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Matthew Gough

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Introduction

Making Safeguarding Personal (MSP) is a developmental project for safeguarding adults established by collaboration between the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) based on pilot studies with local authorities adopting different processes to make safeguarding adults more outcome focused and person centred as opposed to being procedurally driven (Lawson et al,, 2014). The MSP final report (LGA, 2013) acknowledged the importance of multi-faceted approaches such as family conferences, outcome focused assessment, workforce training and development as well as quality assurance with service users as being key to delivering the above objectives. The MSP evaluation report (Pike and Walsh, 2015) reviewed the finding from local authorities implementing MSP and had a key recommendation for practitioners to 'work with individual's stated outcomes rather than imposing outcomes' (Pike and Walsh, 2015:13).

The Care Act (2014) implemented from April 2015 has, at its core an extensive commitment and philosophy to personalised care and supported interventions. The Care Act's scope includes a significant emphasis on establishing a legislative framework for safeguarding adults. The Care Act's safeguarding guidance (Department of Health (DH), 2014) includes requirements for adults to be 'involved at the beginning of the enquiry' (14.77) and 'their views and wishes ascertained' (14.78) with the process summarized with an emphasis on MSP:

> Making safeguarding personal means it should be person-led and outcome focused. It 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 (DH, 2014,14.15).

The growing body of MSP literature identifies the need for system change being to move away from process centred safeguarding to one of being outcomes focused (LGA Ogilvie and Williams, 2010; Crawley, 2015; Timson et al, 2015; Lawson et al, 2014, Cooper et al, 2014) with the 2008/9 No Secrets Consultation containing several references to people feeling 'done to' by safeguarding processes driven by professionals (Williams, 2013), 'with too great a focus on process and procedure' (Cooper et al, 2015: 154). Personalised safeguarding which starts with the citizen is more likely to make the person feel involved and collaborate to own and produce their own solutions (Crawley, 2015; Cooper et al, 2015). This is in contrast to traditional typical care management safeguarding intervention with a reliance on an external solutions (Crawley, 2015) often increasing services (Pike and Walsh, 2015). The heart of MSP challenges the professional gift of 'the worker knows best' attitude (Cooper et al, 2015), consequently resulting in greater autonomy and empowerment (Lawson et al, 2014)-in line with the outcomes focus and principles of safeguarding articulated in the Care Act (DH, 2014).

This study evaluates one aspect of the initial MSP approaches in one local authority in terms of examining the recorded outcomes of safeguarding 'investigations'. The language of 'investigation' rather than enquiry is used as the data was collected prior to the 2015 implementation of The Care Act (2014) which brought with it a less pejorative (Crawley, 2015), emphasis on 'enquiry'. The study seeks to determine if personalised outcomes are evident in terms of the recording of the outcomes and their relationship to what the person originally sought to achieve from the intervention. This study concentrates on one unitary authority and is therefore small scale and relatively time limited. It is acknowledged that more breadth and further investigation to directly engage with workers and users/ carer alike would provide a deeper sense of how embedded and effective personalized safeguarding approaches have become within the local authority.

Methodology

This study's conceptual framework was informed by Habermas's critical theory perspective (Held, 1980). The benefit of critical theory is that it allows less powerful perspectives to be elevated by challenging the established order or status quo as essentially non normative. The less powerful perspectives which need to be focused on in this context are the voices of people who use social care services. The disadvantage of adopting such a framework in this context is that its presumptions do not favour affirming existing system strengths and can tend to problematize them. Mixed methods were adopted to consider the quantitative weight of recorded comments as well as a qualitative analysis of the recorded outcomes themselves.

The study was contained within two complete quarters following implementation of outcome based recording in one unitary authority (April-September, 2014). This time period also allowed the longest period until the start of this evaluation for the MSP agenda to have become 'bedded down' from when the investigative evaluation took place (December 2014). Data was collected from adult safeguarding teams across the unitary authority area. The sample produced 109 completed recorded outcomes of safeguarding enquiries. The safeguarding enquiry used a set pro-forma template on the electronic record with three questions most pertinent to outcomes:

1. **What does the citizen wish to achieve?'**

2. **Was the vulnerable adult's desired outcome listed achieved?**

3. **If No, give reason why**

All 109 responses against these three questions were divided between outcomes recorded as "outcomes achieved" and "outcomes not achieved" as identified by the worker and then further divided by the recording of the person's mental capacity identified by the worker.

In determining people's wishes in risk situations, having an understanding of the person's ability to make decisions can be critical. The MSP 14/15 evaluation identified that assessment of mental capacity as a 'fundamental foundation' to assuring consistency for Making Safeguarding Personal (Pike and Walsh, 2015:13). The local authority providing the data for this study wanted to review workers' consistency of approach regards Mental Capacity assessments in relation to safeguarding decision making in

case recording. As such, the cases were sub divided into three categories with the person being at the centre of the safeguarding intervention being recorded as i) having mental capacity, ii) lacking mental capacity and iii) no record of mental capacity taking place.

McDonald (2010) identified that when social workers implement the MCA (2005) they tend to conduct assessments within three dominant models-i) actuarial (risk focused/ risk avoidance), ii) procedural or, iii) rights based. This framework for understanding assessment is echoed in the work of O'Rourke (2010) regards recording in social work with an emphasis on three competing forces shaping worker recording and assessment-i) an accountability focus, ii) legal responsibilities and iii) values centric practice. The principles of MSP expressly privilege the wishes of the citizen being elevated to counter the procedural bias in local authority safeguarding investigations. In short, MSP focuses on the need for person centred approaches needing to take precedence over procedurally driven safeguarding processes which have historically dominated safeguarding interventions (LGA, Ogilvie and Williams, 2010).

The recordings were analysed with these frameworks in mind, seeking to determine what evidence, if any, was there of the actual person's own wishes being explicit in the recording. The recording of person centred outcomes relies upon the worker who recorded the outcomes being a reliable and faithful 'moderator' in terms of framing the person's wishes and outcomes in a way that is true to the intention of that individual. This study only had access to recorded data and thus was restricted in its focus on the language used and meaning constructed. Analysis sought to examine the outcomes to determine if they reflected the service oriented and procedural bias common in assessments involving risk with adults (McDonald, 2010) or whether the language was more appropriately value centric and genuinely personalised outcome oriented as per the intention of MSP. How clear were the person's own wishes in expressing outcomes? How related were successful outcomes with clearly expressed wishes?

This small scale research focused on analysing what extent of person centred recording was in evidence. It evaluated how the worker had recorded the achievement (or not) of the outcome, contrasting what was recorded as "achieved" against what was recorded as the initial "desired outcome". The evaluation reviewed to what extent the desired and final outcomes were expressed in the person's own language or, whether more procedurally focused or service oriented solution was evident which negated the identification of the person's own wishes in the process. The study sought to distinguish recording which referenced what the person has expressed with direct reference to the person or their wishes as distinct from recording which was constructed in way that gave no regard to the person's expression of choice or wishes or involvement in decision making or outcome.

Findings

Of the 109 recorded of outcomes against mental capacity assessment, 79 reported that the person was assessed as having mental capacity, with a further 27 declaring no record of capacity assessment. Recorded achievement of outcomes was consistent at

approximately a third of outcomes being achieved regardless of recorded capacity status.

	"Outcome Achieved"	"Outcome not achieved"	Total
Person recorded as having capacity	25	54	79
Person recorded as not having capacity	1	2	3
No record of capacity	9	18	27
Totals	35	74	109 cases

The quantitative data indicates that the majority of outcomes were not achieved by a ratio of almost 2:1 (74:35). On exploration of what the worker constructed as being achieved or not raised questions about a distinction between the outcome what the person wanted and what the worker may deem as safe or resolved. With such a low proportion of "outcomes achieved", it poses the question how realistic were the outcomes originally identified and how much 'negotiation' need to be engaged with, or, alternatively that there may be an issue with the worker's and local authority practice of recording.

The MSP toolkit distinguishes the difference in mindset which MSP requires in terms of a focus moving from service processes driven safeguarding to person centred outcomes. In terms of recording outcomes in this sample, there were some very strong examples of both service centred outcomes and some very person centred recorded outcomes. The majority of recorded final outcomes tended to be service oriented, ie not particularly expressive of service user wishes instead presenting the outcome in terms of a service resolution. Typical examples would be:

'Client moved to another property'

'Police were involved'

'PA no longer works with him'

However, sometimes these service oriented outcomes may be linked to an identified initial desired outcome which was particularly required by the citizen-

Client would like to move away from living near to son (initial identified outcome to be achieved)

Client waiting to be allocated rehousing (service outcome)

The desired outcomes tend to be more likely expressed in terms of explicitly declaring the wishes of the citizen. However, when the final outcomes are recorded there is only a minority of cases where the outcome gives a clear perspective on the service user as an agent in the decision making, with their wishes and perspective acknowledged.

Several responses stood out as being clear about the person's own wishes and feelings towards the final outcome, this was regardless of whether the outcome had been deemed successful or not.

Out of the 109 responses only 18 recorded responses were particularly explicit in expressing the citizen's wishes and perspective. The tendency to be more explicit about the citizen's perspective occurred more often when outcomes were recorded as "not achieved". Two of the three outcome assessments which recorded the person lacking capacity also were particularly explicit and included in these 18 responses.

	"Outcome Achieved"	"Outcome not achieved"
Clarity about person's wishes/ perspective	7	11

Examples of recorded statements which expressed something clearly about the citizen's perspective and expressed wishes were only evident in seven out of the 35 enquiries which recorded "outcome achieved".

"Although she chose to have her husband back, she is confident he will not do it again"

"Client states that if her husband were to return home she would not be able to cope with his behavior-she is happy that long term care is being considered"

"Client agrees that with support...she can live away from her family and thus have less stress"

"Client stated "I don't want the social in my business"-this was respected

"C refused to talk to us...should he change his mind"

It is particularly noteworthy that there were more recordings of non achievement of outcomes: 74 and of these only eleven had evidence of the person's own wishes being expressed or having any clarity regards the person's participation in relation to the outcomes. However, the comments recorded show an inconsistency regards expectations. A significant number of examples where the clarity of the person's wishes were apparent and were recorded as the desired outcome not being achieved appear to be erroneously recorded. The outcome may not be the most effective service resolution by professional expectations. However, when contrasted against what the person wanted in the intervention as the outcome, it appears that the person's wishes are met.

"Client decided to wait, to her son a chance to stop being abusive, and not to ask son to leave the property and was in agreement to working with the police on the referral"

"Client still feels that B has too strong a hold on his finances but is willing to accept the support"

"I have left client with info. If ..assaults again. Able to contact police herself but I am unable to prevent further incidents as client wishes to continue to live with perpetrator"

" he would not give the names of the individuals"

The above are all examples of unsatisfactory outcomes from a traditional adult protection/ practitioner perspective. However, the comments themselves demonstrate outcomes which the citizen actually wants. They appear to respect the person's wishes- though the safeguarding issue has not been resolved. Such findings has been found to be particularly evident when harm and abuse is at stake, levels of empowerment and enablement are inconsistently applied (Cooper et al, 20015). As such, the tension is apparent and an indicative need for workers and citizens to be explicit as per Pike and Walsh's (2015) recommendations with a need to negotiate between realistic and desired outcomes and a need for workers to 'work with individuals' stated outcomes rather than imposing outcomes' (Pike and Walsh, 2015:13).

Recording the outcomes of the case and having to confront the original wishes of the person places greater emphasis on person centred goal setting by starting with what the person actually wants to achieve (Timson et al, 2015). Sometimes the limits of the person being fully enabled to exercise choice was evidenced as "outcomes not achieved" which may have related to the citizen being unrealistic or inhibited by employment or legislative mandates beyond the control of the person or worker:

"she wants her son to stop drinking but we have no power to stop him"

"to be investigated by the Police which is against what the citizen desired as an outcome"

 "B wanted worker dismissed from her role as a carer"

 "the victim would like the alleged perpetrator to face a criminal charge"

There are a small minority of examples which make clear that the perspectives of the citizen were not even considered. Several comments record simply 'did not speak' or 'not discussed' and further comments relay on third party or worker defining the outcome of the safeguarding intervention.

"client not wanting to report as not wanting to get staff into trouble **as expressed by daughter**" (**emphasis** added)

"there was no discussion with the client..based on discussion with…the outcome was unsubstantiated"

"it was evident that the staff member was trying to protect herself from P's physical aggression"

The data lacked context to the outcomes and so it was not clear whether there were communication or capacity factors which impaired the recording of the person's own desired wishes for the outcome. Adopting a critical theoretical perspective (Held, 1980) there can be the apparent power imbalance of adults in vulnerable circumstances having to be heard in institutional and service settings which may reflect a bias towards privileging worker or carer perspective reflecting the inherent power imbalances

apparent in safeguarding adults work. By its very nature-there can be a structural factors inhibiting the empowerment and expression of that power because of the inherent need for care and support of the person requiring some form of safeguarding intervention.

Discussion

MSP's 2013 final report on pilot sites emphasized the importance of the 'successful approach' (2013:14) and making sure that conversation happened with people about the outcomes they wished to achieve at the start of the process, reviewed midway and at the end as a means of allowing the person to understand the process and evaluate the success of intervention for themselves.

In this small scale research there was little clarity in the recorded comments of what service users' thoughts were about the final the outcome of the enquiry. The citizens' express wishes about the outcome tend not to be explicit in the sample reviewed. The worker is responsible for recording the desired outcome and the final outcome. However, worker acts as a filter and it is difficult to discern the criteria for 'success' or 'failure' for the person at the heart of the safeguarding enquiry. MSP (2013) identifies in its summary of findings that personalizing safeguarding does require culture change. Writing up outcomes with the user perspective being explicit and evident is only an indicator of person centred practice. ADASS (2013) acknowledged that the focus on the person's outcomes is not an end in itself, but rather an important process to help change the docs toward achieving what the person actually wants. This is part of what is recognised in the need for change at a broader level in terms of culture, systems processes and practice to fully enable person centred practice to be embedded in safeguarding. With this research focused on what was recorded and for this recording to have value, the recording had to be accurate.

There is a level of candid worker disclosure in the recording where it is stated, 'not discussed with client' type comments. Non discussions with citizens may be masked by the more service oriented comments such as 'referred to police'. These kind of comments, in MSP terms beg the question, 'what did the user actually want?"

Several of the above comments recorded as "outcome not achieved" when analysed were actually what the service user wanted. Achieving what the person wanted for him or herself goes to the heart of MSP. Although this may be different to worker expectations in terms of 'adult protection'. The following example illustrates this well from the study:

"client decided to give her son a chance.. and was in agreement to working with the police"

Though the original desired outcome was to 'stop the verbal abuse' and in terms of safeguarding this appears to not have been met, yet the outcome is actually what the citizen has chosen. This goes to the heart of MSP, the process has not over-ridden how the user manages his or her life. The citizen has adjusted her/his expectations. Thus recording the outcome in this instance as 'No' (outcome not met) appears to be an erroneous record. MSP does require a cultural shift in worker responses which may mean not always achieving the safest outcome, rather one that the citizen has most

ownership and acceptance of. In this small sample of research, recording of outcomes in this way indicates a likely under recording of 'outcomes achieved' and indicates a practice which needs to adapt to expectations of working towards what the user wants rather than a safeguarding procedural or 'worker knows best' approach. It also reflects the ASCOF (Adult Social Care Statistics Team, 2014) recommendation that the question of outcome recording ought to be changed to a question that is more implicitly person centred, yet tangible, 'does the person feel safer'?

Further critical analysis of several of the explicit wishes comments recorded as outcome not achieved indicates that sometimes the outcome of the intervention may not always be considered successful safeguarding in terms of wholly stopping 'abusive' situations, however the outcome may be satisfied or be acceptable to the citizen. This may be that following intervention, the citizen's expectations have changed. Equally it can indicate the tension between what workers regard as outcome achieved and what the citizen regards as outcome achieved. If a person is not wanting to provide names of individuals to social care workers to assist an investigation or 'client is.. willing to accept the situation or client wishes to live with the perpetuator or client is willing to wait'-then these all indicate citizen choices. Such choices may not always be wise, but in terms of working with what the citizen wants to achieve, then these are more likely outcomes which the citizen is choosing or at least prepared to tolerate.

Safeguarding practice in this way poses uncomfortable positions for professionals to have to accommodate and work alongside citizens who may be tolerating abuse at some level. However, this at the heart of MSP-working with and respecting what the citizen want to achieve out of an intervention. There are exceptions to this, in terms of needing to report on criminal matters, or whether the alleged abuse may impact on others. Equally, the picture is less clear if the citizen feels under some form of duress to collude with abuse. In these latter circumstances, clearly good safeguarding practice requires skilled working with the citizen to build their capacity and confidence to be willing to assert their rights to challenge the abusive situation.

Only one comment directly cited the citizen's own voice,

"Client stated 'I don't want the social in my business'- this was respected".

Citing the citizen in this way gives authority to the outcome, as it comes direct from the citizen. It stands out in the 109 comments as being the only time direct quotation is used. It is used in the event to justify a non-intervention. The stakes are arguably higher in term of accountability recording. Direct and accurate citation of the users own voice are perceived as a premium rights/values based approach (McDonald, 2010; O'Rourke, 2010) in terms of empowering and elevating the citizen voice. As this was the only example within the sample, it appears that this is not common practice and culture but was used in this context to enhance the legitimacy of a contentious non-intervention. This is itself reflects that the practice culture change in accepting levels of risk of harm agreed by the person may yet be fully implemented or operational.

Person centred outcome recording is only one means of pesonalising safeguarding interventions. MSP's pilot studies final report (LGA, 2013) included strong emphasis on family conferences with further work needed to demonstrate the value of advocacy and mediation amongst other personalising features. A focus on the recording is limited

in determining the extent of personalized cultural practices being adopted in adult safeguarding. The MSP final report (LGA, 2013) found that interviewing and reviewing citizen's satisfaction with outcomes gave a meaningful insight into personalizing and promoting an outcome based approach. As MSP become more embedded these findings indicate a greater development needed regards negotiating recording of desired outcomes and outcomes achieved (or not) between workers and citizens. This reflects the issues identified in the 2013/14 MSP report (Lawson et al 2014) which hi-lighted that a greater need for understanding of outcomes as well as recording systems needed to change in order for MSP to be effective.

The ASCOF report (Adult Social Care Statistics Team, 2014) recommends that all councils standardize their outcome safeguarding monitoring around the question does the person feel safer as a result of the intervention. ASCOF acknowledges the importance of the person feeling empowered in the process and outcomes of safeguarding. Timson et al's (2015) work identifies the importance to this process of asking how safe the person felt at the end of the enquiry having reviewed outcomes at the end as well as the start. Critical to this succeeding is the importance of seeking not just the person wishes to achieve but what help make the person feel in control. The thereby empowerment becomes central to the process and is not just about seeking the person's identified outcomes but conducting the enquiry along terms that keeps the person's sense of feeling in control as paramount. The recording of outcomes, which has been focused upon in this small scale study is one element which can enhance person centred safeguarding. However, the study indicates that there is significant scope for open interpretation for defining the outcomes and the interchange between worker and client being able to significantly shape the recording of the outcome and thereby shape how person centred the safeguarding enquiry and intervention actually is.

Conclusion

The MSP 2014/ 2015 evaluation report places a premium on workers spending time with people agreeing outcomes and distinguishing between 'desired' and 'negotiated' outcomes (Pike and Walsh, 2015:13). This study was conducted prior to the publication of 2014-15 MSP evaluation, though this study reinforces and echoes the messages about needing to improve outcomes focused safeguarding practice and culture. Most importantly, there is evidence of that the MSP 2014/15 recommendations relating to the need 'to work with individuals' stated outcomes rather than imposing outcomes' (Pike and Walsh, 2015:13) were also apparently in need here.

Making Safeguarding Personal acknowledges the need for deep cultural change that goes beyond recording of safeguarding and the limits of this brief evaluation do not significantly investigate the broader efforts to make safeguarding personal which would involve interviewing workers and citizens alike as was included in the national MSP pilot. MSP requires a change in the approach to seeing families as significant resources and assets to best support an adult in need of safeguarding and measures such as mediation, advocacy and family conferences are all identified initiatives which MSP sets out as enabling the personalization of safeguarding services.

It has been difficult to review outcomes alone without the full context to the cases concerned. However, in terms of providing a breadth of over view- it does reveal a level of inconsistency in how outcomes are conceived in relation to citizen's desires. There is a small but significant reliance on third parties for information without clear regard for the wishes of the citizen at the centre of the referral. The MCA (2005) is clear in terms of section 4 best interest decision making that the person without capacity should still be involved, consulted and their wishes be valued and informing the decision making process. Though the person may not be able to make a decision, we presume the person to still have 'wishes, beliefs and values' however these may be expressed and communicated. A certain number of outcome recordings provided evidence that that person had not appeared to have been involved or consulted in the decision to proceed or not proceed in a safeguarding assessment.

To ensure that citizen centred outcomes are evident and explicit, there could be more direct reference to the wishes of the person. This can be particularly strong where the citizen has their wishes directly quoted verbatim which counters where otherwise evidenced in this research a tendency to conceal the desire and satisfaction with final "achieved" outcomes using language and recording which largely focuses on the service resolution. Having a sense of the user voice even when the outcome is a frustrated desire is more in keeping with the empowering and person centred drive apparent in MSP and the Empowerment and Partnership principles of the Care Act (2014).

This study's limits are based on reviewing the recorded data and would be enriched by cross referencing to interviews with staff and services users. It has been recognized in the MSP literature (Pike and Walsh, 2015) that more research is needed with direct service users and workers.

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