIE www.scie.org.uk/publications/reports/report45.pdf

work of the safeguarding adults board to have resonance and meaning to a wide range of people. This in turn may support people in the community to protect themselves.

- **Proportionality**. Involving users in all areas of the safeguarding adults board's work, including quality assurance, will help them and the local community to understand the difficult balancing of risk that the various partners around the table have to think about and work with. Users and advocates can often challenge and 'ask the difficult questions' to ensure that responses are proportionate given the level of risk.
- **Protection**. In order for people to get help and support to report abuse and neglect, the wider community needs to understand what it is and how they can best support people to report it. Involving users and user led organisations in educating the community can be a powerful way of getting the messages across to people in a way they will understand. Advocacy organisations who offer support and representation for those in greatest need offer help so that people can take part in the safeguarding process. They will be able to inform the safeguarding adults board of common themes arising from advocacy involvement. They can make sure that people who lack capacity to engage with the safeguarding adults board also have their voices heard and that their protection is enhanced.
- **Partnership**. The breadth and depth of user involvement and community engagement should offer safeguarding adults boards the best chance of developing local solutions in the community. If local people, users, advocates and community organisations are already actively engaged with the board, partnership working will be that much more effective, as relationships and trust are already in place. It should also help appropriate information sharing to take place between partners because everyone, including users, has been involved in drawing up the policies and protocols.
- **Accountability**. User involvement in the work of the safeguarding adults board is a very clear sign that the board wants to work in a manner that is both transparent and accountable. The board must take a broad approach to involvement rather than offer tokenistic involvement solely in specific small projects. The board is accountable to the community to: take account of the views of the community in developing policy and strategy, consult with and engage with the community on prevention of abuse and neglect, understand the concerns of people in the community and be openly accountable for all of this by publishing this feedback in the safeguarding adults board's annual report. (Department of Health 2017, Paragraphs 14.136 and 14.139 and 14.153-54). The safeguarding adults board, in engaging with users and communities, can support everyone in understanding everyone else's role.

4. Key principles for involvement

The following key principles for involving service users in the work of safeguarding adults boards must drive the way in which involvement takes place:

Equality

Members of the community and people with 'lived experience' should be treated as equal partners in the safeguarding adults board's work. This needs to restore a balance for people who may have experienced years of not being believed and/or of stigmatisation and discrimination. Boards may involve users in different ways, however in whatever way they are involved, they should be respected for their strengths, knowledge and experience. These may have been acquired through 'lived experience' rather than through education or professional work, but that doesn't mean it is any less valid or important.

These people can bring a fresh perspective on the discussion and often they naturally have an outcome focus to their deliberations. While individual stories and personal testimonials may have value, meaningful user involvement is about their input being valued as integral to all parts of the safeguarding adults board's work, particularly in terms of strategy and policy development.

Diversity

Adults who may require safeguarding support covers a wide cross section of the community. As user involvement develops, it is essential to monitor how the voice of all those different groups can be heard when developing policies and strategy. Some of this may need to be done by the board linking in with existing engagement groups within partner organisation or the wider community, or with Healthwatch (see section 7).

It may, as in the case of Bradford Safeguarding Adults Board[8], be a case of developing a 'Safeguarding Adults Voice' sub group which has both breadth and depth as to who it involves. A South West London and St George's Mental Health NHS Trust Making Safeguarding Group has a paid development worker whose role includes reaching out amongst a very wide group of people to specific groups or individuals when specific information or experience needs to be called upon. (See case studies section). This group has produced a co-production report (Making Safeguarding Personal Group, Sutton 1 in 4 network and South West London and St George's Mental Health NHS Trust, 2016).[9]

Often some groups of people are categorised as 'hard to reach', however increasingly the term 'seldom heard' is being seen as a more accurate and less stigmatising term. As a recent delegate at a conference noted 'They say I'm hard to reach but they never have trouble reaching me when my council tax bill is due'. This comment is at the nub of the issue. It is often not about knowing where to find people, but about knowing how to hear what they are trying to say. Without involving 'seldom heard' people, there is a risk that safeguarding adults boards miss out on important information that needs to be considered. There is a risk too in not engaging with all relevant groups including those with protected characteristics (Equalities Act, 2010).

8 See Case studies appendix

9 Making Safeguarding Personal Group, (2016) A Co-Production project report; Sutton 1 in 4 network and South West London and St George's Mental Health NHS Trust

Accessibility

(These points are further explained in section 6, practical steps for boards to take in involving users).

In order to get the widest range of users involved, reflecting the whole community, there needs to be effort to make the involvement processes as simple and accessible as possible. There should be easy to understand information about what involvement entails, what time commitment might be required, clear understanding of the role, and what the user will receive in return. A leaders' briefing poses the question for leaders of councils:

> "Who decides what information and advice you provide about safeguarding? Do you explain what safeguarding means as well as terms such as 'outcomes' and 'Making Safeguarding Personal'? How do you ensure the materials are accessible to a wide range of stakeholders? How can you involve people and communities in this work?"
>
> **(Pike, 2016)[10]**

Common access standards around information should be adopted by the board and its subgroups so that all papers are easily accessible to all participants. The 'jargon buster' that forms a part of this resource (see Part 3 of this resource) can support this.

Sample access standards:

- keep jargon to a minimum
- where jargon is needed, provide everyone with an easy to understand explanation of it
- avoid acronyms if possible but where necessary, provide a full explanation when first used
- pictures and diagrams can sometimes explain concepts better than words
- standard fonts should be used for ease of use by those with a visual impairment; for example a sans serif font such as Arial or Comic Sans and at least point 14
- avoid watermarks under text
- text documents can easily be converted into audio files using websites
- Braille is rarely used by blind or visually impaired people nowadays but ensure you know where to go if documents are needed in Braille
- with the use of modern technology, providing information to individuals in their preferred format should be very easy by planning ahead and being clear what is required.

Accessibility also includes linking up with the right users or groups in order to connect with each sector in the community.

Reciprocity

One of the main ways to help people feel they are an equal partner in the process is to ensure that their experience and knowledge is recognised and rewarded in some way. This may take the form of paying people for their time, or it may mean providing people with personal development opportunities. It can include supporting people in writing a curriculum vitae (CV) and including contributions to service user involvement with the safeguarding adults board.

10 Pike L. (2016) Involving people in safeguarding adults; Dartington: Research in Practice for Adults

How people are rewarded may depend on their role. For instance, if 50 users are invited to a consultation event, they may only receive refreshments and their travel expenses. However, if a user is part of a recruitment panel for a new chair of the safeguarding adults board, it would be appropriate to offer them financial remuneration. Some users may not want to be paid but that doesn't mean it shouldn't be offered.

INVOLVE, Eastleigh, has published a useful guide called 'Payment for involvement: a guide for making payments to members of the public actively involved in NHS, public health and social care research.' This makes the important point that:

"Covering expenses and offering payments can enable people who are often overlooked or ignored by mainstream society to get involved and make a contribution... It may be that they have relevant experience of great value to a project, but their circumstances, which may involve day to day difficulties, could mean that getting involved is not a priority for them unless there are ways to help with such difficulties."

(INVOLVE (2010)[11]

11 INVOLVE, Eastleigh (2010) 'Payment for Involvement: a guide for making payments to members of the public actively involved in NHS, public health and social care research' www.invo.org.uk/wp-content/uploads/2012/11/INVOLVEPayment-Guiderev2012.pdf

5. Key enablers to effective user involvement, specific to safeguarding adults boards

- Challenge the partnership to create an open and transparent culture (across and within organisations) that welcomes feedback from staff and service users and uses this to make necessary developments.
- Map what involvement mechanisms already exist within partner organisations (both statutory and voluntary sector) to model best practice, identify gaps and look for opportunities to link in with those existing groups.
- Assess the willingness and resilience of individuals and organisations within the community to get involved; motivate users and community organisations to become involved and develop the necessary enthusiasm.
- Look at involving people across all the sub groups and the main safeguarding adults board to ensure user involvement cuts across all activities.
- Look at engaging users from all groups and across all sections of the community (including those with protected characteristics).
- Consider how to measure the impact of user involvement and how the impact may relate to the six statutory principles of safeguarding adults (Department of Health, 2017).
- All outputs from the safeguarding adults board's work should have an element of user involvement but some outputs may be particularly suited to this, for example: safeguarding training for practitioners and the local community, peer led research on the experience of people who have been through the safeguarding process, facilitation of community events on safeguarding, promoting the work of the safeguarding adults board at conferences, designing information for websites and leaflets (not just proof reading). There are further examples in the case studies section of this resource.
- Consider resources and remuneration/reward robustly.

6. Key learning points for the board, for partners, and for the wider community

Some of the above 'key enablers' are looked at in more depth in this section. The following learning points reflect experience from safeguarding adults boards and partner organisations as well as from a range of research literature. (See references and further reading and sources of information).

Senior leadership about the importance of user involvement

In almost every interview undertaken as part of this work with safeguarding adults board leads, the importance of the role of the safeguarding adults board chair and the board manager in supporting the concept of user involvement and making this a reality, was highlighted.

In **Hampshire**, the previous chair of the board was very proactive in supporting users, giving time before the meetings for users and voluntary sector representatives to ask questions and to raise issues of concern. When the chair left, users were actively involved in the recruitment process for the new chair. Users were also involved in the induction process of the chair, who has met with users and the engagement sub group to understand their role on the board.

In **Bradford**, the Safeguarding Adults Board Chair meets with the Safeguarding Adults Voice group twice a year.

A leaders' briefing (Pike, 2016) underlines the necessary leadership and commitment for robust and meaningful approaches to inclusion. It poses a number of questions for leaders of councils to ask of safeguarding adults boards including:

"How does your safeguarding adults board show it is committed to involving people who use services in safeguarding at all levels including in their own safeguarding, strategically and in commissioning and developing information and advice about safeguarding?"

Develop a core group of service users and community organisations who are enthusiastic, motivated and willing to develop the expertise that is required to inform the safeguarding adults board and the wider community accordingly.

In order to create and capitalise on this motivation and enthusiasm, time must be taken to consider the practicalities of involving users. In the past, users may have felt they were used in a tokenistic way or their input was not valued. Below are some of the questions the safeguarding adults board needs to consider:

- Do users have access to training and support to facilitate involvement?
- Are practical resources (such as transport, support workers and accessible venues) provided to facilitate user involvement?
- Are users being involved from an early stage?
- Are users able to exert any influence over the engagement methods to be used?
- Have users been given sufficient time to engage in a meaningful way?
- Does user involvement feature on each safeguarding adults board agenda?
- Is involvement making a difference? Is the board responding to messages from people?

Dedicated staff who can build and maintain momentum from both users and other partners to ensure user involvement is sustainable.

From the interviews for the case studies (see Part 2 of this resource), it was clear that user involvement was working best when staff supporting the safeguarding adults board believed strongly in the importance of user involvement.

The safeguarding adults board manager can play a key role to support engagement. Voluntary sector partners can also play an important part, although they are under increasing pressure to take on work without any increase in funding.

This need for commitment, even within the current financial and resource pressures, is reflected by the safeguarding adults boards represented in part two of this report, including, for example, by South West London and St George's Mental Health NHS Trust Making Safeguarding Personal Group and the Safeguarding Adults Voice Group in Bradford. The issue is also raised by the Leicester City Board. The case studies presented in part two of this resource offer some insights into ways in which effective service user involvement is being positively supported, even in the current climate of resource pressures. These examples include: accessing the broader local authority budget for user engagement, accessing funding from the Better Care Fund, using the valuable safeguarding adults board resource of the board manager to support engagement.

Resources

In the current climate, resources are always going to be a thorny issue. It is clear though, that adequate resourcing of the user involvement strand of the safeguarding adults board, will improve the likelihood that user involvement will deliver positive outcomes. It also demonstrates to the wider community that their contribution is valued.

In Enfield, the board secured funding from the Better Care Fund for their Quality Checkers programme. Quality Checkers are a group of service users and carers who undertake visits to provide feedback on services. They interview those using the service.

The quality checkers have been involved in a number of projects, including: establishing the quality of activities within care homes across the borough, visits to homes to look at hydration practice as well as specific work focusing on how homes support Lesbian, Gay, Bisexual and Transgender individuals. They also make visits in response to quality concerns, which are then fed into the safeguarding adults process.

It may be possible to tap in to funding that safeguarding adults board partners have for user involvement more generally. In Buckinghamshire for example, the council's Carer and Service User Group pay expenses to carers and service users who are involved in safeguarding work. This includes payment for replacement carers, if carers are attending meetings (as well as other expenses).

When deciding on a budget for user involvement, it is important to consider the following:

- facilitation and administrative support (including room hire)
- travel expenses
- expenses for paying for a replacement carer
- cost of converting written materials into accessible formats
- British sign language (BSL) interpreters/lip speakers (if required)
- recognising the contributions users are making, for example fees, gift vouchers, training opportunities.

Recognising the contribution that users make

When considering how to recognise and value the contribution users are making, safeguarding adults boards may want to consider:

- What level of skills, expertise, and experience you are seeking/expecting from users?
- What are the time commitments involved in the role they are playing in the safeguarding adults board (including: preparation, reading, travel, communication, meetings)?
- What level of responsibility you expect the users to shoulder in respect of the work of the safeguarding adults board?

There are various different ways to recognise and value the contribution users are making.

Money is the most direct and concrete way of recognising involvement. The level of payment could be based on a set hourly rate or be determined by the type of activity (eg attending a meeting, sitting on a recruitment panel, conducting peer led research).

As one service user put it "If everyone else around the table is getting paid to attend the meeting, why shouldn't I?"

Some users may prefer not to be paid, for example if they are on certain types of benefits, however it should not be assumed that all users are on benefits which will be affected.

Offering training, mentoring, supervision and support opportunities may also be of value to users. These can be part of users' personal development and/or may increase their employability. Users should have a choice in what kind of training they undertake if it is going to be considered a reward. Offering support by acknowledging contributions on service users' CVs when applying for jobs, can be of benefit. Other things to consider include:

- have a simple and proportionate method for claiming expenses
- adopt a clear and consistent policy around fees and expenses so users and budget holders' expectations are aligned
- reasonable expenses such as travel, cost of personal assistant/carer should be paid on top of any fees agreed.

7. Practical steps that can be taken to make user involvement effective

Use accessible and appropriate language

Use language in reports, leaflets and on websites that means something to people outside of the safeguarding field. Users and the wider community can often find professional terms very off-putting and, at times, dehumanising. Terms such as 'vulnerable', 'victim' and 'adult at risk' can appear judgmental as though people are helpless individuals.

Over the last two decades, the user movement, particularly disabled people and mental health users have fought against these pejorative terms. They have tried to establish the idea that users are just people and actually all of us can be at risk, or vulnerable, depending on the situation we find ourselves in.

"I tend to speak about rights: the right to feel safe and respected by others, and to have healthy, boosting relationships and to feel safe from harm inflicted by others."

(Kate Lovell, when working with the Royal Borough of Greenwich Safeguarding Adults Board. See Pike, 2016).

Agreeing a common set of terms, with users themselves, that can be used in minutes of meetings, leaflets and on the website is important.

This will ensure these feel more relevant to the user community and are more likely to encourage discussion, promote awareness of the issues, and facilitate a more equal relationship with users.

Understanding the information being used around safeguarding is a key prerequisite for successful involvement. It is necessary to consider:

- whether information is in accessible and jargon-free formats
- how information is disseminated and how easy it is to use
- whether the information provided is distributed with sufficient timescales for people to act upon it
- whether users themselves find the information provided useful?

Bradford Safeguarding Adults Voice group has been involved in redrafting the safeguarding adults board website to ensure the language is easy to understand and the content is relevant to the community. Hyperlinks have been included for the 'jargon' type words so that simple definitions can be provided. It is also planned images will be added in the future to aid explanation as well to help understanding further.

Agreeing who to involve and how to involve

Recruiting a diverse group of users that reflects the community can be a daunting task, but safeguarding adults boards have used a variety of ways to find users who would be interested. Some boards may hold large consultation events to try and identify interested individuals. It can be good to get a mix of some people who are experienced at being engaged with the local authority and other board partners, along with some people who are less experienced or come from 'seldom heard' communities.

Shaping our Lives, a national network of service users and disabled people[12] has written a useful guide called 'Beyond the Usual Suspects'[13] (Beresford, 2013), which gives practical advice on how to reach users from 'seldom heard' communities. This includes:

- Build people's confidence and skills over time. Offer practical help and opportunities to get together and work collectively so they are in a realistic position to respond to invitations to get involved.
- Develop a variety of methods of involvement that can work for different people and are based on different forms of communication.
- Provide ongoing opportunities to get involved which over time make it possible to build trust and relationships with them. A strategic approach rather than an adhoc, one-off approach to involvement makes for sustainable arrangements which are likely to attract new people as well as retaining others. This makes it possible to build up interest, experience and expertise.

For example, in Buckinghamshire, they identified users who had already expressed dissatisfaction in their own experience of going through the safeguarding process. They wanted to turn that negativity into a positive force for change.

In Cheshire East, the safeguarding adults board in partnership with Cheshire Centre for Independent Living, a user led organisation, identified people who may wish to participate in a service user sub group. They worked with a safeguarding practitioner (working in front line practice) to identify people who had experience of abuse or an interest in preventing it and who may wish to participate in a service user sub group. They had the skills to chair the sub group effectively and were aware of the access requirements of the group. They also had the expertise to convert documents into an easy read version for some of the users.

It is also important to emphasise that user involvement does not just mean attending meetings. People may not feel comfortable in meetings but they may still have a really positive part to play in the work of the safeguarding adults board. Activities like carrying out surveys directly with the public about particular safeguarding issues or activities associated with celebrating anti-hate crime week are examples of active involvement outside of meetings.

Be clear about the purpose of the group

Many groups that involve service users have developed organically over the years, often starting as a generic group or in response to negative feedback. This can be a useful launch pad to get engagement going. In order to become useful over the longer term, the group needs to be clear where it sits within the safeguarding adults board's structure and what its purpose is. In some authorities, it can be a subgroup of the board (for example, in Enfield in case studies in Part 2 of this resource). In others, the group is wholly independent but can feed into a number of different sub groups as well as the main board (For example in Leicester).

Each safeguarding adults board and user group must decide what will work best for them. What is important is that the relationship is clearly defined and that the group understands its scope and purpose. This is best articulated by a simple and concise terms of reference that can be shared widely. This is also useful when recruiting new members so they are clear as to what they are getting involved in. There are two sample terms of reference in the toolkit in Part 3 of this resource.

12 www.shapingourlives.org.uk/about/how-we-work
13 www.shapingourlives.org.uk/resources/our-resources/all-publications/beyond-the-usual-suspects

Good facilitation is key

To work best, these groups should not be seen as an alternative to peer support groups or as a way to resolve individual issues. In Greenwich, they found that service users sometimes recounted 'very personal anecdotes which did not always tie into the overall discussion points.' (Pike, 2016). This can lead to frustration all round. It can be overcome by having a skilled facilitator, who is experienced in supporting engagement groups. They can help steer the conversation, ensuring everyone's voice is heard. They can ensure discussions conclude with a set of action points and with clarity over who is responsible for which actions.

Having concrete products or tools related to safeguarding that can be coproduced with service users and the community gives an extra focus to the users' contributions, makes their contribution more tangible and will often utilise their lived experience. A few examples to consider are included below.

Possible products, tools and activities that could be co-produced with service users and the community

Peer led research
In West Sussex, Independent Lives, a disabled people's user led organisation worked in conjunction with Healthwatch to interview people who had been through the safeguarding process and their families to hear first-hand their experiences. The findings of the research were then presented to the board and are published on the website.[14]

Delivery of safeguarding training
In the three councils that make up one London Safeguarding Adults Board, Hammersmith and Fulham, Kensington and Chelsea and Westminster, some members of the Somali community undertook a Safeguarding Train the Trainers course. This is so that they can deliver training on how local groups can support safeguarding in their communities, getting support from religious leaders across communities, and the role of adult social care in safeguarding.

Toolkit development
Safeguarding adults boards have developed a range of toolkits for wide ranging purposes. For example, in Bradford the Voice group raised concerns about how some service users who volunteer can sometimes abuse others. These volunteers are also 'adults at risk' or vulnerable in some way, therefore also need safeguarding. The Safeguarding Adults Voice group developed a toolkit to help organisations to think about the ways in which they can keep people safe in their organisation. The toolkit can be used to note the ways in which they already keep people safe and the additional things they need to put in place to provide a safe environment for everyone.

Production of a DVD
In Cheshire East, the service user sub group worked with Manchester Metropolitan University to produce a DVD about service users' experiences of safeguarding. This is on the home page of the safeguarding adults board website. There are a range of DVDs being produced across safeguarding adults boards. A resource has been collated by the Care and Health Improvement Programme (CHIP) in the LGA on currently available audio-visual resources on adult safeguarding.[15]

14 www.healthwatchwestsussex.co.uk/wp-content/uploads/2016/06/Independent-Safeguarding-Report-Time-to-Sew-up-the-Holes-in-this-Safety-Net-28-October-2016.pdf

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

8. Key methods that safeguarding adults boards are using to involve users (with their advantages and disadvantages)

Combining more than one approach is borne out in the case studies section of this resource as an effective way of developing service user involvement. Safeguarding adults boards might like to start with one approach and then build on this over time. Safeguarding adults boards who rely, in the long term, on just one approach (such as relying upon Healthwatch), should consider and measure the effectiveness of this. (See section 8 of this resource).

Most safeguarding adults boards use one of three main methods in order to facilitate effective user involvement and wider community engagement. There is not a 'one size fits all' approach and part of the journey will be learning from users and the wider community about what will work for each board. Safeguarding adults boards should consider the advantages and disadvantages of these three methods.

Some safeguarding adults boards show that combining all three works well. For example, **London Borough of Enfield** Safeguarding Adults Board combines the involvement of 'Quality Checkers' (a group of service users and carers who provide feedback on services) with a Dignity in Care Panel, chaired by the Director of Healthwatch, which looks at whether services meet specified dignity standards. There is also a service user, carer, and patient subgroup to the safeguarding board. Quality Checkers are a common denominator across these aspects of involvement (see case studies in Part 2 of this resource for further detail).

The three models for involvement are set out below with some of the advantages and disadvantages of each:

Involvement with users focused specifically on safeguarding issues

Advantages:

- Hearing directly from users can have a more powerful effect on the whole board and make strategic and policy development seem more relevant.
- Users can be educated and empowered by being part of the board's activities (one of the key statutory principles).
- Ability to build up a pool of expertise in the specific subject.
- With support, it can be a highly engaged and committed group of people to be utilised on a number of different projects.
- The depth and breadth that users bring is likely to be more than using other methods.

Disadvantages:

- Recruiting and developing users may take time as many users will not have experienced the safeguarding system.
- Can be resource intensive, particularly to get going in the first place.
- Subject matter can be quite intense, so users may need support before and/or after meetings.
- Some may see this as duplication if other more generic engagement groups exist. This distinction needs to be discussed along with consideration of what each method can contribute.

Engagement through advocacy organisations and/or organisations such as Healthwatch

Advantages:

- May be able to provide more thematic evidence based on hearing lots of stories.
- May be able to reflect the experiences of people who would find it very challenging to engage meaningfully in the board eg people who lack capacity.
- Some organisations will already have well developed networks they can get feedback from eg self-advocacy networks.

Disadvantages:

- Not hearing the user's voice directly which can be very powerful (and empowering for the user).
- Some organisations, for example Healthwatch, do not have a pure focus on safeguarding so you may lose some of the expertise.
- Advocacy organisations might only work primarily with one particular client group, such as people with learning disabilities and therefore not have much knowledge of other client groups such as mental health or people with long term conditions. This means this method will require engaging with a range of advocacy groups.
- Advocacy organisations often have a wide remit and may need to support individual issues rather than policy and strategic development.

Engagement with existing user led engagement groups that are not specifically focused on safeguarding

Advantages:

- Some of the practical issues such as recruiting users or scheduling meetings may already be resolved.
- People on the groups may already be familiar with how meetings ordinarily function.
- The people on the groups may be keen to engage on a new set of issues.

Disadvantages:

- The group's whole agenda won't be safeguarding orientated so some people may be disinterested.
- The timings of the group may not fit in well with the needs and timings of the main safeguarding adults board.
- Depending on the makeup of the group, it may be hard to capture the diversity of the users that you want to engage with.
- The group may need support to really understand the issues and to respond accordingly.

A briefing for council leaders posed questions both about existing user groups embracing safeguarding issues and about using methodologies for engagement that are working well in other areas of business for involvement in safeguarding adults:

"How are you developing, supporting and using existing community and service user groups to gather feedback on safeguarding and what the safeguarding adults board's priorities should be in your area? Where is coproduction working well in your organisation and how can you transfer this to a safeguarding adults arena?"

(Pike, 2016)

9. Measuring the impact of user involvement

What's important?

- Clear plans and terms of reference for user involvement that facilitate measuring outcomes (see Part 3 of this resource).
- Measuring against safeguarding principles and overarching principles for user involvement.
- Measuring against key enablers to effective user involvement (having regard to research evidence of best practice in making this engagement worthwhile for all concerned and effective in developing safeguarding).
- Measuring both specific outputs and broader outcomes (case studies from safeguarding adults board in Part 2, below, give examples).
- Engaging users in finding out about effectiveness; qualitative and quantitative measures and the degree to which users feel that they have been able to influence the process.
- Measuring against expectations set out in the Care and Support Statutory Guidance (Department of Health 2017).

It is vital to monitor and measure the impact user involvement is having on the work of the safeguarding adults board and the wider safeguarding agenda. This will give confidence to the board that it is worth investing resources in this area as well as demonstrating clearly to users and the wider community that their input is leading to positive outcomes. This ability to determine what 'good' looks like in involving people in safeguarding is underlined as a priority for safeguarding adults boards in Pike (2016).

It is important to consider more specific outcomes or outputs. However, these sit alongside broader outcomes (which are at least as important), such as knowing that practice and cultures are changing in response to what service users say; examples that show that people (who are involved in informing the work of the safeguarding adults board) grow personally in terms of confidence and self-esteem and this has a positive impact for them as individuals. Both aspects, outputs and outcomes, need to be considered by safeguarding adults boards.

Broad examples of outcomes and outputs are illustrated in the case studies section (Part 2). Examples from case studies include:

The **South West London** and **St George's Mental Health NHS Trust Making Safeguarding Personal Group** have said in conversation that the group has had a big influence including:

- co-produced work is incorporated into trust policy.
- a co-produced course 'understanding how to live safely', by the group and the trust's Recovery College to help service users be better informed about protecting themselves is being piloted.
- the group is connecting with staff to help educate staff about Making Safeguarding Personal.
- there is safeguarding training for service users.

This Making Safeguarding Personal Group has discussed and agreed initial outcome measures for the group as: measure the impact of the completion of the actions agreed as part of the recommendations in the report[16]; more specific measures such as, to monitor attendance at the above Recovery College 'understanding how to live safely' course.

16 Co-production report (Making Safeguarding Personal Group, Sutton 1 in 4 network and South West London and St George's Mental Health NHS Trust, 2016)

The Enfield Safeguarding Adults Board has set up a group of 'Quality Checkers, a group of service users and carers who undertake visits to provide feedback on services by interviewing service users. There are targeted pieces of work, for example on nutrition and hydration. This approach to themed input lends itself readily to measuring outcomes and outputs.

It is important that safeguarding adults boards link in measuring outputs and outcomes at an early stage of planning involvement strategies, at the point when they set out the purpose and terms of reference of user involvement plans. Measurement of outcomes and outputs must be against clearly stated purpose and objectives. Examples are given in the case studies section and in the examples of terms of reference for service user involvement.

Another way of measuring outcomes and outputs of service user involvement is to use the six safeguarding principles and the co-production checklist and its associated 'I' statements. The safeguarding adults board can test out with service users how far these are met in what has been achieved.

Measuring outcomes is perhaps more about giving qualitative examples than data, although the extent to which the numbers of people who themselves refer safeguarding concerns to professionals may be one measure. Pike (2016) also suggests that one measure might be the number of priorities proposed by the community that the safeguarding adults board has delivered against.

Prioritising desired outcomes of the range of stakeholders takes place in the context of competing priorities for time and resources. There has to be negotiation on this, taking into account national policy and the legislative framework and setting this against local priorities.

This negotiation can be part of the process of involving users in setting board priorities and the strategic plan (a statutory requirement of the safeguarding adults board set out below). The extent to which users and the community are effectively engaged in this planning will be evidenced and reported in the annual report.

Safeguarding adults boards (SABs) responsibilities in user and community involvement are set out in the Care and Support Statutory Guidance (Department of Health, 2017). Boards must:

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

The safeguarding adults board must measure how far it is responding to those statutory requirements.

10. Conclusion

This guide is intended to give practical advice and to inspire and encourage safeguarding adults boards to develop the way they involve users in their work. The case studies offer detailed outlines of work underway in some safeguarding adults boards. These offer ideas that those boards have found to be effective. Part 3 of this resource offers practical advice/tools to support user involvement. There is a great deal of motivation and enthusiasm for developing this work further and the tools and case studies will allow all partners and users themselves to explore locally what has already been made possible across a range of safeguarding adults boards.

Part 2: Case studies

The following is taken from records of conversations with representatives of safeguarding adults boards. These aimed to find out what is happening already in involving people, who may be in need of safeguarding support, in developing and improving services and support. These examples reflect a huge amount of motivation and enthusiasm. It isn't possible here to include all of the detail offered in those conversations, however, these examples can be used to bring the advice in this resource to life, giving live examples of the principles and methodologies. It is hoped that the summaries reflect accurately what was shared.

Each case study emphasises different aspects of user involvement as important and/or offers examples of what is to be gained from involvement.

Bradford Council

This case study illustrates a very active service user group that is well supported by the council's information officer and is involved in the work of the safeguarding adults board at many levels.

Bradford has had a Safeguarding Adults Voice Group since 2011. They have a very good relationship with the Safeguarding Adults Board Chair who attends the group at least twice a year. The Safeguarding Voice group includes members of the Strategic Disability Partnership Board who also sit on the safeguarding adults board. This ensures issues can be coordinated and passed on from a wider audience. Therefore, two members attend the safeguarding adults board and they have a standing item on the agenda at every meeting so they can raise issues that services users have been discussing. The information officer at Bradford Council supports the group and is very committed to helping the group to be effective as it can.

The Safeguarding Adults Voice Group has helped produce an easy to read guide on what staff and volunteers should do if there is a safeguarding concern. They have also been instrumental in making the website more accessible and making sure any jargon is explained. The plan is to include images in the future to give further explanation and to help understanding. In response to an issue raised, the Voice group developed a toolkit 'Keeping people safe in your organisation'. Concerns were raised that some service users who volunteer can sometimes abuse others. These volunteers are also 'adults at risk' or vulnerable in some way, therefore guidance was needed on how to keep 'everyone' safe.

The Safeguarding Adults Voice group were invited by the safeguarding adults board to attend the ADASS Making Safeguarding Personal Conference in 2016 to ensure that users' voices were heard at the conference.

The group has been involved in awareness campaigns and has, at the safeguarding adults board, highlighted particular areas of concern for service users. For example, there were incidents of hate crime occurring at the train station and this was brought up at the safeguarding adults board. The police committed to working with users to raise awareness of the problem and look at ways to combat it.

The group is keen to learn from other groups and has identified other service user forums in Bradford District with a view to engaging with them. A plan to work together with others has now started. It is envisaged that the Voice group will be chaired by one of the service users, supported by the current chair who works in the housing sector. The group hopes to expand its membership to include more people from the BME community as well as people with mental health issues, substance misuse issues and people who have experienced homelessness.

Buckinghamshire County Council

This case study shows how feedback from users in the form of complaints can help to inform safeguarding work and then support those users to be involved as a positive force for change.

The Safeguarding Adults for Everyone (SAFE) forum started approximately two years ago in response to some people's negative experience of the safeguarding process.

Since the new safeguarding adults board manager came into post in October 2016, she has worked with the forum to increase its focus and effectiveness and to be clear about the aims of the forum and how it links with the board. She currently facilitates the group with a view to it being self-led in the longer term.

SAFE has nominated two individuals who attend the safeguarding adults board, supported by Talkback (an advocacy service primarily for people with learning disabilities). In the future, it is hoped that members of SAFE will also sit on each of the board's subgroups. This has started with membership of the training subgroup.

Several SAFE members attended the safeguarding adults board development day and their perspective on safeguarding influenced the board's priorities and forward plan and helped the board's understanding of Making Safeguarding Personal. The presence of service users helped board members to think about their perspective.

Some of the key factors that Buckinghamshire thought were important to consider were:

- the forum must have a clear purpose
- it can be a useful learning and development opportunity for users
- users need to see their contributions make a difference
- the forum has to be integrated with the safeguarding adults board, not sit in isolation and needs to be connected to the subgroups
- a medium term aim for the group is to have its own chair with board manager supporting/facilitating as with all other subgroups
- the need to consider how to cope if the group gets very big.

Cheshire East Council

This case study illustrates the benefits of drawing on the expertise of a user led organisation in involving a wide range of disabled people.

In Cheshire East, Cheshire Centre for Independent Living, a user led organisation, facilitates the Service User Reference Forum which is a sub group of the Cheshire East Safeguarding Adults Board. It is a very active and engaged group and includes: disabled people who have an interest in the subject, people with experience of going through the safeguarding process and people with care and support needs as well as carers with an interest in stopping adult abuse.

The group strives to be involved in all aspects of strategy and policy making. They were involved in the recruitment of the new Chair of the Safeguarding Adults Board two years ago and they have also made a spoken word video about safeguarding that is on the home page of the safeguarding adults board's website. This is being used nationally in training and on other safeguarding adults board websites. The spoken word piece is used in induction and basic awareness training as well as for carer and user training.

Hate crime is a priority for the group and they have liaised extensively with the police on how to ensure people understand the long-term effects that hate crime can have on the individuals affected.

The group meets bimonthly and there is an effective feedback system between the group and the main safeguarding adults board. A report from the group, as well as the chair, goes to each safeguarding adults board meeting. Members of the group attend the safeguarding adults board's away days and training sessions.

Cheshire Centre for Independent Living chairs the group. It ensures that access needs are fully met and that members can understand the issues being discussed. There is help to convert material into an easy read format.

The agenda for the meetings can be full and timescales for responding to documents can be challenging. Different partners on the safeguarding adults board view user involvement in quite different ways. Nevertheless, the group feel they do have an impact on the work of the safeguarding adults board and hope that will develop further in the future

London Borough of Enfield

This case study illustrates an approach where service users are involved at a number of different levels in the work of the safeguarding adults board and where peer led research directly informs the work of the safeguarding adults board.

The London Borough of Enfield has integrated user involvement into a number of different projects that all inform the safeguarding adults board's work.

It appears that the strongest aspect of user involvement is the Quality Checkers scheme, which is funded by the Better Care Fund. Quality Checkers are a group of service users and carers who undertake visits to provide feedback on services by interviewing those using the service. The Quality Checkers have worked on a number of projects including establishing the quality of activities within care homes across the borough, visits to homes to look at hydration practice as well as specific work focusing on how homes support lesbian, gay, bisexual and transgender individuals.

They also make visits in response to quality concerns which are then fed into the safeguarding adults process.

The information from the Quality Checkers is fed into the Dignity in Care panel, which is chaired by the Director of Healthwatch, where the aim is to hold commissioners to account over whether commissioned services are meeting dignity standards. For instance, following the research Quality Checkers had done in relation to hydration in care homes, the Dignity in Care Panel developed a card to support staff so that they notice potential and actual dehydration. These cards are being shared with care homes and the Quality Checkers will revisit the homes to check if the cards are being used and to measure the impact. The information on the cards was very accessible so that friends and family could be aware of the issues too, and if necessary prompt further discussion.

Information from the Quality Checkers is also fed into the Safeguarding Information panel which looks at quality and safety in provider services and considers a range of data, such as safeguarding concerns, contract monitoring visits, Care Quality Commission data as well as soft intelligence.

In addition to all this, there is also subgroup to the safeguarding adults board. The members include: service users, carers and patients as well as voluntary sector representatives, who are able to raise issues from communities they work with. The latter are not there to represent their own organisational issues. The co-chair of the sub group is also a lay member of the safeguarding adults board and a Quality Checker. This helps again to provide a cross over in terms of ideas and issues between the Quality Checkers programme, the sub group and the main safeguarding adults board.

London Boroughs of Hammersmith and Fulham, Kensington and Chelsea and the City of Westminster Safeguarding Adults Board (where adult services and safeguarding are merged across these councils):

This case study illustrates an approach where user involvement in safeguarding work was linked to the public health agenda with an innovative approach to involve all members of the local community.

An extensive consultation was conducted to try to involve people with experience of services and/or the safeguarding process. The underlying objective around user involvement is in terms of prevention and supporting people to be more resilient and able to protect themselves. This has resulted in an engagement group being formed with two strands: a large group of approximately 37 interested people/organisations and a smaller steering group.

By linking its work with work being done by public health, the safeguarding adults board has been able to connect with 'seldom heard' communities. This has also helped embed the concept of wellbeing into safeguarding work, and supported understanding of what wellbeing means to the community.

The engagement group is co-chaired by two people from the voluntary and community sector who both attend the safeguarding adults board. This was felt by the group to be less tokenistic than just sending a sole service user representative.

The engagement group is part of a community champions programme run by public health, who commission approximately 20 local organisations, (including social enterprises) to deliver the community champions programme. This focuses on creating healthy communities. Approximately 300 local community champions are based in the most deprived areas of the borough.

Public health do not pay their community champions but there are incentives such as gift tokens, access to free training and free events. Alongside this community champions are being developed and empowered to lead on issues within the community through a safeguarding 'train the trainers' programme. For example, the Somali community delivers training on safeguarding including telling the community what organisations can do to offer support; how local groups can support safeguarding in their communities and getting support from religious leaders across communities.

Safeguarding is not just an adult social care responsibility; it is a whole council responsibility. There is a tangible impact from engaging across the council (for example engagement from trading standards; community safety; environmental health; public health).

Hampshire County Council

This case study illustrates the benefits of a wide range of community stakeholders, including individual service users and advocacy organisations, being involved in many aspects of the safeguarding adults board's work.

In Hampshire, the safeguarding adults board has a large number of associate members who both attend the meetings but also sit on many of the sub groups. Individual service users, advocacy, Healthwatch and Community Action Hampshire (an umbrella organisation for the voluntary and community sector), are all associate members. The belief is that these organisations don't replace user involvement but they do complement it. The breadth and depth of the safeguarding adults board is thought to be very positive for all involved.

For example, advocacy sit on the Quality Assurance sub group which means they are involved in safeguarding adult reviews (SARs). They can ask challenging questions. Advocacy can also ensure that themes and issues that arise from their work with people who lack capacity is fed into the work of the safeguarding adults board.

People who lack capacity or people with learning difficulties and/or on the autistic spectrum may find a formal meeting quite challenging to engage in. Many of the associate members work hard to make sure their experiences are reflected in the discussions at safeguarding adults board meetings. For instance, the safeguarding adults board recently discussed the practice of 'face down restraint'. Users' experiences about how scary it is/was, was directly communicated to the meeting.

Both the chair of the safeguarding adults board and the board manager are very inclusive in their practice and they understand the importance of user involvement and the role of advocacy. Associate members also sit on the stakeholders sub group and the training sub group. Users have been very involved in both designing and delivering induction modules on safeguarding for new social workers. An audit of safeguarding training provided to staff working in voluntary and community sector organisations found that there were significant variations in the quality and content of the training for staff. The results were then fed into the learning and development strategy of the safeguarding adults board. This led to pooling some funding to provide leadership around developing consistent training that was accessible to all.

Service users were also involved in the recruitment of the new chair of the safeguarding adults board as well as her induction.

Some of the service users who are involved with the safeguarding adults board have strong links with local user led organisations and coproduction initiatives. This means that learning can be shared and best practice can be adopted.

The safeguarding adults board gets information from people after they have been through the safeguarding process. This is currently collected by social workers or care managers but the safeguarding adults board are currently looking at whether it would be more appropriate for this to be done by an independent organisation, such as a user led organisation or advocacy organisation.

The full members of the safeguarding adults board support the concept of user involvement but have different perspectives on how it works best.

"You have to be quite tenacious and have to earn your right to be involved", said one associate member.

Associate members feel they should keep 'ownership' of user involvement and educate other partners on the key elements of it:

- giving people time to speak and have their voice heard (Including those not at the meeting)
- providing people with appropriate support so they can participate fully
- providing information in accessible formats and holding meetings in accessible venues
- being willing to work in different ways
- being involved in all aspects of work including strategy and policy development

Leicester City

This case study illustrates an approach where individual service users work in partnership with the local voluntary and community sector to ensure users' voices are heard.

In Leicester City, the safeguarding users and carers reference group was formed following a series of events to increase user involvement. This set the direction for the group and also identified the necessary resources. The safeguarding adults board provided resources to get the group established and progress this work. This has been an important factor because the work needed energy and time to get established.

This reference group is a wide mix of representatives from organisations from the voluntary and community sector, as well as individual service users. Organisations that represent older people and people with learning difficulties are included as well as the local centre for Independent Living. An earlier group, which was entirely service users was difficult to sustain and did not progress.

The group is chaired by Healthwatch and is a standalone entity that reports to the safeguarding adults board via the awareness, prevention and training subgroup. The chair is also a member of the safeguarding adults board as are the statutory partners so there is good connection between the group and the safeguarding adults board. The group focuses on specific topics and issues at each meeting and the organisations who attend have a lot of experience in involving and engaging service users so their voice can be heard.

A new engagement officer post has been agreed to add weight and momentum to the increased engagement of users and with a view to refreshing the function of the group.

The group was involved in informing feedback options in terms of outcomes and issues and this will be further progressed by the engagement officer.

The group has produced a DVD/online resource which consists of a series of interviews with people who talk about their interaction with services and their experience of seeking support. These are not actors but people who have experienced this. This will be used in training staff and there will be an accompanying training pack.

West Sussex

This case study shows a user led organisation working together with other partners from the voluntary and community sector to share both the workload and, more importantly, the learning.

Independent Lives, a disabled people's user led organisation, works together with five other organisations, to share both the work and the learning that comes out of the safeguarding adults board.

The consortium called Supporting Community Based Solutions (SCBS) comprises of organisations that represent older people, people with mental health issues, people with visual impairments, carers, and people with long term conditions.

Out of these six organisations, three are currently involved in the work of the board. One sits on the safeguarding adults board itself, one sits on the engagement sub group and Independent Lives sits on the training and development sub group. This means there is a good spread of user representatives across the work of the safeguarding adults board. The three organisations then share their learning with the other three organisations in SCBS.

Being involved in the training and development sub group is useful as Independent Lives can feed in their expertise around topics such as employing personal assistants through personal budgets. This has led to training being developed for this growing market.

Independent Lives has also worked in conjunction with Healthwatch to interview people who have gone through the safeguarding process to see what it was really like. Using the experience of a user led organisation to facilitate the discussions with the users and their families, enabled an authenticity to the report and some challenging findings.

In terms of feedback from the board getting to users more generally and vice versa, Independent Lives admit this can be difficult. They suggest perhaps safeguarding adults boards could attend existing user focused events such as annual general meetings or community events to explain their work rather than organising their own 'safeguarding' events which may not attract much interest.

The voluntary and community sector have a lot of expertise in user engagement so Independent Lives suggests that perhaps the board could allow more responsibility for engagement activities to be passed to SCBS and other partners who represent that sector.

South West London and St George's NHS Trust

This example differs from the above case studies in that it relates to a well-established group supported by a mental health NHS trust. It is an example where a safeguarding adults board has drawn on good practice in one partner organisation (and been supported by that organisation) in order to develop partnership wide user engagement. It illustrates a number of core principles for user involvement as well as underlining aspects of the culture shift that needs to support involvement.

The Making Safeguarding Personal Working Group was initiated by the Sutton 1 in 4 Network[17], who worked co-productively with the South West London and St George's Mental Health NHS Trust to develop a series of user-led recommendations for good practice in safeguarding adults. This project and the Making Safeguarding Personal Group has the full support of the Mental Health NHS Trust Chief Executive and senior managers as well as the trust's safeguarding adults lead. The group's report has been presented to the trust's executive board and feedback from the Making Safeguarding Personal Group is integral to the trust's governance processes.

The members of the group wanted to learn from past experiences to prevent the abuse and neglect of service users in the future as well as to make sure that safeguarding support is effective.

17 A user led organisation for people with mental health issues.

The group engaged in a dialogue with the trust on abuse, neglect and safeguarding. It met with the trust's safeguarding adults lead monthly with terms of reference firmly based on the principles of coproduction. Chairing and administrative support was provided by Sutton 1 in 4 network. There was consistent commitment from all those involved. The group felt it was important that abuse and neglect were being taken seriously and the recommendations were wide ranging and practicable.

Some of the recommendations that the group has underlined as important for effective safeguarding are:

- Safeguarding should not just be a professional process, it requires culture change within an organisation or partnership. For example, abuse isn't just about major, single incidents. There needs to be a focus on indignities that can be part of a wider culture.
- The language of safeguarding needs to change; a person who is abused should not be labelled a 'victim'. They are a person affected by abuse or neglect; it's not their fault.
- Users should be encouraged to write their own safeguarding plan in their own language.
- Importance of informing service users with information about abuse and neglect (and what can be done about it: contacts; access to local support and rights) so that they can learn how to keep themselves safe and how to assess risk themselves. Training is made available to the group of users to support this.
- There should be access to advocacy.
- Making sure that it is made possible for users and staff to say when something isn't right; that there is support for both users and staff in this respect. The importance of openness and transparency and willingness of the organisation to make sure, when the service itself is alleged to have been abusive, that there is an independent investigation.

- Policies and procedures must be co-produced, reviewed and treated as living documents.
- It is important that existing statutory guidance is followed.
- It is essential that service users are at the forefront of service developments and are represented at all organisational levels.
- There is a need to develop a community wide 'learning culture' to prevent abuse.

A member of the user group now sits on the safeguarding adults board so these messages are now beginning to help the safeguarding adults board to learn too. Links to the safeguarding adults board are developing with a view to strengthening this through an advisory group. This will include representatives from a range of interest groups (for example older people and people with learning disabilities).

Comments from the group

"The role of this group is to support and advise and to bring attention to the professional bodies who provide safeguarding in the community and in hospital about how previous policies haven't worked."

"We have drawn on our own experiences, which have been included in a report and have helped to shape the policy."

"Many service users are isolated and I think the notion of a service user community only goes so far – I think a lot of people only engage with the clinical or social services when in crisis and they don't want to do anything with services or other service users. So it is hard to represent people we are not in contact with. To a degree we have to assume their experiences mirror those of people we are in contact with but it is possible some of the people we are not in contact with are relatively more isolated and so possibly more vulnerable."

"We currently have one member on the safeguarding advisory board however we would usually have two representatives to allow support for one another and also for continuity. It definitely needs strengthening as this can cause pressure on that individual who may feel it is too much responsibility to bear on their own."

Part 3: Tools for safeguarding adults boards

1 Involvement checklist and 'I' statements

2 Sample terms of reference/coproduction agreement for safeguarding adults boards (two examples)

3 Jargon buster

4 Resources, further reading and sources of information for user involvement

1. Involvement checklist for the safeguarding adults board

These are some of the questions that safeguarding adults boards should ask themselves on a regular basis to get an accurate picture of how they are developing their work around user involvement.

- Is user involvement a strategic priority for the board?
- Is the board ensuring there is time and resources specifically set aside for user involvement?
- Has the board developed a strategy that underpins user involvement work?
- Does the board know about existing structures and resources within the statutory sector and the local voluntary and community sector and does it harness their expertise?
- Has the board ensured that the processes for user involvement in the board's work are accessible to users and any barriers to inclusion are overcome?
- Does the board help users develop the necessary skills, understanding and knowledge of safeguarding to be meaningfully involved? The skills may be building people's knowledge around coproduction or it might be more generic skills around effective participation in meetings and/or knowledge about what safeguarding is about.
- Has the board thought about the importance of providing supervision/support for service users involved at a policy/ strategic level?
- Has the board provided support to the wider community to understand the importance and the role of user involvement?
- Does the board review the impact of user involvement and document how it is influencing the work of the board within its annual report?
- Is the annual report easily accessible to users and in a range of different formats?
- Does the board continually seek to improve and deepen user involvement in all areas of policy and strategic development?
- Is the involvement of users and carers/family members central in safeguarding adult reviews?

In addition, it is useful to get users who are already involved in the work of the safeguarding adults board to rate how much they agree with each of the following 'I' statements. This exercise should be repeated on a regular basis as one way of measuring the impact of user involvement on the board's work.

- I am treated as an equal member of the group
- I receive all the information for the meeting in an accessible format that meets my needs
- I have time to read the relevant information before the meeting
- I feel included in discussions and feel able to express my opinion
- I am listened to when I ask questions and those questions are answered
- I can ask if I don't know what a piece of jargon means
- I feel I have influence on what work is done and how it is done
- I am supported and offered supervision and development opportunities if I need them, to help me be involved at a policy/strategic level
- I receive information that helps me understand what abuse is and how to communicate those messages to the wider community
- I am clear of the process to claim expenses and any fees I am due
- I have a 'mentor' and 'single point of contact' with an established safeguarding adults board member. This includes pre-meeting support and debriefing following meeting
- I am given the option of attending safeguarding adults board or subgroup meetings with a peer for support.

2. Sample terms of reference/ co-production agreement for safeguarding adults boards

These are two examples of terms of reference from Leicester and West Sussex. Each group will want to draw up their own terms of reference to meet their own local requirements but these examples may provide some ideas. These are reproduced in formats as presented by the relevant boards.

Example 1

Terms of reference:
West Sussex Safeguarding Adults Board Engagement Sub Group

1. Purpose

1.1 The engagement sub group will build and develop a strong service user and carer involvement base to ensure that views and experiences are fed-back to the board and its sub groups to improve adult safeguarding in West Sussex.

1.1 The engagement sub group will work with all agencies to ensure all stakeholders understand safeguarding adults in West Sussex.

1.3 The engagement sub group will develop public awareness around safeguarding adults in West Sussex.

1.4 To be an effective decision making sub group to take forward work on behalf of the board; this may be achieved through short life task and finish groups.

2. Focus and engagement

2.1 The board considers the engagement sub group to be essential in developing key messages, particularly around:

- safeguarding awareness amongst the general public
- ensuring safeguarding information is consistent across and within agencies.

2.2 To assist the board in capturing peoples' safeguarding experiences and outcomes. Enable the board to identify ways to prevent concerns in the future and improve people's experiences.

3. Membership

3.1 The membership of the group will comprise of no more than 12 people and include the following organisations and people:

- Chair – Healthwatch
- lay members
- service users
- carers
- voluntary sector
- cabinet members from the district and borough and West Sussex County Council.

3.2 In the absence of the engagement sub group chairman and an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

3.3 Quorum

As a minimum, the meeting is deemed to be quorate when at least four members are present, and this must include two independent members (carer/layperson/service user) and one private, voluntary or independent sector representative.

4. Frequency of meetings

4.1 The engagement sub group will meet bi-monthly (April to March).

4.2 Attendance for service users, carers, lay people, advocates, local community and voluntary sector and other people interested in the work of the board is open and flexible.

5. Agenda/notice of meetings

5.1 The engagement sub group chair shall determine the agenda and will be supported by the safeguarding adults board coordinator.

Items for inclusion in the agenda shall be submitted two weeks prior to a meeting. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the engagement sub group and any other person required to attend, no later than three working days before the date of the meeting. Supporting papers shall be sent to engagement sub group members and to other attendees as appropriate, at the same time.

6. Minutes of meetings

6.1 Notes of engagement sub group meetings shall be circulated promptly to all members of the group.

7. Expenses

7.1 Travel expenses for service users and carers will be reimbursed, if they are not working on behalf of another organisation.

8. Role

8.1 To set work plans for the sub group that further develops:

- a service service user and carer involvement in board activity at all levels
- understand the customers' experience of safeguarding and feedback to board
- better understanding of safeguarding within West Sussex.

8.2 Review the and feed into the West Sussex County Council Annual Report to ensure the document is engaging, user friendly and accessible.

8.3 To provide the board with a service user and carer perspective on relevant issues or discussions.

8.4 To provide one representative from the engagement sub group at board meetings.

8.5 To receive direct feedback from service users and carers on specific involvement activities, to support the development of strong partnership working with the voluntary and community sector and to share good practice to address any issues in relation the engagement across the board.

8.6 To receive updates and monitor delivery of the board's involvement and patient experience strategy.

8.7 To consider the impact of the board's policies and strategies for customers and carers.

8.8 To establish clear links and communication systems with local service user and carer groups, the council of governors, commissioners, providers of advocacy services, voluntary sector organisations, community groups, independent Healthwatch groups, and any other bodies where appropriate.

8.9 To contribute to the development of board policies and strategies ensuring that appropriate consideration is given to the needs of service users and carers.

8.10 Promote equity in services and methods of identifying and spreading good practices across the board.

8.11 Promote board-wide initiatives that support the improved experience of patients and carers.

9. Annual review

9.1 The engagement sub group shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to its reporting group for approval.

Example 2

Terms of reference:
Leicester Safeguarding Adults Board,
User Reference Group (2016)

1. Purpose of the group
The purpose of the group is to ensure that people who use services and their carers and families play a central role in the development of local safeguarding policy and practice. This will happen through oversight of and contribution to, the work of the Leicester Safeguarding Adults Board.

2. Aims
The purpose of the group is to increase direct engagement between the safeguarding adults board and people in local communities who are service users of agencies with safeguarding responsibilities.

3. Functions of the group
- To develop systems for sustainable 'expert-by-experience' feedback between local communities and the Leicester Safeguarding Adults Board.
- To ensure that wishes, feelings and aspirations of people who have been involved with safeguarding events are accurately and fairly represented.
- To ensure that the public participation and awareness raising work of the Leicester Safeguarding Adults Board is fair and effective in terms of the process undertaken and the outcomes achieved.
- To advance user and carer representation on the safeguarding adults board.
- To hold the Leicester Safeguarding Adults Board accountable for achieving the priorities stated in their business plan.

4. Membership
The group will consist of representatives from the local community alongside professionals from agencies with safeguarding responsibilities. Each agency will identify one professional member and one user representative (where feasible) to join the group. Other group members will be drawn from the wider public, including carers and family members, local authority staff, provider agencies and advocacy organisations.

Membership organisations:

Age UK Leicestershire
The Carers Centre
Danbury Gardens/Hanover Housing
De Montfort University
Genesis
Gypsy and Travelers Liaison Officer
Healthwatch
Leicester Centre for Integrated Living (LCIL)
LCIL User Voice
Leicester Ageing Together
Leicester City Clinical Commissioning Group (CCG)
Leicester City Council Housing
Leicester City Council Safeguarding and Professional Standards
Leicester LGBT Centre
Leicester Safeguarding Adults Board (LSAB)
Leicestershire Action for Mental Health Project (LAMP)
Leicestershire Partnership NHS Trust (LPT)
Leicestershire Police
Living Without Abuse (LWA)
Mosaic
The Race Equality Centre
Shama Women's Centre
University of Leicester
University Hospitals of Leicester (UHL)

Roles and responsibilities:

I. The role of the chair

- Ensure that the group maintains both independence from and accountability to the safeguarding adults board.
- Ensure the identified user representative on the safeguarding board receives adequate support.
- That meetings are conducted efficiently and decisions are made and actions taken forward in a timely manner.
- Have accountability for communications between the group and the safeguarding board by use of established mechanisms (risk register, reports, verbal feedback) with the board and provide accurate and up to date information.

II. The role of group members

- To develop an annual action plan to deliver against the aim of effecting engagement with local people who use safeguarding services.
- Identify and report on risks affecting the Leicester Safeguarding Adults Board Annual Work Plan and Business Plan.
- Contribute to the development of the Leicester Safeguarding Adults Board Annual Report and Business Plan.
- Receive relevant reports from agencies, organisations and other sub-groups pertinent to the work of the sub-group and the Leicester Safeguarding Adults Board Business Plan.
- To provide data and analysis when required.
- To take back examples of learning and good practice to their own organisation.
- To be candid and transparent about safeguarding practice in their own organisation.
- To support the chair to be as effective as possible in promoting the groups' business.

III. The role of the board office

- Ensure the effectiveness of the group and that there is sufficient membership and attendance.
- To support the chair with the preparation of meeting agenda, papers and facilitation of meeting.
- To receive reports from partner agency members of the group as and when required.
- To circulate papers to all members of the group in a timely manner.
- To report agency attendance to the Leicester Safeguarding Adults Board.

Meetings

- Frequency of meetings – bi-monthly.
- Attendance – expected at each meeting by each organisation; members to nominate deputies.

Expenses

- The Leicester Safeguarding Adults Board will refund any 'out of pocket' expenses. Please refer to the Leicester Safeguarding Adults Board Reimbursement Policy.

3. Jargon buster

This glossary or jargon buster is aimed at anyone who feels bewildered or confused by the jargon that is used in the work of safeguarding adults and the range of different organisations that may be involved.

The jargon buster is split into two parts. The first part explains some of the key terms that are used regarding safeguarding. The second part explains some of the different organisations that may be involved in safeguarding adults.

This is adapted and updated from a glossary that was written by the Hampshire Safeguarding Adults Board.

Key terms that are used regarding safeguarding adults

This is a list of key terms that are used regarding safeguarding with a short definition.

Abuse: includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Assessment: a process to identify the needs of the person and how these impact on the wellbeing and outcomes that they wish to achieve in their day to day life.

Best interests decision: a decision made in the best interests of an individual (defined by the Mental Capacity Act 2005) when they have been assessed as lacking the mental capacity to make a particular decision. The best interest decision must take into consideration anything relevant such the past or present wishes of the person, a lasting power of attorney or advance directive. There is also a duty to consult with relevant people who know the person such as a family member, friend, GP or advocate.

Care Act (2014): came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect.

Care and support needs: the support a person needs to achieve key outcomes in their daily life as relating to wellbeing, quality of life and safety. The Care Act introduces a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible.

Care settings or services: health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.

Carer: unpaid carers such as relatives or friends of the adult. (Paid workers, including personal assistants, whose job title may be 'carer', are 'staff').

Clinical governance: the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care and treatment.

Community safety: a range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, antisocial behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence).

Consent: the voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Contemporaneous notes: notes taken at the time of meetings with individuals, telephone calls, visits to premises during the course of an investigation. These may also be important in the context of giving evidence in legal proceedings.

Care programme approach (CPA): an approach introduced in England which requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

Domestic abuse, stalking and harrassment and 'honour' based violence (DASH): a risk identification checklist (RIC) is a tool used to help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

Deprivation of liberty safeguards (DOLS): measures to protect people who lack the mental capacity to make certain decisions for themselves which came into effect in April 2009 as part of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic abuse: any incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (Home Office 2012).

Domestic Homicide Reviews: statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Duty of candour: a requirement on all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour means that providers have to act in an open and transparent way in relation to service user care and treatment.

Family group conferences (FGC): an approach used to try and empower people to work out solutions to their own problems. A trained FGC coordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

Harm: involves ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Human trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Independent mental capacity advocate (IMCA): established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed anyway (ie irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue).

Making Safeguarding Personal (MSP): an approach to safeguarding work which aims to move away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want.

Multi-agency public protection arrangements (MAPPA): statutory arrangements for managing sexual and violent offenders.

Mate crime: a form of exploitation which occurs when a person is harmed or taken advantage of by someone they thought was their friend.

Mental capacity: refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the code of practice outlines how agencies should support someone who lacks the capacity to make a decision.

No Delay: the principle that safeguarding responses are made in a timely fashion commensurate with the level of presenting risk. In practice, this means that timescales act as a guide in recognition that these may need to be shorter or longer depending on a range of factors such as risk level or to work in a way that is consistent with the needs and wishes of the adult.

Public interest: a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

PREVENT: the Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the Government's counter-terrorism strategy, CONTEST, and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Prevention: describes how the care and support system (and the organisations forming part of this system) work to actively promote the wellbeing and independence of people rather than waiting to respond when people reach a crisis point. The purpose of this approach is to prevent, reduce or delay needs escalating.

Protection of property: the duty on the local authority to protect the moveable property of a person with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. This could include their pets as well as their personal property (eg private possessions and furniture).

Radicalisation: involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The PREVENT Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism.

Referral: an alert becomes a referral once it has been assessed and it has been determined that the concerns raised fall within the remit of adult safeguarding arrangements.

Safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves 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 their wellbeing and safety is promoted.

Safeguarding activity: actions undertaken upon receipt of a safeguarding referral. This may include information gathering, holding a safeguarding planning meeting, activities to resolve the risks highlighted, safeguarding review meetings and developing a safeguarding plan with the adult at risk.

Safeguarding support plan: one outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

Safeguarding planning meeting: a multi-agency meeting (or discussion) involving professionals and the adult if they choose, to agree how best to deal with the situation as determined by the views and wishes of the individual.

Safeguarding work: describes all the work multi-agency partners undertake either on a single agency basis (as part of their core business) or on a multi-agency basis within the context of local adult safeguarding arrangements.

Safeguarding Adult Review: a statutory review commissioned by the safeguarding adults board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding enquiry: the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. This is sometimes referred to as a section 42 enquiry.

Self neglect: the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.

Significant harm: the ill treatment (including sexual abuse and forms of ill treatment which are not physical), and impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

Serious incident requiring investigation (SIRI): a process used in the NHS to investigate serious incidents resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Vital interests: a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.

Wilful neglect or ill treatment: an intentional, deliberate or reckless omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves

Organisations involved in safeguarding adults work

This is a list of organisations that are involved in safeguarding adults work. The list contains a short description of each organisation as well as including the acronym (abbreviation) that they may be referred to as.

Association of Directors of Adult Social Services (ADASS): the national leadership association for directors of local authority adult social care services.

Clinical commissioning group (CCG): these were formally established on 1 April 2013 to replace primary care trusts and are responsible for the planning and commissioning of local health services for the local population.

Community safety partnership: a strategic forum bringing agencies and communities together to tackle crime within their communities. Community safety partnerships (CSPs) are made up of representatives from the responsible authorities, these are police, police authorities, local authorities, fire and rescue authorities, clinical commissioning groups and community rehabilitation companies and the National Probation Service.

Crown Prosecution Service (CPS): the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

Care Quality Commission (CQC): the body responsible for the registration and regulation of health and social care in England.

Disclosure and Barring Service (DBS): The DBS is a government body designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to adults with needs of care and support.

HealthWatch: an independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms – local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Health and wellbeing board: a statutory, multi-organisation committee of NHS and local authority commissioners, coordinated by the local authority which gives strategic leadership across the local authority area regarding the commissioning of health and social care services.

Local safeguarding adults board (LSAB): a statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A LSAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.

Multi-agency risk assessment conference (MARAC): a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'-based violence.

Multi-agency safeguarding hub (MASH): a joint service made up of police, adult services, NHS and other organisations. Information from different agencies is collated and used to decide what action to take. This helps agencies to act quickly in a coordinated and consistent way, ensuring that the person at risk is kept safe.

NHS: the publicly funded health care system in the UK.

National Police Chiefs Council (NPCC): the organisation that leads the development of police policy in England, Wales and Northern Ireland.

Office of the Public Guardian (OPG): the administrative arm of the Court of Protection and supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies

Patient Advice and Liaison Service (PALS): a NHS service created to provide advice and support to NHS patients and their relatives and carers.

4. Resources, further reading and sources of information

Resources

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 are 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.

Safeguarding resources

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

Care Act 2014 Roles 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

Further sources of information and reading to support developing user involvement

There is a wide range of publications and Internet resources around the benefits of user involvement. The list below highlights additional resources that have an adult safeguarding focus and were used by the authors to guide their thinking.

Baker, J (2015) Blog post: User involvement in adult safeguarding: what are you doing?

www.ripfa.org.uk/blog/user-involvement-in-adult-safeguarding-what-are-you-doing/

Leech, J (2014) Key Issues: Effective coproduction; Dartington: Research in Practice for Adults

Wallcraft, J (2011) User involvement in adult safeguarding. London: Social Care Institute for Excellence

www.scie.org.uk/publications/reports/report47/files/report47.pdf

Safeguarding adults board websites offering help in respect of user involvement

Bradford City Council
www.bradford.gov.uk/adult-social-care/adult-abuse/safeguarding-adults-board-sab/

Buckinghamshire County Council
www.buckinghamshirepartnership.gov.uk/safeguarding-adults-board/

Cheshire East Council
www.stopadultabuse.org.uk/

London Borough of Enfield
https://new.enfield.gov.uk/services/adult-social-care/safeguarding-adults/about-safeguarding-adults/#3

Leicester City Council
www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/safeguarding-adults-board/

Hampshire County Council
www.hampshiresab.org.uk/

West Sussex County Council
www.westsussexsab.org.uk/



Local Government Association
18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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For a copy in Braille, larger print or audio,
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