User involvement in adult safeguarding

This report examines principles and values underpinning user involvement, and summarises research findings on what helps and hinders involvement in safeguarding adults.

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Contents

Key messages

- User involvement is a key development in health and social care policy and practice but the evidence base for user involvement in adult safeguarding is limited.

- Local authorities and safeguarding adults boards have substantial experience of working in partnership to develop policies and procedures to prevent and respond to abuse when it occurs. A key area of learning has been how to better involve people who use services in formal safeguarding processes at an individual level and at a strategic level.

- There are a number of barriers to promoting user involvement in adult safeguarding, including concerns about risk, fears of causing harm, the need for diverse approaches, and the challenges of achieving fair representation of user groups.

- Many approaches can be used to support the involvement of people who use services: involving users in training professionals, taking a partnership approach, recognising diversity, taking a rights-based approach, developing accessible information and outreach, and offering support, training and capacity building.

About this report

Health and social care has a well established ethos of involving people who use services in their own care, and in the development of services, but a scoping exercise by SCIE found little evidence of user involvement in adult safeguarding.

This report was commissioned to address that identified gap in knowledge. It draws on literature on the involvement of people who use services in social care generally, and wherever possible, literature specifically about user involvement in safeguarding adults, complementing this with examples from practice.

The report examines principles and values underpinning user involvement, and summarises research findings on what helps and hinders involvement in safeguarding adults. It describes a range of models of user involvement in safeguarding at a strategic, individual and community level, and illustrates these using case studies. It concludes with recommendations on how to implement and improve user involvement in safeguarding adults work.

The report is not intended to cover carer involvement in safeguarding adults.

An introduction to user involvement

'Involvement should be a collaborative venture where groups work together to increase people's control over their lives…'

This section looks at the values and principles that underpin involvement of people who use services in health and social care, and goes on to consider a range of influences that have driven the involvement of users.

Principles behind involvement

The involvement of people who use services has become integral to health and social care policy in many countries. According to Staniszewska, this is due to social and political goals of participative democracy, public accountability and openness.[1] However, the quality of involvement is likely to depend on the principles and values that underpin it.

According to the literature about involvement, key principles and values in involvement include: respect, equality, genuine partnership, social inclusion, empowerment and choice. [2, 3, 4], as well as privacy, confidentiality, independence, and being treated as an individual.[5] Research has found that people who use services value rights and independence, along with (not instead of) support.[6]

Involvement should not be just a technical exercise, but have real goals for change:

[involvement] needs to… build on and advance values, like those of the social model of disability and independent living, to secure people's empowerment. Involvement should be a collaborative venture where groups work together to increase people's control over their lives…[this] should be a goal of all involvement – and it's the one service users talk about most – seeing real change result from getting involved on equal terms.[7]

Researchers have shown a tension between differing involvement approaches, contrasting a consumerist approach with one that leads to wider power sharing.[8, 9] Lewis says:

It has been widely argued that meaningful participation for service users cannot be achieved through a consumerist approach that fails to engage with imbalances of power and divergences of interest between users and providers of services.[9]

Users driving involvement

A number of commentators argue that the impetus for involvement came from people who use services. Beresford and Croft describe movements 'of disabled people, older people, mental health service users/survivors, people with learning difficulties, people living with HIV/AIDS' and show how these groups challenged conventional practice and 'welfare' philosophies.[10] Over time these movements have influenced professionals' working practices and ultimately led to policy changes within professional bodies and government.[11].

Legislation driving involvement

Beresford and Croft draw attention to the influence of human rights legislation on involvement policies, including the Disability Discrimination Act (DDA) 2005, which brought in the Disability Equality Duty and the Human Rights Act.(10) Subsequently, the Equality Act 2010 has replaced most of the DDA, but the Disability Equality Duty is still in force.

Since 2001 there has been a statutory duty in the UK to involve the public in health and social care under Section 11 of the Health and Social Care Act 2001. This duty was updated and more clearly specified in the National Health Service Act 2006 and clarified in Department of Health guidance (12).

Since April 2009, all councils and some other public bodies have a legal duty to inform, consult and involve local people under the Local Government and Public Involvement in Health Act 2007. Councils must consider providing information to, consulting with and involving local people in decisions about how it provides services, and the opportunity to be involved must reach a wide range of local people who would be affected by planned changes.

Policy driving involvement

An emphasis on user involvement has been present in national health and social care policy for some years. The white paper 'Our health, our care, our say' promised a 'strong voice for people using services and for local communities in the way in which the whole health and care system is designed and works'.(13) The concordant 'Putting people first' set out a shared cross-government vision for adult social care, which aimed to be 'the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage'.(14)

The coalition government is in the process of updating the policy and legislation on public involvement. Its white paper on the NHS, 'Equity and excellence: Liberating the NHS', sets out an approach to partnership for patient-centred care, stating that: 'We want the principle of "shared decision-making" to become the norm: no decision about me without me'.(15)

User involvement in safeguarding

The importance of user involvement is reflected in policy statements on safeguarding. Consider, for example, the Wales interim policy and procedures for adult protection which sets out the following value base:

- 'Independence: to think, act and make decisions, even when this involves a level of risk.
- Dignity: recognition that everyone is unique, with intrinsic value as a person.
- Respect: for a person's needs, wishes, preferences, language, race, religion and culture.

- Equality: the right of people to be treated no less favourably than others because of their age, gender, disability, sexual orientation, religion, class, culture, language, race, ethnic origin or other relevant distinctions.
- Privacy: the right of the individual to be left alone or undisturbed and free from intrusion or public attention in their affairs.
- Choice: the right to make choices, and to have the alternatives and information that enable choices to be made.'([16]

Braye et al studied the arrangements of safeguarding adults boards in England and found that they set out their key principles as: 'recognition of and respect for human rights, autonomy and empowerment, equality, proportionality, confidentiality and participation'. They add that 'capacity' is recognised as a key principle in determining respect for autonomy in decision making, and 'dignity' is a factor which drives the work of empowering people to choose a life free of abuse, and that, 'it is recognised that a duty of care in the context of risks to others may require intervention to be pursued'.([17])

Safeguarding adults policy

The consultation [on 'No secrets'] placed sharper focus on the balance between…rights of choice, self-determination and autonomy, and…statutory obligations to protect people from risk of abuse and harm.

Introduction

This section sets out the policy context for involving people who use services in adult safeguarding. It explains the significance – in particular in terms of user involvement in adult safeguarding – of key policy documents and developments.

'No secrets' guidance

The statutory guidance, 'No secrets', set out the first comprehensive policy framework on adult safeguarding.([18]) Calling for partnership work, it gave local authorities the lead role in developing local policies and procedures on adult safeguarding.

'No secrets' set out some basic principles of empowerment, confidentiality, information, advocacy and rights, to be balanced with risks to the self and others. It stated that outcomes should be audited routinely so that problems can be learned from and practice improved. The balance of risk on the one hand and freedom of choice on the other is a clear tension throughout the No secrets guidance, and another is the balance between openness and confidentiality.

Key definitions in 'No secrets'

'No secrets' defined a vulnerable adult or 'adult at risk' as:

> *[a person over 18] who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.(18)*

'No secrets' defined abuse in terms of single or repeated acts which may be physical, verbal or psychological abuse, or may be acts of neglect or omission to act, or may occur 'when a vulnerable person is persuaded into a financial or sexual transaction to which he or she has not consented or cannot consent'. Some types of abuse may be defined as criminal offences, for example assault. Neglect and poor professional practice is sometimes referred to as 'institutional abuse'. Abusers may be relatives, professional staff, paid care workers, volunteers, other service users, friends or neighbours, or may be strangers. Abuse can happen in any context or environment.

'No secrets' did not include self-neglect or self-harm within its definition of abuse. Braye and Preston Shoot systematically reviewed literature on the concept of self-neglect as interpreted in adult safeguarding practice, finding that in the UK, as opposed to the USA, self-neglect is seen as outside the remit of adult safeguarding.([19]) As a result, responses to self-neglect differ across localities, sometimes being led by adult social care and sometimes through safeguarding procedures.

'No secrets' and user involvement

'No secrets' contained a number of references to the involvement of people who use services. It included 'user groups and user-led services' among the list of 'responsible and relevant agencies' when it comes to creating and implementing the guidance'. It also recommended that:

- the inter-agency framework must take account of the views of service users, families and carer representatives.

- the multi-agency management committee should audit (preferably annually) the working of its policies and procedures, including evaluation of community understanding of them.

- agencies should learn from experience by routinely gathering information on the outcomes of investigations and users'/carers' views on how policy has worked for them.

- inter-agency policy should be available as a matter of routine, in an appropriate form to families and carers and (where appropriate) to service users.[18]

'No secrets' specified that advocates are to be appointed where necessary, and that agencies must set out how the services of advocates can be accessed and their role, and that information for people who use services, carers and the general public should be available in user friendly formats, with explanation what abuse is, how to raise a concern or complaint, and what they can expect.

One notable omission from 'No secrets' was that it contained no recommendation for the training for staff and volunteers to include training in involving users.

ADASS safeguarding standards

In 2005, the Association of Directors of Adult Social Services produced a framework for the implementation of adult safeguarding, which set out 11 standards for how local authorities should work.[20] Standards 10 and 11 state respectively that safeguarding procedures should be accessible to all adults covered by the policy, and that safeguarding adults partnerships must include service users as key partners in all aspects of their work, as members and participants in strategic planning and training, and in 'planning and implementation of their individual safeguarding assessment and plans'.

Review of 'No secrets'

In 2007 the Department of Health announced a review of 'No secrets'.[21] The consultation received responses from 12,000 people. Most challenged the term 'vulnerable adult', and as a result the report used the term 'adult'.

A key message from the consultation was the central role of empowerment or 'listening to the victim's voice'. Some groups, in particular people from black and minority ethnic backgrounds, and the older generation, had less understanding of what abuse meant and how to get help. Participants expressed concern that the balance of choice and risk

flagged up in 'No secrets' is still undetermined, and the need to clarify this given the personalisation agenda.

As part of the review, Mind carried out a study which involved surveys and focus groups of people who use services and voluntary organisations, to gain insight into people's experiences of abuse and what they wanted from statutory agencies.([22])

Confirming the findings of earlier research – for example Cambridge and Parkes, and Lewis ([23], [9]) – Mind found evidence of exclusion of people with mental health problems from involvement. People who use mental health services often resist being labeled as 'vulnerable' or 'at risk' simply on the basis of their diagnosis. The Mind research also suggested that institutional abuse within the NHS is widespread and unchecked, since the NHS deals internally with allegations of abuse rather than engaging with the police or adult safeguarding teams.

The consultation placed sharper focus on the balance between, on the one hand, rights of choice, self-determination and autonomy, and on the other hand, statutory obligations to protect people from risk of abuse and harm. It showed up particular issues relating to people who use mental health services, who may be pre-judged as 'vulnerable' because of their diagnosis or excluded from consultation, and the difficulty for people in care services to report abuse. It showed that people generally need to be better involved and informed about safeguarding and their own individual safeguarding processes. Legislative change to place a legal duty on local authorities to investigate suspected abuse was generally supported, though with caveats about how these powers should be balanced with rights to autonomy

CSCI and user involvement

The Commission for Social Care Inspection (CSCI) completed two significant pieces of work on safeguarding: first, a seminar to access the views of people who use services on safeguarding and second, a study of the effectiveness of arrangements to prevent abuse and support victims of abuse.([24], [25])

Participants at the CSCI stakeholder seminar agreed that vulnerability relates to circumstances rather than being an inherent quality, so they called for an alternative to the 'No secrets' definition of 'vulnerable adults'. Participants saw empowerment as a crucial factor. They drew attention to the often delicate balancing of choice and risk and called for training for service providers in supporting individuals to take risks and make choices, while also being able to listen, respond and act if told about experiences that may be abusive. They called for debates in adult safeguarding to focus on rights and wellbeing, not just on abuse and protection. Personalisation was seen as the opposite of over-protective paternalistic services.

CSCI's study on safeguarding drew on a range of evidence: self-assessment reports from 150 councils, CSCI service inspections, specific inspections of care homes and services to ask about safeguarding, and in-depth accounts from 30 people in five council locations on how the arrangements to protect them from abuse worked for them. CSCI found some good practice in raising public awareness of abuse and safeguarding, and in some councils, good work is being done to communicate with people with learning disabilities living in the community. CSCI found that more information about safeguarding was targeted at older and disabled people. However, they also found

uneven progress in developing safeguarding procedures and the quality of support given to people who have been abused.

Confirming the findings of Furness (26), CSCI found that users in 82 per cent of care services did feel able to speak to staff if they felt unsafe, but users in only 61 per cent of services were confident their concerns would be acted on. Advocacy was valued but 58 per cent of councils had shortfalls in the provision of advocacy, and the Independent Mental Capacity Advocacy (IMCA) service was still at an early stage of development. They found that most safeguarding adults boards were struggling to find practical ways of engaging local people who use services and other members of the community in decision making, service design and strategic development.(24)

CSCI recommended that more personalised protection planning is needed, and suggested that most councils and care services put in place systems 'to obtain feedback from people who have experienced abuse and monitor the outcomes for people in order to improve services'. They also recommended that information about safeguarding be better targeted, as they found evidence that people using mental health services, people misusing drugs or alcohol, people from black and minority ethnic communities and those funding their own care may be missing out on information.(24)

Safeguarding guidance for London

A recent development is the production of two key regional guidance documents on adult safeguarding – one for London and one for Wales – in order to bring greater consistency to policy and procedures in these regions. Both documents make explicit reference to involving people who use services.

London's multi-agency policy, 'Protecting adults at risk,' refers to 'adults at risk', rather than 'vulnerable adults', as suggested during the 'No secrets' consultation.(4) The policy includes a key commitment to 'empower and support people to make their own choices' but warns about the limits to involvement given the need for confidentiality and safety, and the mental capacity of the adult at risk. The priority throughout is the safety and protection of adults at risk but this is balanced by considerations of choice, informed consent, and capacity to make decisions. The policy includes suggests ways to support choice, such as collaborative work with people who use services and carers, accessible information, access to advocates or IMCAs, and access to complaints procedures. Safeguarding adults managers are expected to ensure that adults at risk are involved in all decisions that affect their daily life, and to ensure that if a protection plan is needed, the person is involved in and consents to this, if they have capacity to participate, or to ensure the plan is in the person's best interest if they do not have capacity.

Safeguarding guidance for Wales

The 'Wales' 'interim policy and procedures for the protection of vulnerable adults from abuse' retains the term 'vulnerable adult'.(16) It covers similar ground to the London policy, but the first part of the document sets out principles on the rights of vulnerable adults to be involved. It later states that vulnerable adults 'have the right to be supported and empowered when adult protection procedures are used, and to have an independent advocate if they wish'.

The section on risk assessment argues that it is very important to involve people who use services on three grounds:

- 'there are citizens' rights/human rights issues involved

- the greater commitment which involvement will bring may be crucial in achieving positive outcomes

- the greater trust, which will be engendered by involvement, will enhance the information available from the service user towards a more effective assessment.'

Collins advises adult protection committees to provide discussion sessions for vulnerable people about abuse, adult protection and rights, perhaps in conjunction with user/carer or advocacy groups. He mentions that in some parts of Wales voluntary sector organisations have been involved in delivering this training, sometimes run by vulnerable people themselves to increase awareness about abuse and how to keep safe.

New legislation

Many pieces of legislation have implications for adult safeguarding, including for example:

- the Human Rights Act 1998 which gives legal force to ensure respect for human rights and high standards of practice by public bodies

- the Care Standards Act 2000 and subsequent regulations placed a requirement on care providers to create procedures to protect people in their care from abuse or harm

- the Mental Capacity Act 2005 makes it an offence to mistreat or willfully neglect people thought to lack mental capacity, and the Mental Health Act 2007 contains a similar offence.

The general call for legislation to strengthen guidance on safeguarding – in particular highlighted in the review of 'No 'secrets ([21]) – has been taken up by the Law Commission, who have proposed a new adult social care law.([27]) The purpose of this to streamline what David Brindle, 'Guardian' columnist, describes as 'a "hodgepodge" of almost 40 laws governing the care and support of older and disabled people'.([28]) The proposed new law includes a legal duty on local authorities to make enquiries where it has reasonable cause to suspect that a person appears to be an adult at risk.

Many of those who were consulted by the Law Commission about the need for a new law drew attention to the UN Convention on the Rights of Disabled Persons, pointing out that this convention requires states to take legislative as well as other measures 'to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects'.([29],[30]) They also pointed out that new legislative powers must be reconciled with Article 3 of the UN Convention which emphasises dignity, autonomy and choice, commenting that 'supporting autonomy and protecting from abuse do not have to be seen as opposites and can go hand in hand' though 'translating this into legislative form is not an easy task'.

Safeguarding and personalisation

'Risks need to be weighed up alongside benefits. Risk should not be an excuse to restrict people's lives.'

Introduction

The question of how personalisation policies can work alongside safeguarding is a key issue for policy makers and practitioners, bringing together issues of risk and empowerment into close scrutiny. This section examines the links between the two policy developments, and reports that research evidence supports the case for positive risk-taking alongside self-directed support.

Government guidance

The Department of Health has produced guidance on how personalisation can work together with safeguarding adults. The guidance states:

Personalisation is about enabling people to lead the lives that they choose and achieve the outcomes they want in ways that best suit them. It is important in this process to consider risks, and keeping people safe from harm. However, risks need to be weighed up alongside benefits. Risk should not be an excuse to restrict people's lives.[31]

The Department of Health are of the view that personalisation and risk management can work together, 'empowering people to speak out, enabling them to make informed choices and encouraging communities to look out for one another', with the aim of building stronger communities where people can lead the lives they choose, free from harm.[31]

Examples of good practice

The Department of Health's guidance sets out practical examples of how local councils have worked across agencies and disciplines with people who want to direct their own support using direct payments. They show how risk assessment itself can be largely self-directed, using tools such as the Lincolnshire risk matrix. Lincolnshire Social Services found that:

By shifting the focus of quality assurance from paperwork to building supporting relationships, practitioners and independent living support staff will be in a much better position to help service users manage the most important risks, which are the risk of somebody coming to harm, and the risk of care outcomes not being met.[31]

The guidance promotes other positive examples, including Stockport's multidisciplinary risk enablement panel for situations where the care coordinators and individuals have been unable to reach agreement on managing risk. The person receiving support can attend the panel which aims to have a common approach to risk and shared responsibility. Warwickshire's 'Keeping safe' plan provides a framework for discussion between the care worker and the person wanting to manage their own care, to support the successful management of the direct payment while minimising risks.

Another model to support adults at risk, especially older people, to lead on their own protection planning and find workable solutions, is a 'family group conference'. Developed in New Zealand, this has now been piloted in England and Wales.(32) Family group conferences are facilitated by an independent coordinator, and an advocate or support person is offered to help the person voice their opinions at the meeting. Tapper says that this approach appears to result in better safeguarding and less abuse. Feedback from families is very positive, though it is too soon to report on the outcomes for adults at risk.

Lessons from research

Carr reviewed the main research findings on risk enablement in the self-directed support and personal budget process, with regard to the wider context of adult safeguarding.(33) Her findings reinforce the Department of Health message that positive risk-taking can be integrated into self-directed support, if responsibility is shared through techniques such as risk enablement panels:

Risk enablement panels are beginning to emerge as a way of helping with challenging or complex decisions that may arise as part of signing off a person's support plan. They show how local authorities implement self-directed support and personal budgets in ways that empower individuals while ensuring risks are managed and responsibility is clear. The emphasis is on shared decision making that supports person-centred frontline practice and improves practitioner confidence. Duty of care decisions can be made in a shared and informed way, with transparent, shared responsibility.(33)

However, Boxall et al warn that the system of individual budgets being introduced in the UK is an untried policy.(34) They argue that the original ideas for direct payments came from the disability movement, and were meant to provide flexible systems of self-directed support, but that if the system implemented becomes a top-down system designed to cut the costs of social care, it could lose flexibility and the potential to empower people.

Formal systems and involvement

> *'We thought having a big [safeguarding adults] board with lots of people involved was the answer, but all it did was stop people communicating.'*

Joseph Carmody, Principal Manager for Adult Safeguarding in the Royal Borough of Kingston

Introduction

This section explains the formal arrangements made by local authorities for adult safeguarding, in particular, safeguarding adults boards (SABs) in England. It reports on research into the effectiveness of adult safeguarding systems, and SABs in particular, highlighting the range of ways in which people who use services have been involved in SABs and in adult safeguarding mechanisms in general. This research indicates that more work is needed to improve the empowerment and involvement aspects of adult safeguarding. The section includes examples of SABs in practice.

Are the systems working?

A number of researchers have investigated safeguarding work in practice, and looked at issues of involvement or empowerment in particular.([23], [35] , [26], [36])

Cambridge and Parkes examined adult safeguarding decision-making processes in one local authority, and came to the view that:

Adult protection processes tend to be organisationally led and top down, risking service user exclusion and defensive practice. Indeed, there is a substantial danger that adult protection policy and practice may further undermine the capacity of service users through a disproportionate emphasis on vulnerability.([23])

Manthorpe et al reported on the findings of statutory inspections and consultations carried out to evaluate the National Service Framework for Older People.([35]) One aspect of these inspections was to look at people's experiences of adult protection. The findings showed that, although older people usually say that they know where to go to report mistreatment, many are reluctant to complain and carefully weigh up the risks of doing so. Some of those who do raise concerns are not always listened to. The researchers suggest there is a need to raise awareness of elder abuse and to increase the capacity of adult protection services to respond positively to concerns raised.

Furness carried out a small-scale qualitative study to explore the views of people living and working in private care homes about how to better protect older people.([26]) Nineteen managers and nineteen residents were interviewed about their understanding of abuse, perceptions of different forms and possible action to deal with offending care staff. Only five residents said they would raise serious concerns with a CSCI inspector. Most of the residents would discuss their concerns with a house manager but only 50 per cent believed they would be taken seriously. The author concludes that care homes should develop a number of ways of demonstrating greater resident and relative involvement, for example 'friends of the care home' groups, independent advocacy, surveys and regular residents' meetings in order to offer more opportunities for residents to comment on their experiences of living in homes. She recommended that

the CSCI inspections should pay greater attention to seeking feedback from people who use services.

Using a case study, Bell et al showed ways in which procedures for adult protection may fail people who have been mistreated.(36) Several people living in the community complained to a keyworker about bad treatment from a specific care worker who had visited each of them. Each was encouraged to make an official complaint. The accused care worker was suspended and an investigation begun, but then nothing more was heard about what was happening, so the people who had complained became frightened and withdrew their complaints. The authors state: 'The protection procedures had not therefore enabled these vulnerable adults to express themselves. The procedures had proved too rigid and cumbersome to facilitate any form of self expression for these complainants; their views had become completely invisible.'

What do we know about SABs?

Braye et al conducted a systematic review of literature and a programme of research into SABs in England.(17) The authors investigated the governance arrangements for safeguarding adults, focusing on the boards routinely set up by local authorities following the 'No secrets' guidance in order to enable interagency collaboration.(18) The research had the aim of finding out about the goals, visions and purposes of boards, and about their structure, membership, actions and accountability.

Braye et al found that SABs draw their membership from statutory, voluntary sector and independent agencies in the field of community care, including groups of people who use services, carers and individuals; however, it was not routine for people who use services to be SAB members. SABs often go beyond a focus on individual situations of abuse to work with communities on awareness-raising and prevention. In the context of personalisation, SABs have sought to promote empowerment and choice, in the awareness that choice can open up new risks. It appears that the language of safeguarding is moving away from an emphasis on vulnerability towards recognising strengths and capabilities, with the role of safeguarding being to empower people to protect themselves.

What do we know about involvement on SABs?

Braye et al looked at the effect of these structures on involvement of stakeholders.(17) They found a tension between 'the need to create a tightly defined strategic group of senior officers' (ideal for joint decision-making between agencies), and the wish to involve a wide range of stakeholders. To maximise efficiency, boards are tending to create layers of responsibility within boards, or to have a smaller operational board and a number of sub-groups.

They found that SABs typically have up to five sub-groups, including groups promoting participation from people who use services and carers, which necessitates structures to maintain coordination and communication between levels and groups.

Braye et al also found that participation is often through forums or public consultation. They found one good practice example of a forum for people who use services which has carried out major projects to empower users in safeguarding through devising a

charter, user-defined standards and outcomes, an audit tool to benchmark practice against user standards, training for user trainers and workshops on staying safe, participation in the SAB and a contract to ensure the SAB's accountability to the forum'.([17])

Other participation models found by Braye et al included:

- procedures to increase participation during individual safeguarding investigations

- advocacy and support to promote participation

- debriefing and reviews of services to find out about satisfaction of people who use services

- research and surveys on the experience of people who have been through a safeguarding procedure.([17])

User involvement on SABs work in practice

Central Bedfordshire and Bedford Borough Councils worked with an independent charity, Advocacy Alliance, to provide a representative of people who use services to the SAB. A support group of people who had been through a safeguarding process was set up and run from October 2010 to March 2011. One person became the SAB user representative, liaising between the group and the board. They intend this role to continue.

The Kirklees SAB created two 'lay membership' posts. The role of these members is to hold the board to account, challenge decision-making and comment on governance. Lay members do not have to have direct experience of safeguarding, but are expected to be able to work at board level. A recruitment process was designed to identify people who were comfortable with this. Originally it was felt that having two lay member posts was essential for mutual support, but one left and the other has felt confident enough to carry out the role alone.

Enfield's SAB has direct representation of people who use services, via a sub-group of users, carers and local residents, some of whom sit on the SAB. One person on the SAB has learning disabilities, and the local authority safeguarding team go through the papers with her beforehand to make sure she understands and is fully able to contribute.

Based on their experience in Kingston, Joseph Carmody, Principal Manager for Adult Safeguarding in the Royal Borough of Kingston, advises against making the main SAB too big. He says, 'Try to be careful who you invite to sit on it. We thought having a big board with lots of people involved was the answer, but all it did was stop people communicating.'

Case studies

Sutton's SAB has revamped its structure to enable better user involvement. The main board works at senior director level, dealing with strategic issues such as reviews and monitoring. Involvement happens on sub-groups which report to the board. The Quality

Assurance and Performance sub-group has representatives from all the other adult partnership boards (learning disabilities, mental health, older people and carers partnership boards), and each of these can decide if they want to send a user representative to the sub-group. As Sutton Council's safeguarding lead, Adrienne Stathakis says: 'Since it is not possible to represent everyone on the SAB, this seems a better way to bring it together.'

Kingston Council invited an external consultancy to review their safeguarding processes last year. Representatives from user organisations were on the SAB but this was not working well. Feedback showed that people who use services and lay members felt that the SAB was a place where professionals with scary titles used language in a way that didn't make sense to them, and that it was too bureaucratic. They have now set up a sub-group for people who use services and the chair of this, a person who uses services with experience working with CQC, is also a SAB member. The sub-group have veto on promotional materials, see all the board documentation and report to the board on what they would like to be done. They have a facilitator from the Learning Disabilities Parliament to support people with learning disabilities, and are working to become more inclusive of other community groups, for example the Domestic Violence Forum.

The Royal Borough of Kensington and Chelsea (RBKC) have recently set up a Service User Reference Group to link with the SAB, and are working out how the SAB should be accountable to the Reference Group. This may be through someone from the Reference Group sitting on the SAB, but they want to ensure this would not be tokenistic. Alternatively, the Reference Group could receive feedback on what the board has discussed and make comments. Mary Wynne, the RBKC Safeguarding Adults Coordinator, explains:

'We have engaged service users across the health and social care spectrum, learning disabilities, old people, mental health, local LINk, carers' representatives. We have set up the terms of reference. The members see it as their group. Our role is to provide support to the group to be part of the strategic structure. We recognise there are high expectations on reference groups without people being properly supported, so we will run sessions on what it means to be part of the group…It is important to be able to strike a balance between being clear on the function of a reference group or user forum, and also to deal with people's personal experiences, and manage this sensitively.'

Forums and groups

In Barnet, instead of direct representation on the SAB, the Council set up a Safeguarding Adults Forum of approximately 30 people who use services with staff facilitators. This has now been going for three years, with a fixed membership to enable the group to build expertise. Meeting days vary to accommodate people's availability. The forum includes older people, those with physical and sensory disabilities and learning disabilities. Some belong to groups and organisations, such as the 55+ Forum, the Older Asian Association, the Multicultural Centre, the African Caribbean Association, Mencap and People's Choice. The SAB is accountable to the forum via its sub-groups which are expected to present their work to the forum for advice. The forum is also able to raise issues via the local safeguarding lead and work on specific projects,

such as awareness campaigns. Sue Smith, Safeguarding Adults Coordinator from Barnet Council, explains:

> *'Chairs of SAB sub-groups are being challenged on what they achieve by the service user group. The user forum challenges in a helpful and supportive way. This has been empowering for the service users and for staff. It reminds the Board why they are doing this work, and brings us back to the people at the centre of things. Service users from the user forum have been involved in recruitment and selection of care workers. Last summer an independent chair of the Safeguarding Board was appointed. The user forum decided on the questions and an independent user panel asked questions to all candidates'.*

In Bromley, there are two forums: one for people with learning disabilities and another for people with physical disabilities and sensory impairment. These two forums both send a representative to the SAB.

Wokingham has an Adult Safeguarding Forum with members who use services, and a broad agenda including fire safety, home safety, personal and community safety. Professionals and public attend. However, they are finding it difficult to get the wider public to acknowledge and recognise abuse.

Central Bedfordshire and Bedford Borough Councils chose to set up a time-limited user group to provide a snapshot of how people experience safeguarding. The results will form a report and case studies to feed into service development.

Barriers to involvement

'Concerns about risk can be used to block the involvement of people who use services in adult safeguarding.'

Introduction

This section looks at the barriers to involving people who use services, and hears from safeguarding leads from a range of local authorities about their views on these difficulties.

Risk and empowerment

The relationship between attending to risk and promoting empowerment is raised frequently in the literature. In the consultation on 'No secrets', many people said that they were offered safety, 'often at the expense of other qualities of life, such as dignity, autonomy, independence, family life and self determination'.([21]) Concerns about risk can be used to block the involvement of people who use services in adult safeguarding.

On this point, Johan Baker, Adult Safeguarding Prevention Advisor from Wokingham Borough Council, said:

'It is difficult to engage users in meaningful way about risk and about understanding what abuse is. It is hard for people to recognise they are vulnerable. Anyone can be vulnerable.'

Some safeguarding leads pointed to the tension between promoting involvement and a duty of care. Mary Wynne, Safeguarding Adults Coordinator at the Royal Borough of Kensington and Chelsea, said:

'Although policy and principle is for service users to be involved in everything, some decisions have to be taken regardless of the views of the Reference Group, as legal requirements or public safety may override individual wishes. We may have to carry out an investigation because people are at risk and that can cause tension around people's rights to make decisions versus the public interest. This can make people feel you are not listening, but it depends how you explain to people what you are doing. For instance, in cases of domestic violence, the police may arrest the perpetrator even against the wishes of the victim. Staff have a duty of care.'

Users' views of risk

Researchers have found little evidence of the views of people who use services on risk in the literature. ([37], [38])

The safeguarding lead from Enfield Council, Sharon Burgess, said that people who use services should be involved as much as possible in safeguarding processes and discussing risk, except where there is a data protection issue:

> *'It's about them really. It's like where we used to be with involving children, people were like "You can't do that!"'*

Paternalistic practice can be slow to change, but it is happening, according to Sharon Burgess. She described a growing recognition from practitioners about the importance of involving users in discussing risk:

> *'In some of the teams people had been doing well at contacting families, so a safeguarding intervention would happen, a protection plan would put in place, but nobody was contacting the service user. There hadn't been a mental capacity assessment to say that the service user didn't have capacity to understand or a best interest decision to say that someone should be their representative, so this was a big learning curve for some of the care teams. Often people don't want to worry older people with problems. However, the teams are very committed to service user involvement and in developing their practice.'*

Risk-averse work practices

Researchers have found that social workers' attitudes to risk vary according to the groups of people who use services. ([36], [37], [39]) Social workers often saw people who use mental health services as posing a risk to others, but for other groups, including older people and people with disabilities, they were more likely to see risk as a part of normal life, needing to be managed, but having positive potential in terms of self-development.

Barry found evidence of a generally risk-averse culture in social work.([39]) She reported that, while social workers did not place much confidence in the predictability of risk assessment tools, these tools are used widely, replacing rather than informing professional judgement.

Johan Baker, Adult Safeguarding Prevention Advisor at Wokingham Borough Council, argues that it is important that social workers see these issues as part of their core work: 'Make sure dealing with abuse and prevention is part of social workers' everyday work and task, core business, rather than about specialist teams.'

Involvement causing harm?

Risk of causing further harm can inhibit social workers from involving people. Pinkney et al found that social workers in adult protection often wished to engage people who use services more fully, but were concerned about the complex situations for victims of abuse, who might not agree they were at risk of harm or might not want to come forward and be identified.([40])

Islington's Safeguarding Adults Development Manager, Jeanie Stewart, found that it is not a simple matter to put a feedback questionnaire for people who use services into the audit process, as it could stir up difficult feelings:

> *'Some users are hard to engage as they are frail or so distressed. Is it ok to go back and open it all up again? The last audit got some user feedback, but a lot of staff were anxious about*

approaching service users who had been through particularly difficult situations.'

Failure to recognise and involve certain groups

According to Lewis, some groups may be unrecognised or 'misrecognised' (that is, where people are seen as lacking value and as inferior) and thus effectively excluded from individual or strategic involvement because of their particularly powerless status.([9]) Lewis gives an example of how people who use mental health services can be misrecognised in involvement situations because of the assumptions related to their status as people who use services:

The compelling injustice of this misrecognition as these struggles became turned back on the individual as a sign of their 'mental illness' or 'madness' was noted by the following participant in the context of discussing a long-standing dispute over the payment of his expenses for attending meetings: 'I'm still the madman because I'm the one who's kicking up all this bloody fuss over one pound fifty.'(9)

Women who experience domestic violence may be excluded from consultations because they are seen as unreliable witnesses, according to Mullender and Hague, even though they have first-hand knowledge of their risks and what might help them to be safe.([41])

Older people may not be sufficiently heard and enabled to report abuse. According to Cooper et al it can be demonstrated that a far higher proportion of older people experience physical or psychological abuse than is reported or shown in objective studies.([42])

The research indicates a need for special attention to the issues working against involvement of people in the above groups.

Representation

The research of Braye et al into SABs found SABs were unclear about how to represent stakeholder groups, for example whether staff of organisations working for people who use services should sit on SABs on their behalf.([17])

Mary Wynne, Safeguarding Adults Coordinator from the Royal Borough of Kensington and Chelsea, confirmed this, saying:

> *'There is a dilemma on how to get real representation. The people who come forward tend to be the ones already involved on other forums. The problem is how to reach the ones who are least able to participate. It is possible that we might place too much emphasis on some people's views and opinions that might not be representative of the wider group.'*

In Bromley Council, research by the Adult Safeguarding Coordinator, Ruth Warren, and her colleagues into the views of people who use services only achieved small numbers because of a very selective process for selecting suitable cases. They are looking into whether they should to move to a more universal questionnaire to be automatically sent out on closure of the safeguarding referral, in order to get 'a more representative view of the service user experience'.

Supporting involvement

'The involvement of people who use services needs to be supported in a range of ways which include briefing and information on what is expected, debriefing, and accessible information and meeting formats.'

Introduction

This section looks how the involvement of people who use services in social care can be supported and be effective. Research shows that even groups who are seldom-heard can be involved, given enough investment of time and using methods that work for those groups, and that involvement of people who use services is beneficial in a wide range of ways – to the people themselves and to the staff who work with them, and can improve services provided.

A range of supports

Based on their study of safeguarding adults boards (SABs), Braye et al conclude that what helps involvement is:

- vision and will, support and leadership from senior staff
- open and honest communication and commitment to a rights-based approach
- creativity and imagination in finding ways of communicating
- resources of time and energy, not just money.([17])

They call for SABs to set out clear rules of engagement, with resources for participation, and to set standards for empowerment in all aspects of safeguarding.

In interviews for this report, some adult safeguarding leads pointed out the importance of the resources to help them get involved with local groups and put some of their ideas into practice, for example community awareness and publicity work and public conferences to widen awareness of safeguarding issues.

User involvement in social work training

According to Beresford et al, people who use services first began to influence the social work profession in the 1980s, developing training materials to enable them to offer training to social workers.([43])

In 2001/02, the Department of Health reviewed social work education and training, consulting widely. People who used services shared what they wanted from social workers, emphasising personal qualities of understanding, warmth, empathy, respect and non-judgmental attitudes.([44]) Based on this consultation, the Department of Health brought in a new requirement for all social workers to be educated to degree level and for user and carer involvement to be integrated into the design and delivery of the degree programme.([45])

Studies since the implementation of this policy show that involvement is now a central and invaluable part of social work training and that it helps social work students become

more aware of values such as respect, partnership, equal relationships and expertise based on personal experience. (46,47).

In Barnet Council, involvement is having an impact on recruitment of social care staff, according to Sue Smith, Safeguarding Adults Coordinator:

> 'People who use services have their own perspectives on what they think is important, they want a care worker to be kind, so we try to translate that language into our tendering process, so that people who are applying for a tendering process are asked how they will ensure their staff are kind, so it makes them think differently, not just checking CRB, moving and handling. Staff are now asked that question when they come for a job.'

A partnership approach

A Department of Health report on practical approaches to co-production (a term for partnership or working collaboratively) examines how to create effective partnerships with people who use services, stating that the challenge is to create, 'whole systems change in the way that support is designed, planned, commissioned and delivered so that a greater proportion of decision-making processes are led by people who use services, carers and communities'. They call for organisations to take on and understand user and carer engagement and co-production and to develop co-production strategies.(48)

Allain et al argue that people who use services and carers should be able to contribute in a variety of ways, based on their individual skills and knowledge, if equal partnership and power sharing is to be a reality.(49) Hernandez et al reinforce this, finding that where culture of an organisation makes it possible to make complaints and discuss the services, through staff–user joint problem solving, people who use services are satisfied with the approach and will get involved.(50)

The Adult Safeguarding Lead in Central Bedfordshire Council, Emily White, reports on the experience of one social worker realising what partnership working looks like in safeguarding:

> 'One social worker was going to do the protection plan herself and put it on the system, and I asked if she would usually work with this person together to do her care plan, and she said "Yes, of course", but hadn't realised she could do the same with the protection plan, it was a bit of a lightbulb moment.'

Working in partnership with an adult at risk can take longer but is likely to work better, as Jeanie Stewart, the Safeguarding Adults Development Manager from Islington Council explains:

> 'A well documented timely safeguarding process doesn't necessarily mean the user feels good about it. We've had ones that have taken a lot longer where people have felt listened to and been given space and time and the feedback is more positive. When people are frail and maybe also mentally frail, rushing through a process can leave them feeling anxious. As long as you

> *make sure they are safe, sometimes it is better to do things at their own pace so they feel listened to.'*

In Islington, the borough has employed an experienced minute taker to train staff to write better and fuller notes of their meetings with people who use services, as a way of better involving users and working cooperatively with them.

Support, training and capacity building

The involvement of people who use services needs to be supported in a range of ways which include briefing and information on what is expected, debriefing, and accessible information and meeting formats. ([5], [51], [52]) Involvement coordinators interviewed by Taylor et al provided a range of support including mentoring, semi-formal meetings with a social element, advocacy, and advice on benefits and payment.([52]) People who use services are likely to benefit from involvement skills training.([5]) People who use services say that their groups need 'capacity building and development help to enable them to become independent'.([53])

Involving people who use services can be beneficial in a range of ways, according to Simpson and House.([54], [55]) They found that involvement could lead to personal empowerment and to users acquiring practical skills and employment, as well as improving services and relationships between users and staff. Simpson and House suggest that involvement is a health technology, and should be studied as rigorously as health interventions.([54])

Although 'No secrets 'does not mention people who use services being involved in training staff, this is generally considered to be good involvement practice.([18],[45]) Levin also points out the value of involvement training for people who use services.([5])

Powys have developed a pilot course with people with learning disabilities, with the involvement of Victim Support, Coleg Powys, the police and other organisations. The course enabled people with learning disabilities to learn what abuse is, to make a personal protection plan and think about how to keep themselves safe. People First now run these courses and Powys are supporting this approach by training trainers with learning disabilities to help others.

Some areas have involved service users in training. Safeguarding staff in the London Borough of Barnet set up a training course for people with learning disabilities to enable them to be involved in staff training, using personal experience to get across the message to trainees. In Barnet, all of those involved with the SAB user forum have gone on to do things within their organisations, such as running events at their centres, gaining skills and confidence. Some have done a play which they got funding to have filmed and made into a DVD.

Recognise diversity

Several pieces of literature discuss general issues related to involving people from diverse groups: see for example the General Social Care Council ([56]), Butt ([57]) and Hernandez et al ([50]). Factors found to help included time and money to enable people to have access to information and get to meetings, taking into account the complexities people's individual lives, and of issues including age, disability, gender, sexual

orientation, social class, religion, faith and ethnicity, and finding a range a range of methods to engage people beyond invitations to meetings.

Some writers have focused on ways of involving particular groups of users. For example, Slater suggests a user involvement strategy for elder abuse should take into account the emotional and moral problems in asking people who use services to relive painful experiences 'in the interest of the "greater good". He suggests that professional records of intervention should be of sufficient quality to provide at least an indirect source of user voice in such cases.(58)

Age Concern East Midlands found that it was possible to involve black and minority ethnic elders by taking the time to build relationships with people and groups, choosing comfortable, accessible venues and times, offering translation and interpretation if needed, and feeding back to participants afterwards about how information has been used and what will change as a result.(59)

The work of Murphy et al shows that involving people with dementia is both possible and worthwhile.(60) The writers recommend a variety of different approaches, including individual interviews or group discussions, or creative methods such as life-story work and poetry-writing, depending on people's levels of ability, and using indirect approaches via carers or service providers in some cases, although this has its disadvantages as the person's views are filtered through a third party. The essence of success, whatever the approach used, is in building trust and taking the time needed.

Ward et al reviewed two participative projects for older gay and lesbian people in different parts of the UK.(61) The projects aimed to promote local networks for these groups to encourage and support their involvement with consultation on local services. They found the participants had been often been collectively labelled 'hard to reach', but had been silenced by policy and practice that excluded them, not by their choice. The projects showed that it was possible to adopt participative approaches, 'which allow older lesbians and gay men to define the knowledge and understanding of their lives and experiences that inform policy and service development'. The authors state that this kind of work can inform future directions in social policy that are more person-centred and inclusive.

To widen involvement, Islington Council's safeguarding team worked with the Dignify Project at Toynbee Hall, which raises awareness among older people and professionals about elder abuse and what to do about it. Jeanie Stewart, Safeguarding Adults Development Manager says, 'Some small group work was done with older people in hard-to-reach groups, and some of our own staff were also trained on continuing that work.' They also maintain good relations with their local Independent Mental Capacity Advocacy service. Islington has also set up a 'Leaders in safeguarding' forum, to embed the ethos of user involvement in safeguarding among managers.

In Powys, the experience of adult safeguarding showed that different groups of people who use services require different forms of involvement, as Mick Collins, Adult Protection Lead for Powys County Council explains:

'We thought we could do a course similar to the one for people with learning disabilities in mental health. When our trainer arrived to do the first course, thinking a similar

approach would work, this was a very different group of people. One mum brought a baby which was of far more interest to the group than he was'.

So they rapidly adjusted the approach and now have workshops for people with mental health issues, with mental health service users involved in the delivery.

A rights-based approach

Lewis argues for a move from dominant cultural forms which render certain people or groups less invisible or 'misrecognised', (that is, where people are seen as lacking value and as inferior), towards valuing 'individuals, groups, identities, experiences, knowledges and expertise and (potential) contributions, humanity and personhood; upholding citizenship status and rights; and affording people dignity and respect'.[9]

Beresford and Hasler report on a national consultation event for people who use services and policymakers on the future of social care organised by Brunel University and the Commission for Social Care Inspection.[62] A priority issue was to base social care on values of independent living and human rights, with people who use services entitled to the support they need to live their lives on as equal terms as possible with the rest of the community.

Mind also argue for a rights-based approach to involvement, quoting the United Nations Convention on the Rights of Persons with Disabilities which was ratified by the UK Government in June 2009.[22] Mind have called for a revision of adult safeguarding procedures in the wake of this ratification.

Information

Several of the case study participants described efforts to improve information that is distributed in the community and to reach out to wider parts of the community.

CSCI found positive practice in learning disability services at East Sussex County Council, where 'innovative work had been done to involve people who use services in promoting safety'.[63]

Safeguarding staff at the London Borough of Barnet have worked with people who use services to produce an accessible leaflet on what happens after abuse is reported, what social workers do, and on how they work with others on keeping people safe. That leaflet has now been adopted by many local authorities across the country.

In Islington a community conference on adult safeguarding was held for the first time in 2010. There was a good attendance of people who use services and carers. One purpose was to launch the safeguarding annual report and ask people who use services and carers their ideas on what should be done to improve safeguarding. They plan to repeat this annually.

Islington Council also has a policy officer trained in Plain English who will do a summary of issues and decisions made at the SAB to give to people who use services and carers, and the safeguarding team are planning to make available online easy-to-read versions of their 'Safeguarding me' toolkit.

In Powys a street survey was carried out a few years ago asking whether people had heard of adult abuse and protection. Mick Collins, Adult Protection Lead for Powys County Council, says:

> *'Of course most hadn't, so we told them and gave them leaflets. We hope to repeat the survey this year around the market towns. We hope that we will find increased recognition of adult abuse, but even if we do not find this the activity will once again provide an opportunity to spread the word.'*

Enfield Council's Safeguarding Adults Team run an awareness week, raising public awareness of abuse and adult protection, giving talks to carers and people who use services, and have started monthly surgeries, in libraries, along with the domestic violence unit for people to ask questions about safeguarding, or come and talk. Information from this feeds back into service development.

Wokingham Borough Council (with support from Thames Valley Police) launched a Safer Places scheme. The idea came from a learning disabilities self-advocacy group who had the idea and wanted help to develop it. The scheme encourages shops around the borough to lend a helping hand to vulnerable adults, aiming to help people who might need help feel more secure when out. It has since been broadened out to other groups. On trying to develop accessible information Johan Baker, the Adult Safeguarding Prevention Advisor for Wokingham Council has this advice: 'Cut out the jargon and use terms like "feeling safe". Find out from people at risk of abuse what feeling safe means to them.'

Learning from audits

> *'We are asking staff to check if service users are invited to case conferences, how this was communicated to them, and about follow up. This is different from before.'*

Royal Borough of Kengsington and Chelsea, Safeguarding Adults Coordinator, Mary Wynne

Introduction

'No secrets' stated that agencies should routinely gather information on the outcomes of investigations and users' views on how well this has worked for them.([18]) It is clear from the case studies that auditing involvement is working well in terms of learning from experience and changing staff attitudes. This section contains in-depth case studies explain the learning in specific areas that has arisen from audit, feedback and review processes.

The literature on audits

It is important to learn from involvement, so that mistakes can be corrected and good practice built on, according to Levin and Branfield.([5], [53]) People who use services, as well as staff, need to know what difference their involvement has made. ([64], [48]).

One example of good practice comes from a small study of the experiences of people who had been through an adult protection investigation.([65]) The purpose of the research was to find out whether these people felt informed, supported and empowered by the process, and what could be learnt to inform practice or policy. The results showed that people were informed of the results of the investigation but more needed to happen to keep them fully involved and ensure they felt protected by the system.

Research also suggests some ways of involving people who use services in the design and carrying out of research, for example by checking draft surveys with a range of stakeholders, ensuring support for survey participants, and learning from other areas on what type of survey or audit and involvement has worked there (see for example [66], [67]).

Case study: Islington

In the London Borough of Islington, audit now routinely includes questions on whether user involvement featured in the safeguarding process, that is, whether people who use services had an opportunity to be involved in meetings or someone was identified to represent them if they lacked capacity themselves, for example an Independent Mental Capacity Advocate (IMCA). A feedback questionnaire for people who use services in safeguarding audits is included.

Islington revamped its audit tool to ensure they record the evidence of users, carers and advocates. According to Jeanie Stewart, Safeguarding Adults Development Manager, the change was a success:

> *'It is really powerful when the record says for example Mrs Smith said "I am frightened about him" or "I don't want to get my grandson in trouble but…" the record shows we have we have*

> *heard the voice of the individual and we are not just making decisions on their behalf.'*

Islington Council's safeguarding team plan to include a 'you said/we did' element within its coming annual community safeguarding conference, looking at comments and feedback from the previous year, and making demonstrable links with the work they've been doing on adult safeguarding.

Case study: Kensington

At the Royal Borough of Kensington and Chelsea (RBKC), detailed auditing is now happening with people who've been through a safeguarding enquiry. The RBKC Safeguarding team have devised a set of questions to ask people who use services directly about their experience of the process to find what is really happening, rather than just tick boxes.

The RBKC, Safeguarding Adults Coordinator, Mary Wynne, says: '[through audit] We are asking staff to check if service users are invited to case conferences, how this was communicated to them, and about follow up. This is different from before.'

Case study: Enfield

Enfield Council, the audit process of having someone scrutinise staff practice, and the work on raising understanding of the Mental Capacity Act has been seen as helpful. Results from the audit process have been fed back to the safeguarding board and practice forums and this led to a change in working. The safeguarding lead is hopeful that the results of the service user questionnaires will change policy.

The Safeguarding Adults Team have also launched a 'Safeguarding adults at risk' information pack, with the aim of getting feedback direct from users who have experienced the safeguarding process. It contains a questionnaire, to be given at the end of every episode of safeguarding intervention. It is in an easy-to-read format, and includes a simple checklist with pictures, asking questions such as 'How did you feel about the investigation? Were you offered an advocate? To what extent did you take part in making and agreeing the protection plan? To what extent were you involved? Do you know who to contact in future to prevent abuse?' and further comments. The results will go to the SAB, practice forums, care teams, service teams, managers, and organisational learning.

Case study: Sutton

Sutton Council did have a user feedback survey, but Adrienne Stathakis, Sutton Council's safeguarding lead, says safeguarding staff thought it was 'very dry', and that they 'wanted a different qualitative and outcome focused way to do things'.

Adrienne had been involved for many years with BILD, the British Institute of Learning Disabilities, and worked with them to adapt their model of quality review to fit all the safeguarding client groups. The model uses face-to-face interviews, but not necessarily with a social worker. Instead of asking a series of questions, the interviewers have a real conversation with people. Volunteer interviewers are sought from the local community, and can include people who use services, carers, potential users, voluntary

sector providers and people from other professional groups. They receive training in how to do the reviews. The aim is to test out ten outcomes (based on the seven outcomes of 'Our health, our care, our say'). The survey is easy to use, as Adrienne explains:

We don't ask people what the safeguarding process was like, instead we ask, "After you've been through the safeguarding process has it improved your quality of life?" This information is used to develop our services and our safeguarding processes. It is possible that a safeguarding process stops the abuse but does not help the person's quality of life. For example one lady was being financially abused, we stopped that, but so many checks and balances were put in place that she lost her independence to choose how to spend her money. Often, staff put in a protection plan, the abuse stops, and that is great, but we have to look at what happens afterwards. The most isolated people are the most vulnerable to abuse. We stop the abuse but they are still vulnerable and isolated. Using this model we are getting to hear about people's experience.

Case study: East Sussex

In East Sussex, the County Council has learned from interviews that, when a vulnerable adult has felt unable to attend a case conference, it's not sufficient to simply tell them what happened and give them the notes. As Chris Barker explains: 'Instead, the care coordinator will go to their home to tell them about actions arising from the case conference, or that the case has been closed'.

The council's rating for 'maintaining personal dignity and respect', which covers safeguarding, was 'performing well' in the 2009 annual performance assessment, up from 'adequate' in 2008. It suggests the work is making a difference.([68])

In East Sussex the council's safeguarding coordinators select people who have been through a safeguarding process to be interviewed about their experience of the process. They seek to balance the need for feedback with avoidance of the risk of causing further distress:

> *'It's important that these [interviews] are face-to-face and, where possible, one-to-one. For someone with learning disabilities, for example, there will be staged contact to build a rapport…On the first visit the coordinator will be introduced, they'll go back another time for a cup of tea, and build up to the interview… With an adult with mental health problems we have to make a judgement about how an interview could affect them. We shouldn't enter their life when it's not the right moment for them.'*

Carol Redford, Safeguarding Coordinator, reported in (*Reported in 68*)

Twenty-six interviews were carried out between February to December 2009, four with a carer or relative if it was not possible to talk to the person who uses services. Themes emerging include a variation in feeding back the outcomes of investigations to people. Angie Turner, the council's Head of Safeguarding, says, 'Some service users didn't know the case was closed. We might tick our boxes, have our case conference and close the case, but how is that fed back? They don't feel involved in the process' ([68]).

Case study: Kingston

In the Royal Borough of Kingston upon Thames (RBK), two audit processes are happening side by side to ensure individual involvement in safeguarding. A user feedback format for people at risk was developed with people who use services, and one in four case records are audited to ensure that the procedural requirements of the safeguarding process (including involving the adult at risk) have been completed. The results of this are fed back to team managers where involvement has or hasn't happened.

With Kingston University, RBK also developed a qualitative audit to audit all cases that involve a case conference, to get feedback from adults at risk, carers and people alleged to have caused harm. The survey began on 1 April 2011.

As Joseph Carmody, the Principal Manager for Adult Safeguarding from RBK explains, at the end of a case conference, 'We will sit down and go through with the people who have attended how they want to give their feedback, or whether they want to give feedback.' This will be collated on a rolling basis to build quantitative and qualitative data on what is being done well and not well.

Case study: Peterborough

At Peterborough City Council, an interview process based on work done in Surrey has been designed to be conducted in the month following case closure. It has been piloted from February 2011. Straightforward questions ask about the involvement of the person who uses services in their safeguarding process and safeguarding support plan, for example whether they felt involved in making the plan, do they have a copy, do they know who to contact for an update on it? The study was consulted on at three boards with user involvement – the Older People's Safeguarding Board, Learning Disability Partnership Board, and Adult Safeguarding Board.

Ali Burrow-Smith, service manager within Peterborough Community Services for Adult Social Care and Learning Disability, commented that it is usual social work practice to support and involve people who use services through the whole safeguarding process and in everything they do, and said, 'We hope the survey will find out that this is in fact what service users experience.'

Case study: Bromley

Safeguarding staff at the London Borough of Bromley have created a means for obtaining feedback from people who use services and a form which is used as the basis for a supported interview with the adult at risk or their representative or advocate. All responses are reported to the Performance Audit and Quality sub-group of the Bromley Safeguarding Adults Board to enable lessons to be learned and fed back to practitioners.

Recommendations

This section contains recommendations drawn from the literature and suggestions from the case studies.

Involvement of service users in strategic planning

SABs should:

- take account of the views of service users and their representatives and see them as key partners in safeguarding and strategic planning
- involve service users (from a diverse range of groups) in training staff and in staff appointments and tendering processes for services
- ensure their policies and procedures are made available and accessible, e.g. using Plain English
- ensure that there is good communication between all elements of the board, so that people who use services can have input into decision making
- provide a range of means to involve people, not necessarily as Board members, but also through sub-groups or forums, and public consultations.

Involving individuals in safeguarding processes

- Individual safeguarding processes should be conducted in such a way as to reflect the values of user involvement, including respect, partnership, equal relationships and expertise based on personal experience. The organisation's culture should promote joint staff–user problem solving and sharing of power.
- Offer all people who use services accessible information on adult safeguarding, covering topics such as what is abuse, what happens after abuse is reported, and what social workers and others do to help keep people safe.
- Proactively encourage and facilitate an individual's involvement in a safeguarding process. Individuals should feel empowered to direct and make decisions about their own safeguarding plans.
- Ensure that an individual can access an advocate where necessary.
- A lead practitioner should brief and support the individual throughout the safeguarding process. A mentor who has been through a safeguarding process previously could support the individual also.
- Promote participative approaches that are person-centred and inclusive: make meeting formats accessible, including times and locations, and offer translation and interpretation as needed.
- Use plain language such as 'feeling safe' and find out from the individual what this means to them. Early on establish the sorts of outcomes the individual is hoping for from the safeguarding process.

- Allow time and energy to work in a person-centred way to support the individual to feel safe and listened to. Different approaches may be needed for involving different individuals, but taking time to build the relationship and establish trust is essential.

- Encourage and train practitioners to record accurately and thoroughly the views of people who use services during safeguarding processes.

- Wherever possible, work alongside individuals who use services to produce a personal protection plan.

- At the conclusion of an investigation, give feedback on what happened and what will change as a result of the investigation.

- Listen to and learn from the experience of people who have been through a safeguarding procedure. This may be through debriefing with the person after the procedure is complete, or via formal mechanisms such as complaints procedures, audits, research and surveys.

- Involve people who have been through a safeguarding procedure in training both staff and others who use services in order to improve services and to empower individuals.

Research and audit

- SABs should audit and evaluate outcomes of safeguarding interventions and find out how these are working for service users, improving procedures based on findings.

- Involvement of service users in design and carrying out of research is important and practicable, and makes a difference.

- Means of involvement include: checking draft surveys with a range of stakeholders, ensuring support for survey participants, and learn from other areas on what type of survey or audit and involvement has worked there.

- Service users and volunteers can be trained and supported to carry out qualitative evaluation interviews.

- Simple questions about how a safeguarding procedure worked, asked one-to-one in a conversational way work well.

- Sometimes people may not want to be interviewed afterwards, due to 're-living' a difficult experience. Thorough case notes taken at the time reflecting the service user's views may be a substitute.

- Involvement should be evaluated and the results shared so that people know what difference it makes and how to improve methods used.

Community outreach and involvement

- Barriers to involving groups such as women suffering domestic abuse, BME elders, and people with dementia or learning disabilities can be overcome with enough time and resources
- Put effort into getting good clear advice and information material out, and keep it up to date
- Involve communities and voluntary sector in discussion on adult protection and rights, e.g. through Awareness Weeks and supporting local projects
- Capacity building for service user groups is needed, e.g. providing training and support for a diverse range of service user groups
- Work with existing organisations of and for service users
- Feed back to communities the results of their involvement and what happened because of it.

Staff training

Staff training is needed in:

- involving service users from diverse groups
- the provisions of the Mental Capacity Act, Equalities legislation, UNCRPD and other relevant rights legislation
- how to balance choice and risk and to be aware of how to implement personalisation and direct payments, and methods for shared risk taking, such as risk enablement panels and family group conferences
- ensuring service users' voices are reflected in deciding their protection plans and recording users views in notes of case meetings
- ensuring that safeguarding processes go at a pace that allows for involvement and shared decision-making.

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User involvement in adult safeguarding

Health and social care has a well established ethos of involving people who use services in their own care, and in the development of services, but a scoping exercise by SCIE found little evidence of user involvement in adult safeguarding.

This report was commissioned to address that identified gap in knowledge. It draws on literature on the involvement of people who use services in social care generally, and wherever possible, literature specifically about user involvement in safeguarding adults, complementing this with examples from practice.