Making Safeguarding Personal

What might 'good' look like for advocacy?

Contents

1. Introduction

Advocacy plays a critical part in safeguarding adults, both on the front line, and at a strategic level as a partner on safeguarding adults boards. This resource aims specifically to outline and help shape the role that advocacy can play in Making Safeguarding Personal, by offering support to those who have duties to commission advocacy and to the advocacy sector in its delivery. This in turn will support people who use services and carers.

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

What is Making Safeguarding Personal?

Making Safeguarding Personal sits firmly within the Department of Health's Care and Support Statutory Guidance.[1] It means adult safeguarding:

is person-led

is outcome-focused

engages the person and enhances involvement, choice and control

improves quality of life, wellbeing and safety.

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry[2] but also in the whole spectrum of safeguarding activity.

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

(Lawson et al, 2014)[3]

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1   Department of Health (2017), Care and support statutory guidance, paragraph 14.15
2   An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs
3   Lawson J; Lewis, S; Williams, C; (2014) Making Safeguarding Personal 2013/14; summary of findings; LGA/ADASS

What is independent advocacy?

It is important to be clear about this definition right at the start. Misunderstanding what independent advocacy is can limit its ability to contribute to Making Safeguarding Personal.

The Care and Support Statutory Guidance defines advocacy as:[4]

"supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need"

The Advocacy Charter defines and promotes key advocacy principles. It describes the role of advocacy as:

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice."

(Empowerment Matters CIC and NDTi, 2014)[5]

This code of practice for advocacy details the core principles within the Advocacy Charter. This provides guidance for advocates and their managers, aimed at providing clarity, support and boundaries for their practice. It is also a guide for commissioners of advocacy services, outlining the expectations and purpose of the role and what people with support needs, as well as commissioners, should expect from the delivery of the service. If these principles are applied consistently within advocacy practice in safeguarding adults then this will support delivering Making Safeguarding Personal and Care Act principles (see appendix 2).

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4   Department of Health, (2017), paragraph 3.9
5   Empowerment Matters CIC and the National Development Team for Inclusion (NDTi) (2014) Recognising Quality in Independent Advocacy; the Advocacy Code of Practice

2. Summary

This summary sets out the headlines of what should be developed and worked on - the essential steps- to make safeguarding personal. These essential steps are expanded on throughout the main body of the resource in section 4 (with suggestions for how and why these steps should be achieved).

A core message running through this resource, is that these steps are already integral to core business in advocacy. It draws on existing literature in advocacy and safeguarding, which highlight principles and practice expectations that are already in place in the advocacy sector and the way in which these link to the key steps for Making Safeguarding Personal. The links are set out in the table in section 3 below.

Advocacy providers cannot take these steps on their own. Effective delivery of Making Safeguarding Personal depends upon commissioning arrangements facilitating this. This resource is for both providers and commissioners of advocacy. The latter are a focus in section 5 of this resource and key to supporting development of Making Safeguarding Personal.

The following are essential steps in developing Making Safeguarding Personal for advocacy:

Leading Making Safeguarding Personal

Step 1: Evidence strong leadership of Making Safeguarding Personal

Establishing and developing Making Safeguarding Personal as a core objective within advocacy provision, recognising it as core business.

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

The culture and values of advocacy providers are clear and transparent. They are reflected consistently in strategies and policies and support advocates in delivering on expectations set out in guidance and training

Step 3: Define core principles for strategy and practice[6]

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

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6   Core principles for safeguarding adults are central to success in Making Safeguarding Personal. These are familiar to boards and organisations. For ease of cross reference, they are set out in Appendix 2: 'Core principles for safeguarding adults in support of Making Safeguarding Personal.'

Supporting and developing the workforce

Step 4: Promote and support workplace and workforce development

Deliver and seek assurance on baseline standards that can contribute to Making Safeguarding Personal, (including in respect of staff: recruitment, supervision, induction and development). Ensure that workplace values support advocates in this. Make sure that there is a range of support and information for advocates.

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

Recognise the MCA's significance as empowering legislation that supports Making Safeguarding Personal. (This sits alongside responsibilities under the Care Act (2014).)

Early intervention, prevention and engaging with people

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

The Making Safeguarding Personal approach applies in prevention as well as to responses to abuse and neglect.

Prevention and early intervention requires empowering people living in communities to recognise the potential for abuse or neglect and to raise concerns.

Step 7: Engaging with and including people who use services

So that safeguarding responses from advocacy services (and others) are influenced by the people who use them.

This has an impact on both the way in which front line practice is delivered and at a strategic and policy level.[7] Support responds to the issues that people have themselves identified. Engagement supports people's resilience.

Step 8: Engaging across organisations in Making Safeguarding Personal

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

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

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7   Detailed support and ideas for engagement at a strategic and policy level is offered in the 'resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support'. This is one of this suite of resources.

3. The current context

The statutory context

Making Safeguarding Personal is significant for the advocacy sector because it supports best practice in safeguarding adults, helping to put statutory responsibilities into practice as included in the Human Rights Act (1998), the Mental Capacity Act, (2005) and the Care Act (2014). It supports meeting requirements to work in partnership in both prevention and responses to safeguarding issues in a way that engages with individuals about the outcomes they want.

The Department of Health's Care and Support Statutory Guidance places an emphasis on wellbeing as well as safety.[8] It underlines the value of advocacy support in sensitive safeguarding situations, which are often daunting and present difficult decisions; where people are often demoralised, fearful or embarrassed.[9]

The statutory guidance sets out the range of responsibilities and priorities relevant for Making Safeguarding Personal. The table in Appendix 1 provides a summary of priorities and expectations of all organisations and safeguarding adults boards, drawn from the guidance. The table sets this alongside learning from the evaluations of the national Making Safeguarding Personal programmes (Lawson et al, 2014);[10] (Pike and Walsh, 2015);[11] (Cooper et al, 2016).[12] This resource draws on these evaluations.

Some further extracts from the statutory guidance that specifically refer to and apply to the role of advocacy in Making Safeguarding Personal are reproduced in section 4. Appendix 2 offers advice, relevant for advocacy, on the statutory principles for adult safeguarding and highlights what these principles mean in practice.

The Care Act requires local authorities to offer an advocate to anyone who has 'substantial difficulty' being involved. This might be in: assessments, care/support planning, reviews and safeguarding cases where the individual lacks a suitable person to facilitate their involvement and/or represent them. The Act makes clear that local authorities have a responsibility to consider a person's need for an independent advocate from the first time they make contact and through all subsequent contacts. This is set out in Sections 67 and 68 of the Act.

The statutory guidance to the Act indicates that each local authority must; "arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review (SAR)," where the above conditions are met.[13]

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8   Department of Health (2017), paragraph 14.7

9   Department of Health (2017), paragraph 7.28

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

11 Pike, L; Walsh, J (2015) Making Safeguarding Personal Evaluation; Local Government Association, LGA

12 Cooper, A; Briggs, M; Lawson, J; Hodson, B; Wilson, M; (July 2016) Making Safeguarding Personal Temperature Check, Association of Directors of Adult Social Services, ADASS

13 Department of Health (2017), paragraph 14.10

This responsibility sits alongside responsibilities to provide independent advocacy that are set out elsewhere, including in the Mental Health Act (1983; 2007); the Mental Capacity Act and in section 67 of the Care Act. The Care and Support Statutory Guidance offers further clarification about responsibilities in commissioning and providing advocacy:

"Everyone should have access to information and advice on care and support and keeping safe from abuse or neglect...there may be some people who require independent advocacy to access that information and advice... The aim of the duty to provide advocacy is to enable people who have substantial difficulty in being involved in these processes to be supported...as fully as possible, and where necessary to be represented by an advocate who speaks on their behalf…"

"Local authorities must involve people in decisions made about them and their care and support or where there is to be a safeguarding enquiry or safeguarding adults review. Involvement requires the local authority helping people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. People should be active partners in the key care and support processes of assessment, care and support and support planning, review and any enquiries in relation to abuse or neglect. No matter how complex a person's needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions."

(Department of Health, 2017, paragraphs 7.5 and 7.6)

Links to existing advocacy principles and responsibilities

This resource draws on existing literature in advocacy and safeguarding, which highlights links with principles and best practice associated with Making Safeguarding Personal that are already in place in the advocacy sector.

The table below summarises key aspects of these links. The steps identified as essential in Making Safeguarding Personal are supported by the advocacy code of practice (Empowerment Matters CIC and NDTi, 2014) because principles set out within the advocacy charter[14] link closely with those for adult safeguarding as set out in the statutory guidance.

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14 The advocacy charter is set out within the code of practice (Empowerment Matters CIC and NDTi, 2014) and it defines and promotes key advocacy principles

Making Safeguarding Personal therefore is integral to independent advocacy and advocacy support helps to make safeguarding personal:

Making Safeguarding Personal must focus on:	Advocacy Charter; principles set out in this charter include reference to:
Leadership, culture and values…	**Clarity of purpose:** advocacy providers' aims, objectives and planned activities...underpin the principles contained in the Advocacy Charter. The wishes and interests of the people an advocacy service supports direct its work. Advocates should be non-judgemental and respectful of people's needs, views, culture and experiences.
...within principles set down in statutory guidance	**Empowerment:** the advocacy provider supports self-advocacy and empowerment through its work. People who access the service should have a say in the level of involvement and style of advocacy support they want. **Accountability:** all those who access the service will have a named advocate and a means of contacting them. There is a clarity about and support for making complaints. The advocacy provider has systems in place for monitoring and evaluating its work, including identification of outcomes for people supported.
Early intervention and prevention	**Prevention through empowerment:** recognition of the existing skills people have, and supporting them to develop new skills and the confidence to speak for themselves. People are enabled to access relevant services.
Engaging with people	**Engagement:** people who want to, can influence and be involved in the wider activities of the organisation up to and including at board level.
Support and development of the workforce	**Supporting advocates:** the advocacy provider ensures advocates are trained, developed and supported. This includes in respect of safeguarding adults.
Engaging with organisations across the partnership	Influencing other organisations to ensure that individuals' rights are upheld and their views, wishes and needs are heard, respected and acted upon across the partnership.

4. Developing Making Safeguarding Personal

This section sets out and expands on why and how the essential steps summarised above should be developed in practice for advocacy.

Following the serious case review[15] into abuse at Winterbourne View Hospital, a range of roles for advocacy, which are important in Making Safeguarding Personal, have been described (VoiceAbility, 2012).[16] This is important learning. The roles identified in that report are central to the following advice on support for development of Making Safeguarding Personal

Leading Making Safeguarding Personal

Step 1: Evidence strong leadership:

Establishing and developing Making Safeguarding Personal as a core objective within advocacy provision, recognising it as core business.

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

The culture and values of advocacy providers are clear and transparent. They are reflected consistently in strategies and policies and support advocates in delivering on expectations set out in guidance and training.

Step 3: Define core principles for strategy and practice[17]:

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

to advocacy principles are made clear to all advocates.

How does advocacy support putting this into practice?

Advocacy can and does act as a role model, putting into practice the principles that are at the heart of Making Safeguarding Personal. For example, it can:

- Play "a critical role in enabling people using… services to understand and take their own decisions about risk and its mitigation. Where the person lacks capacity, it assists in ensuring that such decisions are made in the person's best interests." (VoiceAbility, 2012)

- "Help people to retain control: providing necessary information for people to be meaningfully involved and helping them to express their views about any proposed protective measures or risk management measures." (VoiceAbility, 2012)

Advocates and advocacy organisations have a critical role in leading on this culture shift and challenging safeguarding practice where it is falling short of standards set out in the statutory guidance.

The advocacy sector can play a broad and important role in leadership of this agenda across organisations, where advocacy organisations are members of safeguarding adults boards. Advocacy providers can help these boards to gain greater insight into how Making Safeguarding Personal is working in front line practice within partner organisations. They can give broad views and feedback of people who may be in need of safeguarding support and their carers. It is important that safeguarding boards link in to this potential.

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15 Flynn, M. (2012) Winterbourne View; A serious Case Review; South Gloucestershire Safeguarding adults board

16 VoiceAbility (19th March 2012) Advocacy: Voice and the protection from crime and abuse; memorandum to the Department of Health Review, following events at Winterbourne View Hospita

17 Core principles for safeguarding adults are central to success in Making Safeguarding Personal. These are familiar to boards and organisations. For ease of cross reference, they are set out in Appendix 2: 'Core principles for safeguarding adults in support of Making Safeguarding Personal.'

Advocacy organisations can act as a 'critical friend' as a member of safeguarding adults boards and as they work alongside other organisations in front line practice. There is a role in ensuring issues are responded to appropriately, highlighting patterns of issues in safeguarding practice across organisations. They can draw attention to gaps in policy, procedures and guidance and seek to ensure that person centred processes are delivered. For example, individuals are sometimes "excluded from strategy meetings which relate to their care, or a decision is made without first placing their individual experience in the centre of the decision-making process. Advocacy can help address both of these issues." (VoiceAbility, 2012)

Supporting and developing the advocacy workforce

> **Step 4: Promote and support advocacy workplace and workforce development**
>
> Deliver and seek assurance on baseline standards that can contribute to Making Safeguarding Personal, (including in respect of staff: recruitment, supervision, induction and development). Ensure that workplace values support advocates in this. Make sure that there is a range of support and information for advocates.

What can be put in place?

Staff need to be empowered, supported and developed to adopt the Making Safeguarding Personal approach in their practice. Research underlines that the context in which practice takes place, the culture and leadership within organisations and the way staff are treated, are significant. These have an impact on front line practice, and on whether or not people achieve their outcomes. (Point of Care Foundation, 2014)[18]

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18 Point of Care Foundation, 2014; Staff care: How to engage staff in the NHS and why it matters, Point of Health report https://16682-presscdn-0-1-pagely.netdna-ssl.com/wp-content/uploads/2014/01/POCF_FINAL-inc-references.pdf

Advocacy providers and commissioners can:

- Establish a common and robust approach to workforce recruitment and retention (consistent with Making Safeguarding Personal values and principles), with reference to a common resource, such as the toolkit produced by Skills for Care.[19] This includes support and advice on: recruitment, staff supervision, induction and staff development. It supports empowering staff.

- Establish Making Safeguarding Personal as integral to safeguarding components of advocacy training.

- Identify relevant areas for staff development, such as those highlighted in the research on Making Safeguarding Personal. (Pike and Walsh, 2015).[20] Use this resource to integrate key aspects of Making Safeguarding Personal into existing safeguarding training, helping advocacy providers improve and develop their practice.

- Develop advocates to be able to have conversations early on with people about the safeguarding outcomes they want.

- Develop a learning culture that uses data and feedback to inform workforce development both at local and national level.

There needs to be support for advocates in developing the confidence to have often challenging conversations with people, both to identify and to support them in responding to risk, abuse and neglect. Talking to people early on about the outcomes they want to achieve through safeguarding support and responding to this is central to Making Safeguarding Personal.

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19 www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Recruiting-for-values-and-behaviours-in-social-care.aspx

20 This might (depending on local learning needs analysis) include: working with risk, recording outcomes, using the range of legal responses, effective use of the Mental Capacity Act and working with coercive and controlling behaviour

A number of safeguarding adults board websites have helpful tools to support staff in this, for example, the Solihull Board has such a toolkit.[21] Tools like this can help advocacy training providers in developing training to embrace Making Safeguarding Personal.

This is not new ground for advocacy providers, because it is in step with fundamental principles for advocacy, already in place in the advocacy charter. Safeguarding adults boards and commissioners of advocacy services have some responsibility to ensure that there is awareness of expectations and available resources so that all partners, including advocacy providers, can develop their training and service in line with statutory expectations and evidence based practice.

A specific workforce development issue for advocacy is the need to ensure that one individual does not end up with more than one advocate either concurrently or at different times depending on the presenting need. Given the role of advocates under the Care Act and the close relationship with the Mental Capacity Act and independent mental capacity advocacy (IMCA), it is strongly encouraged that advocates are trained in the relevant specialist units 305,310 and 31322 across these roles. This means that an individual can benefit from one advocate for their whole experience of care or safeguarding work.

"People who have substantial difficulty in engaging should not be expected to have to tell their story repeatedly to different advocates."

(Department of Health, 2017, paragraph 7.60)

This consistency of advocate assists in establishing trust and relationships capable of supporting personalised approaches and is in step with Making Safeguarding Personal. This requires advocates to be multi skilled and trained in all aspects of advocacy.[23]

This approach is suggested in the Care and Support Statutory Guidance:

"Many of the people who qualify for advocacy under the Care Act will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act. This is to enable the person to receive seamless advocacy and not to have to repeat their story to different advocates. Under whichever legislation the advocate providing support is acting, they should meet the appropriate requirements for an advocate under that legislation."

(Department of Health 2017, paragraph 7.9)

21   www.ssab.org.uk/making-safeguarding.php

22   The required qualifications and what they cover are set out in the City and Guilds Handbook Level 3 Certificate / Diploma in Independent Advocacy http://arcuk.org.uk/trainingservices/files/2015/03/3610_Level_3_Independent_Advocacy_Qualification_Handbook_v2.pdf

23   Reference to the above and requirements to be trained are set out in respective regulations with detail relating to: the Mental Capacity Act (2005) and Independent Mental Capacity Advocates (Good Practice Guidance for the Commissioning and Monitoring of Independent Mental Capacity Advocate Service (SCIE, 2010, p18); the Mental Health Act (1983) and Independent Mental Health advocates http://webarchive.nationalarchives.gov.uk/20090430172907/ http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Mentalhealth/DH_091895 and the Care Act (2014) and advocates under the Care Act www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/files/commissioning-independent-advocacy.pdf

There are cost implications which commissioners will need to take into account in this respect.

> **Step 5: Make sure that staff are aware of and respond to the requirements of the Mental Capacity Act (MCA) (2005)**
>
> and recognise the MCA's significance as empowering legislation that supports Making Safeguarding Personal. (This sits alongside responsibilities under the Care Act (2014).)

Evaluation of national Making Safeguarding Personal programmes (Pike and Walsh, 2015; Lawson et al, 2014) has highlighted that effective implementation of the Mental Capacity Act (2005) is key to Making Safeguarding Personal.

The following is important:

- People who lack capacity are offered person-centred safeguarding support. An outcomes approach is provided to those who lack mental capacity as well as those with capacity.

- The core principles of the Mental Capacity Act (2005) are integrated in safeguarding practice. There is particular emphasis on supported decision making and best interests decision making and on ensuring that the least restrictive care and support options are considered.

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

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

Advocacy has an important role in making sure there is regard to rights and responsibilities under the Mental Capacity Act (2005). For those who lack capacity, 'non-instructed' advocacy will be provided (ie where a person lacks capacity to instruct an advocate). In these circumstances, an advocate seeks to uphold the person's rights,

ensure fair and equal treatment and access to services, and make certain that decisions are taken with due consideration for all relevant factors which must include the person's unique preferences and perspectives. The principles of the Mental Capacity Act (2005) are central in these circumstances.

Early intervention, prevention and engaging with people

> **Step 6: Ensure there is a clear focus on prevention and early intervention**
>
> The Making Safeguarding Personal approach applies in prevention as well as to responses to abuse and neglect. Prevention and early intervention requires empowering people living in communities to recognise the potential for abuse or neglect and to raise concerns.

What can advocacy contribute?

There is a clear role for advocacy in prevention and early intervention. This includes (VoiceAbility, 2012)[24]:

- Enabling people to learn about their rights and be more confident in promoting them.

- Offering person-centred support which "reduces opportunities for abuse, enhances respect, develops people's confidence and improves quality of life".

- Offering a "regular and frequent presence of independent advocates in otherwise isolated service settings can act as an important deterrent to abusive practice…" and providing a "trusted point of contact for people to make

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24   VoiceAbility (19th March 2012) Advocacy: Voice and the protection from crime and abuse; memorandum to the Department of Health Review, following events at Winterbourne View Hospital

disclosures". This can lead to earlier disclosures and early intervention.

- Encouraging "people to be supported in ways that increase contact with friends, family and community. This reduces people's vulnerability as well as reducing isolation, enhancing quality of life and supporting citizenship and inclusion".

- Ensuring self-advocacy is available:

"There is a useful role for self-advocacy and user involvement groups or patient council meetings. These groups are facilitated by an advocate and enable people to grow in confidence, learn to identify and report abuse, gain a better understanding of safeguarding and the safeguarding process, understand their rights and entitlements, demand respect, have a greater say in their care and learn important self-advocacy skills."

(VoiceAbility, March 2012, p8)

The role of self-advocacy in prevention is significant. Commissioners should include self-advocacy provision in commissioning plans in order to reap long term preventive benefits. (SCIE 2016, p10)[25]

There is a role for advocacy providers who attend safeguarding adults boards in identifying recurrent issues/concerns and gaps in policy and procedure which may facilitate early intervention.

Step 7: Engaging with and including people who use services

so that safeguarding responses from advocacy services and from across organisations are influenced by the people who use them, both in the way in which front line practice is delivered and at a strategic and policy level.[26] Support responds to the issues that people have themselves identified. Engagement supports people's resilience.

What can the advocacy sector focus on?

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

- Involve and engage people and communities so that they are informed, empowered and connected to social networks in the wider community. This enables them to resolve and prevent abuse and neglect in their own lives, and build their resilience. Self-advocacy groups strongly support this.

- Engage with and include people so that advocacy and safeguarding services and strategies are influenced by the people who use them. Services respond to the issues that people identify.

- Complaints processes and guidance are readily accessible to people to help them in raising concerns.

- The views of advocacy providers and those they support inform development of safeguarding services across organisations.

- Commissioners should involve people who use or are likely to use advocacy to inform their understanding of advocacy, embracing

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25 SCIE (December 2016) Commissioning Advocacy under the Care Act: Emerging good practice

26 Detailed support and ideas for engagement at a strategic and policy level is offered in the 'resource for safeguarding adults boards to support increased involvement of people who may be in need of safeguarding support'. This is one of this suite of resources listed below in section 7.

the range of views from all sections of the community (see examples in SCIE 2016, including p6).

Engaging across organisations in Making Safeguarding Personal

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

Advocacy has a key role in engaging with partner organisations to support understanding the individual and their context. Partner organisations have statutory responsibilities to offer and provide advocacy support.

5 Facilitating effective delivery of Making Safeguarding Personal

Key factors influencing effective delivery of Making Safeguarding Personal are outlined below:

Commissioning advocacy to make safeguarding personal; what needs to happen?

Understanding the role of independent advocacy is crucial for people who may be in need of advocacy support and for commissioners of advocacy in making appropriate referrals/requests for support. The extent to which advocacy can support Making Safeguarding Personal can be limited by the way in which it is understood and therefore commissioned.

There is a range of literature setting out: definitions of advocacy, the range of types of advocacy and the need for independence, including a report on commissioning advocacy under the Care Act (2014); (SCIE, December 2016).[27] It is not necessary to repeat the available literature at length here but it is perhaps helpful to draw attention to some aspects of this that can play a significant part in Making Safeguarding Personal. The report (SCIE 2016) underlines the importance of commissioners of advocacy understanding: the range of different forms of advocacy (including generic and citizen advocacy); the distinction and overlaps between Independent Mental Capacity Act (IMCA) advocacy and advocacy under the Care Act (2014); the importance of independence of advocacy from service provision.

It is important to consider appropriate models of advocacy to fit individual circumstances.

"People should be able to access different types of advocacy according to what they need. There are overlaps between different forms of statutory advocacy and also informal advocacy (eg peer advocacy, generic advocacy, citizen advocacy and self-advocacy). All of these have a critical role to play in enabling people who use social care to have a greater voice and more control over their lives."

(SCIE 2016, p9)

There is a need for commissioning of a broad range of advocacy which is capable of responding to the unique circumstances of each individual and offering the possibility of sufficient time to develop relationships of trust and mutual understanding.

There are numerous examples for commissioners set out in the good practice guide (SCIE 2016).[28] These include the following key points for commissioners to take on board:

- Commissioners should specify services and monitor contracts to ensure that advocacy providers are working to published quality standards, core principles and the advocacy charter. This in turn connects with core principles for safeguarding and Making Safeguarding Personal.

- Commissioners should facilitate easy access to advocacy that is appropriate to the range of people's needs, for example considering a single point of access across different types of

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27 SCIE (December 2016) Commissioning Advocacy under the Care Act: Emerging good practice

28 The page references within this check list relate to the SCIE guidance (2016) so that the reader can locate examples and details.

advocacy services (SCIE 2016, pp 9-10). This means that, at the point of referral, individuals do not need to know what type of advocacy they require.

- Commissioners (who often commission a range of types of service) need to understand advocacy and the role it plays in protecting individual rights and promoting wellbeing (SCIE 2016, p4). Commissioners should work alongside providers, acknowledging their expertise (SCIE 2016, p7).

- Commissioners should establish effective communication and working relationships with providers in order to facilitate working up flexible and personalised solutions for individuals. (Development of such relationships with service providers will be more readily facilitated by establishing contracts of considerably longer than 12 months.) (SCIE 2016 p11).

- Commissioners should avoid placing a cap on the number of hours an advocate can support an individual. To truly involve the person as envisaged under the Care Act (2014) requires more time. This is particularly so for people with substantial difficulty, complex needs or who may lack capacity in relation to safeguarding protection and decisions.[29] To place a cap on the hours compromises the ability to fulfil Making Safeguarding Personal aims and objectives. Similarly, it is advised that commissioners move away from spot purchasing.

- Commissioners must ensure that service specifications cover issues of competency and training for advocates including those set out above and should consider the funding implications of this.

- Commissioners should include self-advocacy provision in commissioning plans in order to reap long term preventive benefits (SCIE 2016, p10).

Commissioners must also commission advocacy that is outcomes focused, where providers can demonstrate the difference made to individuals. Reference to the advocacy outcomes framework (National Development Team for Inclusion (NDTi)), 2016)[30] will ensure this focus is on outcomes that matter to people. This outcomes framework was produced with people who use advocacy as well as commissioners and providers. It includes not only specific outcomes but secondary gains for individuals, such as increased confidence and acquiring skills to speak out. It also includes broad outcomes for communities and for service provision.

Measuring outcomes of advocacy

The way in which outcomes for advocacy are measured can have a substantial impact on the extent to which advocacy supports Making Safeguarding Personal because what gets counted often becomes 'what matters'.

The Advocacy Outcomes Framework (NDTi 2016) aims for outcomes that address the wellbeing (Department of Health, 2017) of the individual alongside safety and that reflect their wishes. It has a focus on what it refers to as secondary gains, such as increased confidence.

This is a detailed framework that reflects the complexity of Making Safeguarding Personal and of the true meaning of advocacy. There is a degree of agreement on the basic considerations between the advocacy outcomes framework and the key steps for Making Safeguarding Personal set out in sections 2 and 3 including:

- Outcomes for individuals, reflecting core principles for safeguarding and the wellbeing principle.

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29   This issue of the average number of hours required for an advocate's involvement with an individual is set out in an impact assessment (Department of Health 2014, p75)

30   Advocacy outcomes framework; measuring the impact of independent advocacy (NDTi,2016) www.ndti.org.uk/uploads/files/Advocacy_framework.pdf

- Outcomes for health and social care, including reflecting the need to engage people in offering feedback and the need for services to respond to this.

- Impact on communities (and prevention) embracing the wider impact of advocacy support on issues such as: isolation and social exclusion; increased contributions of individuals to communities facilitated through advocacy.

- Impact on how advocacy services are run and commissioned: responding to feedback from people who are supported by advocacy and shaping services accordingly.

(These points are set out and expanded on throughout this NDTi framework, 2016.)

Commissioners must seek out qualitative information on outcomes as well as quantitative analysis, such as case studies and feedback from people who have used advocacy services.

Effective measuring of outcomes relies upon commissioners' understanding of the role and nature of advocacy. This will be facilitated where there is dialogue as part of that assurance process between commissioners, providers and people who are supported by advocacy.

Some examples of relevant quantitative outcomes information in the context of Making Safeguarding Personal (which must sit alongside the above qualitative information), (SCIE, 2016, p13, examples from Calderdale Council)[31]:

- Percentage of individuals (service users and carers) who feel they have received information readily in respect of advocacy services and the service available in their particular circumstances.

- Percentage of individuals enabled to better understand and be involved in their care and support and health-planning processes and decision-making.

- Percentage of individuals who report an increased ability to negotiate arrangements and services to meet their needs.

- Percentage of individuals who feel that advocacy services have contributed to achieving their personal outcomes.

- Percentage of individuals who feel empowered to challenge decisions.

Outcomes information is important for individuals and for development of advocacy services. It must also inform safeguarding adults boards about the pace and quality of development of Making Safeguarding Personal across local organisations as well as the ability of advocacy to support this.

Nationally work on understanding progress and outcomes in Making Safeguarding Personal needs to influence development of collection of data about advocacy. This will help to achieve a more accurate understanding about offers of and provision of statutory independent advocacy and the distinction between this and informal advocacy. Safeguarding adults boards, in monitoring the extent of Making Safeguarding Personal, will want to establish how far statutory duties in respect of advocacy are being fulfilled as well as the effectiveness of that support.

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31 SCIE (2016) gives examples of quantitative measures for monitoring Care Act Advocacy provision. One of these examples from Calderdale Council (SCIE 2016, p13) illustrates development of the following indicators by looking at a range of local authority service specifications for advocacy under the Care Act (2014), the SCIE website and through discussions with other commissioners.

6. The impact of a Making Safeguarding Personal approach

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

- The six core safeguarding adults principles and the wellbeing principle (Department of Health, 2017) are at the heart of safeguarding adults strategy and practice in advocacy. All organisations work together to make safeguarding personal.

- Advocacy providers and commissioners understand and practice within the legal framework including the Mental Capacity Act.

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

- All advocates ask people (and/or their advocate) about the outcomes they want to achieve at the very beginning of safeguarding support.

- People and communities are actively involved in achieving those outcomes and develop resilience as a result. They are involved in developing approaches to safeguarding support.

- There is high level organisational support for person-centred and outcomes focused working that supports advocates in Making Safeguarding Personal.

- Advocates are trained and supported to embed Making Safeguarding Personal in their practice.

- Advocates work alongside communities/ individuals to prevent abuse and neglect and to intervene at an early stage where there are concerns.

- There is a learning culture. Advocacy provider managers, commissioners and safeguarding adults boards act on what they hear from people and advocates. There is an open and transparent culture that values, welcomes and responds to feedback from advocates and people who need support from safeguarding services.

- People are asked about their safety and wellbeing, and how far their expectations have been met at the conclusion of any support.

- Information on outcomes is collected and reported on in such a way that the safeguarding adults board and all partners can evidence the difference they are making for people and use this to improve safeguarding support.

- Commissioning: a clear understanding of advocacy supports the values and principles of both safeguarding and advocacy that are necessary to make safeguarding personal.

Resources

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 1

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

What does the statutory guidance indicate should be priority areas for boards in seeking to make safeguarding personal? What does experience from the Making Safeguarding Personal (MSP) national programmes say that helps?

Priorities for focus in support of MSP	Care and Support Statutory Guidance[32]	What supports MSP? (findings from MSP national programmes)[33]
• **Principles** (wellbeing; safeguarding core principles; Mental Capacity Act principles) • Leadership on these	• Outcomes reflect adult's wishes and/or best interests and are proportionate to concerns (14.79) • Everyone must focus on improving the person's wellbeing (14.92) • Core safeguarding adults principles (14.13 and 14.14)	• Focus on the person's outcomes and wellbeing
• **Culture shift** across organisations • Leadership models and seeks assurance on this	• Strong multiagency partnership; effective responses and prevention; clarity as to roles and responsibilities; positive learning environment to help break down cultures that are risk-averse (14.12) • MSP underpins all healthcare delivery in relation to safeguarding (14.207) • Policies and procedures across organisations should assist the development of swift and personalised safeguarding responses and involvement of adults in decision making...' (14.52)	• Achieving the necessary cultural shift • All partners take on board benefits of outcomes focus • All partners develop personalised responses and procedures • Develop commissioners in how to build MSP into their commissioning practice
• **Prevention** is a priority in MSP	• Raise public awareness so communities play their part... (14.11; 14.136; 14.139) • Aim of safeguarding to prevent harm (14.11) • Strong multiagency partnerships that provide timely and effective prevention (14.12) • Six safeguarding principles (14.13) • Early intervention to prevent abuse (14.66) • Supporting adults to weigh up risks and benefits of different options (14.37; 14.56; 14.91; 14.97) • Early identification and assessment of risk (14.62)	• Support wider prevention and awareness in community • Enhance prevention of abuse through empowerment • Build a pathway from alerts to a range of lower level responses • Empower people to manage risks in their own lives

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

Priorities for focus in support of MSP	Care and Support Statutory Guidance[32]	What supports MSP? (findings from MSP national programmes)[33]
• **Workforce development/ support**	• Regular face to face supervision to enable staff to work confidently and competently; guidance and support for staff; skilled knowledgeable supervision focused on outcomes (14.56; 14.57; 14.202)	• Develop core skills/ tools to support practice • Support, supervision, reflective practice • Challenging practice through supervision: 'how good are you at having difficult conversations?'
• **Measuring the difference made** to people through safeguarding support	• Safeguarding adults board should consider the extent to which outcomes have been realised (14.157)	• Meaningful recording and measuring of outcomes
• Leading the shift to personalised safeguarding support through **engaging with this broad range of aspects which might feature on the safeguarding adults board strategic plan and that connect with making safeguarding personal. These are all statutory requirements for all partners** • Making sure that commitment at board level translates to changes in front line practice	• Provide information and support in accessible ways (14.11) • Provide an independent advocate to represent & support...adults (14.10; 14.48; 14.54; 14.77; 14.80) • MCA 2005 compliance (14.55-14.61; 14.97) • Supporting adults to weigh up risks and benefits of different options (14.37; 14.56; 14.91; 14.97) • Procedures should assist in a personalised responses and how to involve adults in decision making (14.52) • Clear methodology which involves the person at the centre and proportionate to concerns (14.92; 14.93) • Enquiries range from a conversation through to a much more formal multiagency action plan (14.77) • Enquiries will usually start with the adult's views and wishes, which determine next steps (14.93) • Discussion with person confirms cause for concern and agrees outcomes (14.92)	• Involve people in meetings/ reduce number of formal meetings • Simplify language and guides for people using services • Review outcomes • Involvement of advocates and IMCAs • Sound practice in context of MCA 2005 and DoLS • Support people in managing risks • Policies and procedures need to be revised • Conversations with people and a move away from process and completing prescribed forms

Appendix 2
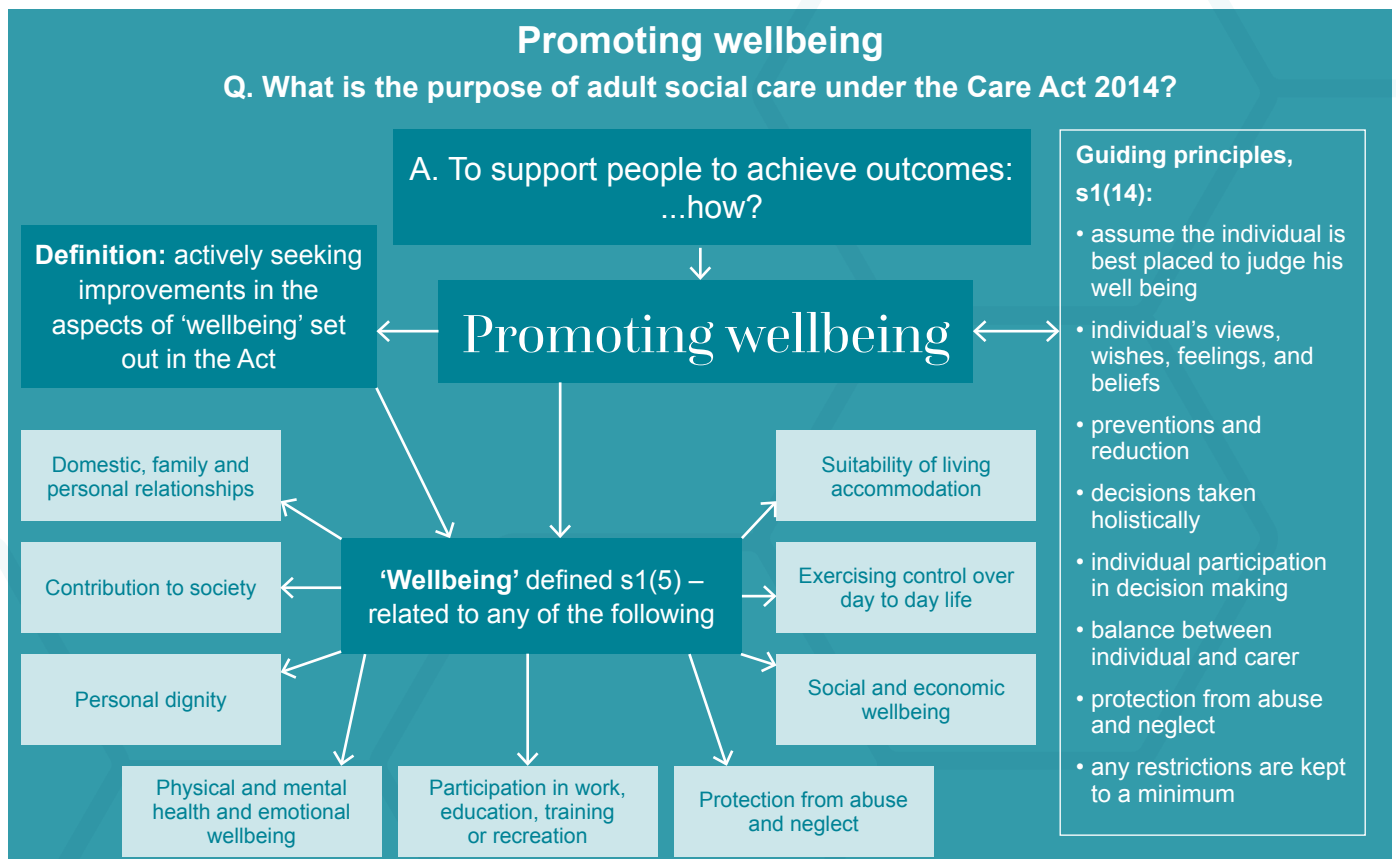## Defining core principles for strategy and practice

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

Wellbeing

The wellbeing principle is at the heart of care and support (as set out in the Care Act, 2014). The Care and Support Statutory Guidance states that: "The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life...Underpinning all...individual 'care and support functions'...is the need to ensure that doing so focuses on the needs and goals of the person concerned" (Department of Health 2017, paragraph 1.1). This is central to Making Safeguarding Personal which "engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety." (Department of Health 2017, paragraph 14.15)

Advocacy has a central focus on wellbeing; on understanding and supporting people to express what makes for wellbeing for them and in striking the balance in safeguarding between achieving safety and wellbeing. Advocacy has an important role in making sure that professionals strike this balance. There is a duty to appoint an independent advocate under sections 67 and 68 of the Care Act (2014) where certain conditions are met (Department of Health, 2017 paragraph 14.10). Making Safeguarding Personal (in the context of the wellbeing principle) applies to safeguarding responsibilities in the broadest sense, not just to Section 42 enquiries under the Care Act (2014). The wellbeing principle is underlined in guidance across a range of organisations.[34]

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

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

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

↓

Promoting wellbeing

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

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

- Domestic, family and personal relationships
- Contribution to society
- Personal dignity
- Physical and mental health and emotional wellbeing
- Participation in work, education, training or recreation
- Protection from abuse and neglect
- Suitability of living accommodation
- Exercising control over day to day life
- Social and economic wellbeing

Guiding principles, s1(14):

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

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

The Care and Support Statutory Guidance says that "Promoting wellbeing does not mean simply looking at a need that corresponds to a particular service. At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them.

Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent advocate" (Department of Health 2017, paragraph 1.21). Key elements are responsiveness to the person's needs and wishes, creativity in finding solutions and within this, joining up across the partnership.

There is a focus on giving people the information and support they need to take control and to choose the options that are right for them and including access to advocacy.

All partners should ask: 'are our safeguarding approaches specifically focused on promoting wellbeing alongside safety? Is a Making Safeguarding Personal approach facilitating understanding of what promotes wellbeing in peoples' lives?'

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

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

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

(Department of Health, 2017, paragraph 4.13)

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

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

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