social care
institute for excellence

Network Meeting pilot

Social Work Practice Pioneer Project (SWPPP) sponsored by SCIE

Safeguarding Adults, Central Bedfordshire Council

Final evaluation report, February 2013

What we did and with whom

The Social Care Institute for Excellence (SCIE) has been funding a number of Social Work Practice Pioneer Projects (SWPPPs) across the country, to promote best practice in social work. Central Bedfordshire Council safeguarding adults team have used the opportunity of the pilot to develop a model of working based on the concept of 'family group conferencing'.

The SWPPP has also been part of the Making Safeguarding Personal (MSP) project to develop and review the impact of an outcomes-based response in adult safeguarding. This has been developed by leads from the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and universities to stimulate innovative responses and person-centred approaches to safeguarding.

The Network Meeting pilot is so called to differentiate from family group conferencing and to acknowledge that adults have others within their network outside of the family. It is one model of responding to safeguarding situations that appear to be complex, involving family members or other members of the person's network, that do not meet a criminal threshold for police intervention.

Total referrals January-December 2012	35
Total number of meetings held	11, 6 facilitated by frontline staff
Total number of clients refusing intervention	9
Total social worker non-engagement	2

The difference it has made for people who use services

- In some cases, a different outcome than had been expected before the model was applied.
- In all cases, their voice was at the centre of decision-making.
- In all cases, their expectations were recorded in a clear way and measured to assess whether a difference had been made.
- In some cases, they were empowered to take action into their own hands when previously they had not been able to or had not wanted to.

- In some cases, there was reduced dependency on care services or social work input.

The difference it has made for social work and social workers

Social workers have benefited from this pilot in a number of different ways that have resulted in changes to the way they practice, and the development of some new models of working, most notably:

- a model that promotes person-centred working in safeguarding;
- a method that provides social workers with an evidence base for the decisions they are taking in high-risk situations;
- a model for reflective and critical practice during or post complex case work;
- evidence that social work, as opposed to 'care management', adds value to resolving or mitigating risk in complex and safeguarding situations;
- a model that has enabled social workers to reach conclusions that they feel comfortable with at the point of ending their involvement.

SCIE's adult's services report, *User involvement in safeguarding* (SCIE, 2011), states within its recommendations that we should:

- 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;
- 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. Establish early on 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 to establish trust is essential.

Social workers are increasingly being called on to manage risk in situations that cannot be resolved through the provision of care services, or by removing the person from harm. When the person chooses to remain in a harmful situation, and it appears that nothing further can be done, the case is closed. These are situations that are often re-referred to adult social care and may result in repeated safeguarding alerts, and a resource-intensive safeguarding process. It was with these cases in mind that the pilot was initially developed and the recommendations from SCIE can be demonstrated throughout the work that has been carried out.

What is a Network Meeting?

A Network Meeting is a meeting where an individual and their support networks, for example, family and friends, come together to make the main decisions as to how solutions to a specific problem can be found.

Who attends a Network Meeting?

Anybody who is important to the individual for whom the meeting is being held may attend; this may also involve professionals who are working with that person or who may be able to offer services that could be helpful, along with the Network Meeting coordinator/social worker. Consideration of the use of an advocate will have been considered prior to the meeting.

What is the role of the Network Meeting coordinator/social worker?

The coordinator/social worker is the person whose job it is to organise the meeting. They will meet with the individual and the people he/she wants to be involved. The coordinator/social worker will provide a summary report of the issues that need discussing to everyone attending the meeting.

Where is the Network Meeting held?

The coordinator/social worker will arrange a venue that is suitable for everyone to attend.

What happens at a Network Meeting?

There are three parts to a Network Meeting:

- *Information sharing:* the coordinator/social worker asks everyone to introduce themselves. The summary report is discussed and this forms the focus for the meeting. Everyone has an opportunity to talk and ask any questions. Any professionals at the meeting explain what type of support they can provide to help the individual and their network to come up with a plan.
- *Private time:* the coordinator/social worker and professionals leave the room so that the individual and their network can talk in private and agree a plan. The coordinator/social worker is available if required.
- *Agreeing the plan:* when the private time has finished, everyone comes together to discuss the plan and how it can be made to work. The coordinator/social worker ensures that everyone is in agreement with the plan and is responsible for typing it up and sending a copy to everyone.

What happens next?

A review of the plan is arranged at a time and date convenient for all those present at the Network Meeting.

January to May 2012

It was agreed from the outset of the pilot that cases that may benefit from this model being applied would be identified from the alerts received within the safeguarding adults team. During the first half of the pilot, January to May 2012, 17 safeguarding alerts were recorded as potential Network Meeting cases.

The concept of a Network Meeting is to keep the person at the centre of all decisions taken in response to the safeguarding concern. The social worker invests time into gathering the person's views of what needs to change to improve the situation. A meeting is convened involving all those identified by the person (their network). The focus is on what the person and their network think they can achieve to make a change, rather than what social services can provide. The initial investment of a social worker's time before, during and immediately after a Network Meeting aims to reduce the amount of contact over a longer period of time and to reduce demand on social services departments through minimising the need to return to social services for help (see case study 1).

Case study 1

Mrs A had repeatedly refused support, stating that she was happy for her family to help her 'until she got back on her feet.' One of her daughters stated that she was exhausted with the care and demands of her mother and she also claimed to the social worker that her two sisters did not support her. The social worker had spent a significant number of hours on the telephone over a long period of time to all members of the family, fielding their various concerns, and at differing points where it appeared the home situation was breaking down. During the most recent contact the social worker was becoming so concerned at the level of the daughter's anxiety that she felt the situation may erupt. A Network Meeting was held at short notice; it took almost two hours and the agreement was for a staggered package of care with the daughters to ensure that Mrs A's needs were met and that all of her daughters had free time. All parties agreed to a trial period to be reviewed. Shortly after, one of the daughters contacted the social worker to say that the family had continued to discuss the meeting and that they felt it had been a positive experience. Mrs A was in agreement, and during this conversation she took herself to the shower, attended to her personal care, dressed herself and returned to the lounge. The daughter reported extreme surprise because she had been dealing with this element of her mother's 'care needs' for nearly two years. It appeared that the process had empowered Mrs A to undertake these activities herself.

The pilot has highlighted the complexity of the caring role within adult social care and safeguarding. The breakdown of a caring situation may result in physical or emotional abuse or neglect. Social workers may encounter a long

history of family conflict, involving different family members. Social workers have the skills to respond to families struggling to deal with significant changes in their family member's wellbeing, and are able to assist families to reach solutions themselves for the longer term, focusing on the presenting need rather than the historical complexities of family relationships. The case of Mrs B is an example (see case study 2).

Case study 2

A safeguarding alert was raised by Mrs B's daughter who made a serious allegation of assault against Mrs B's partner. Mrs B was at the end of her life and despite confirming the allegation, wanted to end her life at home, with her partner. Following removal to a temporary place of safety and initial police involvement, Mrs B's wishes to return home were respected. The social worker's role was to facilitate this according to her wishes and her wishes that her daughters would be present at the house. It became apparent that there was long-standing conflict between the daughters and the partner, and the possibility of a difficult or even abusive relationship between Mrs B and her partner. Given that Mrs B was at the end of her life, the social worker role was not to resolve the years of conflict but to keep the role very focused on how Mrs B could get to see everyone who was important to her without continued conflict. Mrs B died before she made it home; however, during the short hospital admission, which was days after the social worker had spoken to most members of the network, all parties were able to be around Mrs B's bedside with no outward signs of the conflict that had been apparent for many years. One of the daughters even maintained contact via text messaging to the partner. All attended the funeral that passed without incident.

Having reflected on this case further, it is important to consider the findings of the Women's Aid briefing relating to working with perpetrators of abuse in the UK. In this case there was evidence that this was a long-standing abusive situation, quite different from other case examples where abuse had occurred as a result of carer stress.

Women's Aid (www.womensaid.org.uk) have raised concerns regarding programmes set up by people with 'very little training or clear methodology' and that this may 'increase the risk that the promise of change may further endanger women and children.'

Respect, the UK association for domestic violence perpetrator programmes, states that, 'every domestic violence perpetrator programme should have an attached service for partners offering information and support. In fact, a domestic violence perpetrator programme without such a service for the woman who has suffered the abuse is likely to increase the risks towards her rather than promote her safety.'

Women's Aid go on to say that 'Respect and associated women's services have established a clear framework for good practice standards in developing and running coordinated intervention programmes with perpetrators.' It is with

this in mind that serious consideration needs to be given to any benefit of social work intervention by method of a Network Meeting where there is a history of domestic abuse and the individual may be returning or remaining in an abusive situation. This is clearly a specialised area, and we need to be mindful of this by seeking appropriate support and intervention for the people we are working with.

Case study 3

A safeguarding alert was received from a care provider for Mr C in relation to his wife (the main carer) being verbally abusive and bullying, such that Mr C had chosen to enter respite care to get away from her. At this initial stage it was felt that the only option available was for a separation of the couple, resulting in Mr C being considered for warden-controlled accommodation. Both parties reluctantly agreed to a Network Meeting. Mr C was able to state what he thought would improve the situation, and was also able to tell his wife his concerns about the home situation. His wife was able to describe her frustrations at her caring role, and it also became apparent that the couple had not received support from various community services that would have assisted his needs and supported her. Eventually Mr C was able to return home. He told the social worker he couldn't remember the last time he had discussed things so openly with his wife, and said he would recommend the process to anyone. Given the time it would have taken to organise sheltered accommodation, it is highly likely that Mr C's condition would have deteriorated in the home and he would have lost what independence he had and would therefore have required permanent residential care. The process enabled Mr and Mrs C to find a resolution to their difficulties and by taking into account the cost of the home care package, this created a saving to the department of £330 per week, which amounts to £17,160 per year.

A standard response to situations where the caring role has broken down may be to increase services, if only for monitoring purposes, or even to remove the person to residential care. This will rarely be the person's first choice, and an expensive option, as the following case study demonstrates. If individuals and their families can be supported to find their own solutions that avoid the input of council-commissioned services, these are not only likely to be more personalised, but could see a reduction in costs to local authorities. Social workers are equipped to be able to support individuals to think about their options and to provide that additional support to ensure their goals are met over a period of time.

Mid-way evaluation next steps

Following the mid-way evaluation in June 2012 (see Fuller, 2012), the following next steps were identified. These are addressed in the remainder of this report:

- Continue the pilot in its current format.
- Revisit the locality social work teams to promote the service.

- Develop ways of embedding the concept of Network Meetings into current practice by producing guidance and templates for social work staff.
- Facilitate workshops to share learning from the evaluation.
- Provide social workers with an understanding of Network Meetings as a potential method of working with people in safeguarding/complex situations.
- Give consideration to the appropriateness of the involved social worker facilitating a Network Meeting due to the benefit of the facilitator being impartial.
- Support colleagues undertaking interventions based on Network Meetings.
- Discussion with carers in Bedfordshire and the Alzheimer's Society regarding the benefits of the process as a preventative model.
- Review progress at the final evaluation.

June to December 2012

From June to December 2012, a further 18 cases were identified from alerts received in the safeguarding adults team. These figures, combined with the first six months of the pilot, give an average of three cases per month that had the potential to benefit from a Network Meeting.

Number of referrals identified, June to December 2012	18
Number of meetings held	8
Use of complex case evaluation model	4
Use of person-centred planning evaluation	3
Use of carer's evaluation model	3
Clients who refused intervention	2
Services alleviated concern	5
Social worker non-engagement	1

Following the mid-way evaluation it was felt that a change in approach would be required with a move to looking at the sustainability of the Network Meeting. Models have been developed to ensure a personalised approach is taken and that the principles of the Network Meeting process are not lost. While a full meeting may not always be practicable, its principles have led to the development of three further models. These are being used by social

workers to apply in complex situations to ensure improved outcomes for individuals and to develop professional practice. The models developed are:

- complex case evaluation model (see Appendix 1)
- individual evaluation, including the person-centred planning model (see Appendix 2)
- carer's evaluation, including the person-centred planning model (see Appendix 3).

As stated in the mid-way evaluation 'the vision for this pilot is to provide the tools and opportunity for staff to practice approaches to safeguarding which promote personalisation and efficiency and move beyond traditional care management responses by using network meetings and supported decision making' (Fuller, 2012).

The cases identified between June and December have been monitored and support offered to the social workers involved to consider holding a Network Meeting where appropriate, or to consider use of the models developed. As a result of the development of methods of intervention in complex case situations, there has been a significant increase in the number of positive outcomes achieved for individuals and their families since the first six months of the pilot, and a decrease in non-engagement.

The Network Meeting pilot is one example of a model of practice that moves away from the care management approach. The 'assess and close' approach of care management does not address the challenges presented by these complex cases. Care managers dealing with these cases find them frustrating because they are not able to make a difference (by setting up services). They are restricted by the artificial barriers of teams defined by need (older people, physical disability) and rigid interpretations of eligibility criteria. The value of case work, focused on individual goals, acknowledging the dynamics of the family or network, supporting individuals to contribute to their own solutions, building relationships, managing or 'refereeing' risk, should be seen as outcomes in themselves, with the potential to reduce costs to departments in terms of both staff time and resources.

As a result of the pilot the complex case evaluation model has been developed. This is based on the Wisconsin model and is proving beneficial in complex case situations to enable social workers to break down the facts of a situation. In the case of Mrs D (see case study 4) this proved to be beneficial for the social worker to view the situation from a different perspective.

Case study 4

The social worker had been involved with Mrs D for a number of years; the safeguarding alerts were primarily around the issue of money and the fact that her son was constantly demanding this from her. There was additional concern regarding his behaviour when on drugs and that he was unable to support her with daily chores. By working through the evaluation model with the worker it became apparent that while she was focused on the risk of financial exploitation and was discussing methods of reducing this risk with Mrs D, she had not recognised that a greater risk was to Mrs D's physical wellbeing as a result of the ongoing abusive behaviour of her son.

The impact on Mrs D's physical health was very real due to stressful situations, increasing the chances of her having an angina attack; the social worker has since discussed this with her and this has changed the perspective of their conversations. Mrs D is aware of the impact on her health and that the risks to her suffering a stroke or heart attack are increased as a result of her son's behaviour. The consequence of this is that Mrs D is currently more focused on her own needs and is working to find solutions based on this.

The complex case evaluation model has also been used as a retrospective tool for cases where social workers feel less than satisfied with the outcomes, and it has shown to be beneficial for learning for future practice (see case study 5). In March 2010 *Community Care* printed an article regarding the need for reflective practice in social work following recommendations from Lord Laming and the Social Work Task Force. The article states that, 'therapeutic approaches have almost disappeared from frontline social work but that they are making a comeback under the banner of reflective practice.' Andrew Cooper, Professor of Social Work at the Tavistock Clinic and the University of East London, agrees that, 'among frontline social workers and well functioning agencies there is recognition that relationship-based work is a vital element missing from most social work practice.' He goes onto say that 'reflective practice should be an essential part of social work decision making.'

The article goes on to clarify the elements of reflective practice as:

- the role emotion plays in decision-making;
- patterns and pictures – finding evidence for gut feelings;
- confirmation bias – reluctance to abandon pre-formed opinion;
- attribution error – attributing other people's behaviour to personality traits rather than the context;
- hindsight error – over-estimating how obvious a problem appeared.

The complex case evaluation model enables the social worker to fully reflect on a case, at any point of involvement, and includes the elements as discussed in the *Community Care* article (18 March 2010, see www.communitycare.co.uk).

Case study 5

Mrs E lived with her son who was her main carer, although his role consisted primarily of emotional support for his mother. The son had lived with his parents out of county for the previous 15 years; his father passed away in the past year and mother and son moved to the local area four months previously to be nearer to Mrs E's two daughters. At the time of the original alert, which related to Mrs E being picked up by the police in a distressed state saying she was fearful about returning to her son, her daughters had limited contact with her and her son. The outcome of the police intervention was that Mrs E was taken to one of her daughter's homes. From this point on the daughters 'took over' the care of Mrs E; unfortunately they did not involve her son in any decision-making. This resulted in resentment building between the siblings and best interest meetings and decisions being made for Mrs E. The conflict continued once the son was 'allowed' access to his mother, who was placed in a residential home, and this impacted on Mrs E, her son and staff in the home. This was never resolved up to Mrs E's death nine months later.

The social worker was able to identify areas where alternative action could have been taken at various points of this case by reflecting on the situation with the use of the complex case evaluation model. The first point that came to light was when the social worker considered the facts of the case, there was an element of collusion on the part of the social worker by dealing with information from Mrs E's daughters, regarding their brother's behaviour/history as fact as opposed to hearsay. The consequence of this was that her son's needs were overlooked, which resulted in additional, ongoing conflict. This led to the conclusion that a Network Meeting should have been held early on in this case to ensure that all parties were heard and that conclusions were reached for the primary benefit of Mrs E, but also considering the needs of all involved/concerned with her wellbeing.

Someone may not want to change a situation because they are worried about their family member or that they will not be able to maintain relationships. As the pilot has developed, the need for person-centred working has become apparent. Adults in vulnerable or high-risk situations may change their mind, be experiencing anxiety or even some loss of decision-making ability or mental capacity. This can lead to confusion or uncertainty for social workers keen to do the right thing. Taking time to get back to basics, with questions such as 'what's working, what's not working, what did you do before' should lead to clarity to inform the social worker's next steps and a better outcome for the person concerned, as demonstrated in case study 6. The individual evaluation tool and the carer's evaluation tool were used in this case.

Case study 6

A safeguarding alert was raised regarding Mrs F by one of her daughters. Mrs F lived with her grandson whom she adopted as her son many years prior; it was his birth mother who raised the concern. It was claimed that he was financially exploiting her and limiting contact between Mrs F and her two daughters. The social worker visited Mrs F and her son to discuss the concerns raised. Mrs F advised him that she had no concerns over the management of her finances and that she felt well supported by her son and his partner. Her son, however, presented as quite hostile and defensive towards the worker and this raised concern that there may be an element of coercion in this situation. The social worker felt that Mrs F had capacity to make decisions around her finances and welfare. However, he met with the alerter and the other daughter and felt that due to his assessment of the situation failing to alleviate their concerns and some of his own, that further work was needed. The social worker involved with Mrs F made contact requesting support because he did not feel he was at a point where he could end his involvement; this was partly due to the reaction of Mrs F's son and partly due to the ongoing accusations of her daughters. A joint visit was completed three weeks after the initial visit. The matter of Mrs F's capacity was clarified in the first instance and she was found to have full capacity regarding the issues of concern. When the concerns were being discussed with Mrs F the person-centred planning approach was used and she was clear in her response that her son was the most important person to her because of the support and companionship he provided. When we discussed 'what was working and not working' this prompted a conversation that had previously not taken place. Mrs F was very clear why the 'problem' had arisen and that this was in relation to a recent change to her will which was in her son's favour. This escalated the already strained relationship between her son and daughters. Use of this approach enabled Mrs F to consider her family situation in a way that she may not have done previously.

This approach moves the social worker away from the tick box questions that assessments require and encourages a more free-flowing form of communication. Thompson *et al*. (2008) tell us 'person centred planning discovers and acts on what is important to a person. It is a process for continual listening and learning, focusing on what are important to someone now and in the future, and acting on this alliance with their family and their friends.' Mrs F denied that her son was limiting contact between her and her daughters, and stated it was they who had reduced contact, although this was now being resumed to some extent. Mrs F declined the opportunity for a Network Meeting as a means of trying to resolve the conflict between the siblings and the impact on her; she fully understood the complexity of the family dynamic and felt that it may be inflammatory when she was at a point of feeling things were starting to 'calm down'.

The White Paper, *Caring for our future: Reforming care and support* (DH, 2012), states that we should be 'promoting people's independence and

wellbeing' and that 'people should be in control of their own care and support.' By taking a person-centred approach with Mrs F it was understood what her wishes and feelings were, and that these were respected. The White Paper goes on to say that 'care and support should not just be about making people comfortable but about helping them to fulfil their potential, whatever their circumstances.' It holds a very person-centred view and encourages us to 'put people, and not institutions, in control'; this upholds the very guiding principle for the Network Meeting pilot from the beginning. In the section relating specifically to 'Keeping people safe' we are reminded that we should 'support individuals in maintaining control over their lives and in making informed choices without coercion.' In the case of Mrs F, the time spent with her and ensuring open dialogue was vital to fully comprehend the situation and, most importantly, her views; in doing so it enabled the social worker to understand that Mrs F was acting of her own free will and not directly under the influence of her son.

It was interesting to meet separately with Mrs F's son and to consider the points within the carer's evaluation form. As with previous carers who had been involved in the Network Meetings, it was apparent that Mrs F's son welcomed the opportunity to discuss his situation; it transpired that he had significant health problems himself which had been exacerbated by a recent physical assault from his birth mother. This further enabled the social worker to gain a fuller picture of the complexity of the scenario. By using a truly person-centred approach with the son, by discussing his role and the impact that had on him, this enabled him to engage in conversation during which he disclosed information that he would otherwise not have done if he felt he was being 'accused' and under interrogation. The concerns that were raised by Mrs F's daughter were also discussed and he reiterated what Mrs F had said. Neither Mrs F nor her son felt the need for further social work input but were supported with some practical elements of care, advice and information.

The Adult Social Care Outcomes Framework, which was launched in 2011/12, 'marked a step change away from national measures which focus on processes, and towards measures of the outcomes that people are supported to achieve, and their experiences of care.' In the 2013/14 document it is stated that 'particular areas identified as requiring new or better measures were safety and safeguarding, personalisation, and better preventative support to maintain peoples independence.' Domain 4 relates to the safeguarding of adults, and it states that 'people should be supported to plan ahead and have the freedom to manage risks the way that they wish.'

The Network Meeting process and the three models developed over the time of the pilot tie in with the measures described above regarding the risk assessment, protection planning and recording of outcomes in the safeguarding of adults.

Learning for practice

The pilot has identified the benefits for social workers and people using services when taking a person-centred approach when working with individuals and their families in complex situations, which may have resulted in the person at risk being the subject of abuse.

In addition to this, social workers need to have the opportunity to develop their skills in reflective practice. Professor Keith Brown, Director of the Centre for Post-qualifying Social Work at Bournemouth University, states that 'academic theories and models, combined with effective supervision is what creates a reflective practitioner.' He goes on to say that 'it is fast becoming a lost skill among social workers and supervisors' (*Community Care*, 14 April 2012). In the same article, Dr Hilary Lawson, from the University of Sussex, says 'the more complex the work, the more need there is to be able to really critically reflect on it, no matter what level you are in an organisation, yet, once embedded, reflective practice is not time consuming.'

The Professional Capabilities Framework, published by the Social Work Reform Board (2010), includes critical reflection and analysis as one of its nine core strands. It sets out expectation for social workers to:

- apply critical thinking augmented by creativity and curiosity;
- identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence;
- draw on practice evidence, their own practice experience, service user and carer experience, together with research-based, organisational, policy and legal knowledge.

The complex case evaluation model is a reflective method of breaking down situations, with a view to enabling social workers to gain a clearer understanding and, in some instances, to change their approach and achieve better outcomes for the individuals and families they are working with as well as enhancing professional development. It is envisaged that this will be used between social workers to develop peer support within teams. It is recognised that there is a wealth of knowledge and experience in any one social work team, and that this will provide staff with the opportunity to share their experiences, develop confidence and enhance professional development. The social workers involved in the cases of Mrs D and Mrs E found use of the complex case evaluation model very useful in assisting them to break down the situations. In the case of Mrs E, the social worker was very clearly able to identify where a Network Meeting may have been beneficial, and said she would be more aware of this as an approach in future cases. The social worker for Mrs D said that the application of the complex case evaluation model was beneficial in two ways for her: in the first instance it gave her the opportunity to discuss and break down the case with a third party. This collaborative approach enabled her to see where she had got 'stuck' with this person and she has since moved on with the case, focusing on Mrs D's wellbeing as opposed to the actions of her son.

The development of the individual evaluation forms for the cared-for and carer are intended to be used prior to progressing to a Network Meeting. This gives the social worker the opportunity to work in a person-centred manner by focusing on each individual's perspective and goals. This is not intended to replace existing assessments. As case study 6 demonstrates, in some cases a Network Meeting may not be arranged, but by working in this way, this enables the social worker to demonstrate reasons for decisions being based on an individual's wishes. The social worker involved with Mrs F found the

application of the individual evaluation forms and the person-centred approach very beneficial for him to be clear about the case outcomes. The same social worker is currently applying these models with a case he is involved in with a view to progressing to a Network Meeting.

The cases that have progressed to a Network Meeting have been those where the individual central to the concern has full capacity to make decisions specific to the situation they find themselves in. The social workers who have been involved in the meetings have provided positive feedback to the pilot. In the case of Mrs A, the social worker said that the meeting gave Mrs A and her family the forum to be open and honest, and this highlighted conflicting stories that she had been told. She went on to say that following the meeting, all involved felt more positive and were empowered to deal with the situation better. In the case of Mr C, the social worker has fed back that the pre-meeting evaluation enabled her to focus on the strengths that both parties brought to the relationship and that they were able to resolve issues while allowing them dignity and respect. The social worker felt that without this intervention it was likely that Mr C may have remained in permanent residential care as a way of reducing the risks.

It was felt that we needed to consider how, or indeed, if, this approach was appropriate with people who had memory/capacity issues. Having discussed the pilot with a colleague from the Alzheimer's Society, it was agreed that while there may be scenarios where a best interest decision under the Mental Capacity Act may be made to remove someone from their home who was suffering abuse, this should not be seen as the final outcome. Consideration needs to be given to the relationships involved and appropriate planning needs to be undertaken to ensure that contact is continued in a safe way. Social workers need to be mindful of the 'least restrictive' aspect of the Mental Capacity Act. The use of the person-centred approach and the complex case evaluation model will help to clarify the needs/wishes and norms for people while recognising any risks and making appropriate plans.

Sustainability

It was recognised within the first half of the pilot that sustainability for learning from the pilot lies with frontline staff understanding the benefits of this approach to safeguarding and working with families. As such there is already evidence that social workers are taking the initiative and arranging family meetings as a way of resolving issues and understanding situations. As previously stated, the Network Meeting pilot was based on the established process of Family Group Conferences (FGC) when working with children and families. One of the key principles of FGC is the neutrality of the coordinator. In 2007 Barnsdale and Walker from the Social Work Research Centre at the University of Stirling produced a review, *Examining the use and impact of family group conferencing.* Part of the report focused on the pros and cons of providing an in-house or independent service. The points are discussed fairly and there is no definitive outcome; however, it is stated that they were able to 'identify examples of social work staff taking on the coordinator role and that further evaluation was needed to understand if this approach produced comparable levels of participation and outcomes.' One of the findings from discussions with stakeholders was that 'respondents said that what mattered

was how the coordinator talked with the family, not who employed them or where they were located.' It is reported that 'there was a widespread view that that FGC should be, as far as possible, incorporated into mainstream services, rather than a specialist project.'

A series of workshops were arranged during March 2013 for the purpose of sharing the learning achieved throughout the pilot. All workshop dates were fully booked and attended by over 40% of frontline staff in adult social care throughout Central Bedfordshire. The workshops were led by social workers. Carers in Bedfordshire, a local charity that provides extensive support to carers, was consulted as part of the pilot following the initial findings that the majority of the cases that were felt appropriate for this intervention were instances where carer stress had resulted in abuse. Carers in Bedfordshire has endorsed the work that has been carried out throughout the pilot, and feels that the models developed will be effective. A representative from the organisation was present at the workshops to support in the delivery and to discuss the service.

The workshops consisted of four parts:

1. An overview of the pilot and the benefits of Network Meetings (case study examples).
2. The development of individual and carers' evaluation forms, the use of a person-centred approach and positive outcomes for individuals, families and social workers.
3. The use of the complex case evaluation model, either by case study or audience participation.
4. Presentation from Carers in Bedfordshire.

In addition to the workshops, the documentation that has been developed, along with guidance, has been included in the safeguarding adults handbook that can be found on Central Bedfordshire's intranet. Colleagues within the safeguarding adults team, who make recommendations when receiving alerts and run regular safeguarding meetings within locality social work Teams to discuss ongoing cases, are fully aware of the benefits of the Network Meeting and associated person-centred evaluations and complex case models. As such they will continue to advocate this approach in situations where it is felt appropriate.

Conclusion

The focus for the pilot was two-fold: first, to improve outcomes for the people we work with and second, to enhance practice. As stated in the mid-way evaluation:

> *The vision for the pilot is to provide the tools and opportunity for staff to practice approaches to safeguarding which promote personalisation and efficiency, and move beyond traditional care management responses. The pilot will develop safeguarding responses for social workers to build peoples confidence, self-esteem, self-belief and expectations to support them to lead independent lives where they feel safe and in control.*

> *This will be done by developing methods by which the person is supported to define what they want from the intervention and is then supported to make their own decisions, leading to a more personalised approach to protection planning, which does not necessarily result in increased services.* (Fuller, 2012)

It is felt that these aims were achieved over the 12 months and that the positive outcomes could be continued beyond the end of the pilot. The most crucial element for the people we work with is the importance of affirming the benefits for individuals by working in a truly person-centred way. The vast majority of studies relating to person-centred planning refer to working with people with learning disabilities, but there is no just cause for not applying this model in all areas of working with individuals. The Network Meeting process and person-centred planning are ideal partners, especially in safeguarding situations. The *Tizard Learning Disability Review* (Neill et al, 2009) says:

> *… advocates of person centred thinking argue that applying person centred thinking tools to the risk decision making process, and finding strategies that are based on who the person is, can enable a more positive approach to risk that doesn't use risk as an excuse to trap people in boring and unproductive lives. Person-centred planning can engage participants personally by allowing them to hear of deeply felt hopes and fears. It can assist people in a circle of support to re-frame their views of the person it is focussed on. It can help a group to solve difficult problems.*

References

Barnsdale, L. and Walker, M. (2007) *Examining the use and impact of family group conferencing*, Stirling: Social Work Research Centre, University of Stirling.

Cooper, A. (2010) NAME OF ARTICLE, *Community Care*, 18 March.

DH (Department of Health) (2012) *Caring for our future: Reforming care and support*, July, London: The Stationery Office.

Fuller, L. (2012) *Network Meeting mid-way evaluation report*.

Neill, M., Allen, J., Woodhead, N., Sanderson, H., Reid, S. and Erwin, L. (2009) (2009) 'A positive approach to risk requires person centred thinking', *Tizard Learning Disability Review*, vol 14, issue 4, pp 17-24.

SCIE (Social Care Institute for Excellence) (2011) *User involvement in safeguarding*, September, London: SCIE.

SWRB (The Social Work Reform Board) (2010) *Building a safe and confident future*, December, London: SWRB.

Thompson, J., Kilbane, J. and Sanderson, H. (2008) *Person-centred practice for professionals*, Maidenhead: Open University Press.

Website links

Women's Aid: www.womensaid.org.uk

Respect: www.respect.uk.net

Appendix 1: Complex case evaluation tool based on the Wisconsin model

1	2	3	4	5	6	7	8	9
Situation				Inputs	Outputs	Outcomes	Assumptions/ external factors	Evaluation
What is the situation or need?	How do we know?	Why is this a problem? Who is this a problem for? What happens if we do nothing?	Who cares? What are the views of everyone involved?	What are the gaps in your assessment? What do you need to find out?	What do you want to achieve and how?	What do you expect to change in the short, medium and long term?	Can you deliver the plan?	Have you identified the problem correctly or has it changed? Is the plan making a difference?
Perceived impact on person at risk How are value judgements and opinion affecting your view?	Facts/ evidence Facts must be supported by evidence, e.g. observed/ witnessed	Risks What are the strengths in the person's network or in themselves to reduce the risk?	Assessed/ actual impact The person's view might change how you see the risks and the problem	Further information gathering to inform 1-4 Holistic assessment built from 1-4 Mental Capacity Act/best interests decisions	Solutions Activities Services Family/ professional/ strategy meetings Care plan Support plan Protection plan	Aims Objectives Refer back to the risks to assess whether they are addressed	Reflection Review What are your resources? What might hinder or help you? How will you know if it's working?	Reflection Review points for learning Application of theory/social work models Has the intervention created new problems or risks?

Appendix 2: Individual evaluation form

Name:_____

Date:_____

Pre-meeting

Thinking about your current situation how safe/happy do you feel?

Very happy/safe	⌊	Quite unhappy/safe	⌊
Quite happy/safe	⌊	Very unhappy/safe	⌊
Don't know	⌊	Scale of 1-10 1 = very happy/safe 10 = very unhappy/safe	⌊

Who/what is important to you and why?

What is working and what is not working?

How does that make you feel?

How can you change the things that aren't working? Who can help?

What three things do you hope to get out of the Network Meeting?

1_____

2_____

3_____

Agreed issue(s) to be discussed at the meeting.

Meeting date:_____

Post-meeting evaluation/review

Date:_____

Thinking about your current situation how safe/happy do you feel?

Very happy/safe	⎣	Quite unhappy/safe	⎣
Quite happy/safe	⎣	Very unhappy/safe	⎣
Don't know	⎣	Scale of 1-10 1 = very happy/safe 10 = very unhappy/safe	⎣

Did the meeting achieve what you hoped for?

Yes ⎣

No ⎣

Partly ⎣

Would you recommend a Network Meeting to other people in similar situations as yourself?

Yes ⎣

No ⎣

Possibly ⎣

Any other comments?

Appendix 3: Individual carer's evaluation form

Name:_____

Date:_____

Pre-meeting

Thinking about your current situation how happy do you feel?

Very happy	⎣	Quite unhappy	⎣
Quite happy	⎣	Very unhappy	⎣
Don't know	⎣	Scale of 1-10 1 = very happy/safe 10 = very unhappy/safe	⎣

Who is important to you and why?

What is working/not working? (support received)

How can you change the things that aren't working? Who can help?

How much physical and emotional impact does the caring role have?

How does the caring role impact on the carers other relationships and community networks?

Note: Is there any advice/information you can give to carer for immediate/future reference? For example, Carer's assessment, Carers in Beds, Stroke Association, Alzheimer's Society, Parkinson's Association, etc.

What three things do you hope to get out of the Network Meeting?

1_____

2_____

3_____

Agreed issue(s) to be discussed at the meeting.

Meeting date:_____

Post-meeting evaluation/review

Date:_____

Thinking about your current situation how safe/happy do you feel?

Very happy/safe	⌊	Quite unhappy/safe	⌊
Quite happy/safe	⌊	Very unhappy/safe	⌊
Don't know	⌊	Scale of 1-10 1 = very happy/safe 10 = very unhappy/safe	⌊

Did the meeting achieve what you hoped for?

Yes	⌊
No	⌊
Partly	⌊

Would you recommend a Network Meeting to other people in similar situations as yourself?

Yes	⌊
No	⌊
Possibly	⌊

Any other comments?

Social Care Institute for Excellence
Fifth Floor
2–4 Cockspur Street
London SW1Y 5BH
tel 020 7024 7650
fax 020 7024 7651
www.scie.org.uk