

# Practical Examples of Making Safeguarding Personal from commissioners and providers of health and social care

“We are doing this well.”



## Acknowledgements

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Presentations at workshops which formed a basis for this briefing can be found with other Making Safeguarding Personal resources at

[www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal](http://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal)

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# Introduction

From a sequence of workshops a briefing was published<sup>1</sup> that identified the hallmarks of best practice for commissioners and providers of health and social care committed to making safeguarding personal. The briefing also provided suggestions on what needs to happen to embed making safeguarding personal in this field of practice.

A follow-up workshop, attended by commissioners and providers of health and social care, and independent chairs and business managers of Safeguarding Adults Boards, was convened to share practical examples that were turning “fine words” into positive practice. Short presentations<sup>2</sup> offered such examples to which were added contributions from workshop participants. This briefing alongside those presentations draws together and shares this learning as a contribution to sector-led improvement.

1 Preston-Shoot, M. and Lawson, J. (2019) Making Safeguarding Personal for Commissioners and Providers of Health and Social Care: “We can do this well.” London: LGA and ADASS.

2 [www.local.gov.uk/making-safeguarding-personal](http://www.local.gov.uk/making-safeguarding-personal)

# Applying learning

Both aforementioned briefings build on earlier work<sup>3</sup> that merged the five key questions asked by the Care Quality Commission (CQC) with existing knowledge and understanding that can inform and support making safeguarding personal for providers and commissioners. The five CQC questions, namely are services well-led, caring, effective, safe and responsive, were populated with examples of positive practice from 'outstanding' providers, alongside hallmarks of what commissioners would look for and how an organisation can demonstrate that its culture supports personalised approaches to safeguarding.

This briefing offers examples of positive practice across four domains, namely how commissioners and providers engage with individuals and their families, support and develop their staff, promote and embed values-based leadership and culture, and work together. It is possible to map what 'good' looks like in these four domains when asking the five questions. The template below is for completion service by service.

	Well-led?	Caring?	Effective?	Safe?	Responsive?
Engaging with the person and their family					
Workforce development and support					
Developing values-based leadership and culture					
Commissioners and providers work in partnership					

An example of what this means in practice, focusing on learning from 'outstanding' providers, was shared at the workshop to set the scene.<sup>4</sup>

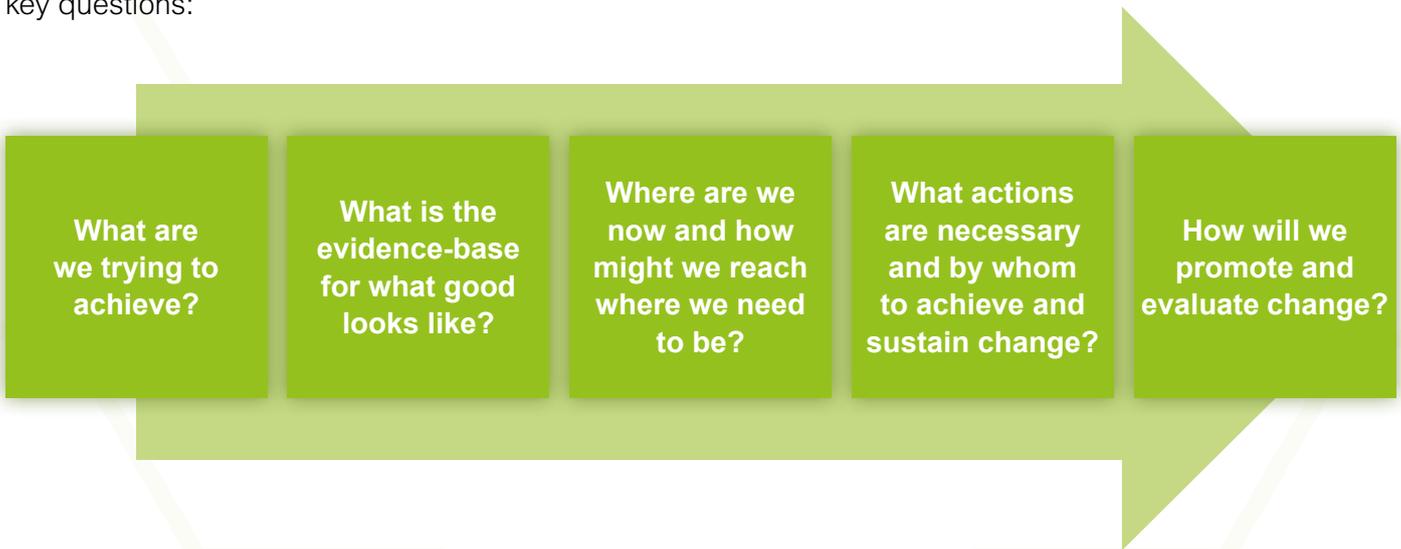
<b>Well-led?</b>	There is an open and inclusive atmosphere at the service. Staff enjoy and feel proud working at the service and there is a great team spirit.
<b>Caring?</b>	People, relatives and staff build great relationships with each other; staff and people feel supported and safe to raise concerns.
<b>Effective?</b>	Staff receive support and supervision which allows expression of concerns; staff notice changes in health needs of individuals so that timely action is taken.
<b>Safe?</b>	Service uses innovative and imaginative ways to manage risk and keep people safe while making sure they have a full and meaningful life.
<b>Responsive?</b>	People and their relatives know how to raise concerns. Complaints and concerns are dealt with quickly and resolutions are recorded along with actions taken.

3 Lawson, J. (2017) Making Safeguarding Personal: What might 'good' look like for health and social care commissioners and providers? London: LGA and ADASS.

4 Jane Lawson's presentation at the workshop.

## 6 PRACTICAL EXAMPLES OF MAKING SAFEGUARDING PERSONAL

Safeguarding Adult Reviews (SARs) offer windows into situations where there were shortcomings in relation to the four domains and/or the five questions. SARs are human stories, first and foremost<sup>5</sup>. Sight should not be lost of the importance of dignity, respect, human rights, equality, relationships, care standards and wellbeing. SARs, however, can be powerful tools for learning from shortcomings by building an evidence-base about positive practice. That knowledge can be used to answer the following key questions:



It is also possible to consider how the six adult safeguarding principles might be rendered meaningful by commissioners and providers of health and social care. Some initial ideas appear in the table below.

<b>Empowerment</b>	Focus on things important to the person. Service users are enabled to raise issues and, when doing so, these occasions are seen as openings and opportunities to get things right. Every voice should be heard; every contact should count.
<b>Prevention</b>	Services are responsive to emerging concerns, addressing issues early in a personalised way.
<b>Protection</b>	Find out what outcomes individuals want, what matters to them, and share concerns to arrive, wherever possible, at an agreed way forward.
<b>Proportionality</b>	Any restriction on what a person is able to do should be in their best interests and just as much as is necessary to keep them safe and promote their wellbeing.
<b>Partnership</b>	The ethos is one of working together to find practical solutions, to make safeguarding personal, and to ensure resources are sufficient to promote people's wellbeing. There is parity of esteem and co-production.
<b>Accountability</b>	Openness, transparency and candour characterise the response to critical incidents.

Workshop participants were asked for feedback on what they considered to be the hallmarks of best practice and how these could be embedded to promote positive outcomes for people. Their contributions are summarised here and could be seen as standards for benchmarking.

<b>Engaging with the person and their family</b>	<ul style="list-style-type: none"> <li>• Dignity, caring and compassion should be the hallmarks.</li> <li>• Create a safe environment. Understanding and respecting the values of the person and their belief system.</li> <li>• Person-centred care and support planning and provision.</li> <li>• Recognising that little things are important.</li> <li>• Build on people's strengths and what they can do – positive not deficit-based practice.</li> <li>• Recognise and respond to what matters to them.</li> <li>• Listen to family and friends also.</li> <li>• Give people with lived experience the opportunity to give voice to their hopes, dreams, wishes, aspirations, fears and desired outcomes – co-production in action.</li> </ul>
<b>Workforce development and support</b>	<ul style="list-style-type: none"> <li>• Empowering front-line staff to demonstrate leadership and make decisions.</li> <li>• Recruitment that has a focus on values and beliefs as well as knowledge and skills.</li> <li>• Good supervision and debriefing, especially in situations of uncertainty.</li> <li>• Ensure that staff know what good looks like.</li> <li>• Promoting self-awareness, for example about attitudes towards risk.</li> </ul>
<b>Developing values-based leadership and culture</b>	<ul style="list-style-type: none"> <li>• Embedding safeguarding in daily practice so that it is not seen as something separate (so not punitive) – learning not blame.</li> <li>• Open culture and collaborative working.</li> <li>• Transparency, less defensiveness, shared learning and duty of candour.</li> <li>• Accountable leadership – everyone.</li> </ul>
<b>Commissioners and providers work in partnership</b>	<ul style="list-style-type: none"> <li>• Having a good understanding of expectations and responsibilities – joint ownership and partnership.</li> <li>• Promote relationship-building between placement commissioners, providers, and social workers and care coordinators working with individual patients/service users – valuing each other.</li> <li>• Ensure resources are sufficient to meet a person's care and support needs, for example before hospital discharge and placement.</li> </ul>

## Engaging with the person and their families

Practical examples of positive practice with individuals receiving care and support were reminiscent of life-story work and genograms that social workers sometimes use with children and young people, especially those who are placed with foster carers or for adoption. The examples included<sup>6</sup> capturing “what my good day looks like”, a life journey book, a life story and a collection of treasured memories. Once again, this work is about human stories, talking about life and loves, and exploring people’s strengths and attitudes towards risk as central to promoting wellbeing. This approach focuses on establishing a genuine connection, and identifying what outcomes are important to the person. A resulting care plan is thereby co-produced.

Workshop participants offered other examples through which to achieve positive practice for individuals and their families. The examples included resident and family meetings, coffee mornings, forum discussions with commissioners and advanced care planning. Alongside and just as important as the examples were the underpinning values that were seen as axiomatic of best practice. Offering a genuine partnership rather than care and support being based on “them” and “us”, foregrounding the human and compassionate side of caring, and encouraging feedback at every opportunity.

That partnership extends to family members and friends. They form part of the team around the person<sup>7</sup>. Commissioners and providers have much to learn from their observations, about searching for placements and their experiences of the care and support being offered. The quality of the information provided by commissioners and providers is also important in facilitating family and friends to make informed decisions about which services to access and how to raise concerns when this is necessary.

There are barriers to be overcome if making safeguarding personal is to be achievable in the provision of health and social care. They include fear of taking risks, lack of resources from commissioners and support from primary care, and perceived inconsistency in CQC inspections. However, there are enablers also, not least organisational vision, a consistent and dedicated staff team, high morale and adequate staffing levels.<sup>8</sup>

6 Maggie Bennett’s presentation at the workshop.

7 Dionne D’Sa and John Bradshaw’s workshop presentation.

8 Maggie Bennett’s workshop presentation.

During the workshop, the ideas being put forward began to develop into an alphabet for making safeguarding personal. Thus:

- |   |  |   |  |
|---|--|---|--|
| A | appreciation, approachability, aspirational, asset-based, advocacy, accountability ...     | O | outcomes (that are important to the person); organisational vision ...                                   |
| B | better together (sectors, staff, people in need of support, their families) ...            | P | partnership, passionate, positive, parity of esteem, prevention ...                                      |
| C | care, commitment, compassion, curiosity, cultural change, co-production, communication ... | Q | questioning, quality care and support planning ...   |
| D | demonstrating that every adult matters, documented care plans, dignity ...                 | R | recognition, reflection, respect, rights, risk enablement, reward, reassurance, recording, reviewing ... |
| E | enable, empower, empathy, early intervention, engagement, evidence-based practice ...      | S | safeguarding, staffing, supervision, support, shared language ...  |
| F | family involvement, following up concerns, fairness ...                                    | T | transparency, trained staff ...  |
| G | genuine connections (made with people) ...   | U | understand the person and what's important to them ...   |
| H | honesty, hearing people ...  | V | values-led, vision, voice, valuing the individual ...  |
| I | include, innovate, involve, individualise ...  | W | wellbeing of staff and service users/patients ...  |
| J | joint responsibility in managing risk; joint accountability ...                            | Z | zero tolerance of abuse/neglect ...  |
| K | kindness ...   |   |  |
| L | leadership, learning, listening, looking, legal literacy ...                               |   |  |
| M | meaningful activities, MCA (applying it!), morale (importance of) ...                      |   |  |
| N | NICE guidance ...  |   |  |

Staff teams and service users can complete the alphabet. Meanwhile, there is guidance<sup>9</sup> that endorses and describes the aforementioned components of best practice for engaging with individuals and their families.

9 NICE (2018) *People's Experience in Adult Social Care Services: Improving the Experience of Care and Support for People Using Adult Social Care Services*. London: National Institute for Health and Clinical Excellence.

# Workforce development and support

This domain focuses on recruiting, resourcing and retaining the right staff. Effective recruitment should focus on applicants' values and beliefs as much as their knowledge and skills.<sup>10</sup> Once appointed, their experience should be one of parity of esteem and voice, of being valued for the contribution they make and the leadership they offer. They should be able to engage in an ethos of learning together, for example when analysing significant events, exploring ways of making the work more effective or debriefing what was (not) good at the end of a shift. Everyone should lead by example and be prepared to challenge, participate, contribute and lead.<sup>11</sup> Well-trained and supported staff, with counselling available when necessary, will promote higher standards of care and support<sup>12</sup>.

Once again, guidance<sup>13</sup> is available that endorses this approach to workforce development and support. Workshop participants were also clear about standards in this domain. There were strong references to enabling, valuing and empowering staff through continuing professional development and a culture that encouraged leadership and recognised the importance of everyone's role and responsibilities. There was recognition too of the importance of challenging unconscious bias about older people.

10 Anna Knight's workshop presentation.

11 Fidelma Tinneny's workshop presentation.

12 Anna Knight's and Maggie Bennett's workshop presentations.

13 NICE (2017) *Healthy Workplaces: Improving Employee Mental and Physical Health and Wellbeing*. London: National Institute for Health and Clinical Excellence.

# Developing values-based leadership and culture

The excellent care and support promoted by the best commissioners and providers of social care, to deliver making safeguarding personal for service users and patients, and to empower the workforce, requires leadership on values and culture. With service users, patients and their families, this begins and ends with a focus on wellbeing as much as safety. With staff it begins with recruitment and permeates through training, supervision and appraisal. For everyone, values are at the forefront of a provider's vision and mission.<sup>14</sup>

One way of bringing values to life is through a dignity promise.<sup>15</sup> Learning from a SAR<sup>16</sup> highlighted, however, not just the importance of an organisation having such clear and transparent core values, but also of helping staff to express these values through their day-to-day practice. More broadly, what emerges from experience is the importance of a whole systems approach<sup>17</sup>, beginning with a clear statement of vision, and then through committed leadership implementing this vision through approaches to safeguarding in complex case management, supervision, training, patient groups meeting with safeguarding champions, quality assurance and governance oversight.

Workshop participants emphasised that values-led leadership and organisation culture should foreground dignity, empathy and compassion, listening and openness, monitored through face-to-face and on-line forums that provide everyone with the time, space and encouragement to share ideas on how to further improve quality. Once again, the golden thread is co-production and parity of esteem and voice. The hallmark is learning as a journey rather than a tick-box exercise.

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14 Anna Knight's workshop presentation.

15 Jane Lawson's workshop presentation.

16 Camden Safeguarding Adults Board (2015) SAR: ZZ.

17 Trish Stewart's and Haidar Ramadan's workshop presentation.

# Commissioners and providers working together

The aforementioned positive practice will be rendered more difficult to achieve if commissioners and providers do not work together. One approach to building close working relationships<sup>18</sup> has a clear ethos of focusing on the person at the centre of making safeguarding person. That ethos is then expressed through provider forums, quality meetings and monitoring to prevent provider concerns, information-sharing about the market of care provision and care support teams. Multi-agency audits inform decisions about the commissioning of training. Open, reflective discussions are central.

Other ideas to promote closer working together include nominating a key practitioner link for each provider and information provision, for example on care governance, through designated websites.<sup>19</sup> NICE guidance<sup>20</sup> can be used to inform discussions on how to improve working together and quality.

There is no doubt about the challenges facing commissioners and providers of health and social care. Workshop participants noted many of these, not least questioning whether in the current financial climate excellence was achievable and whether in the present recruitment crisis, linked in part to the status of careers in social care, providing consistent high-quality relationship-based and person-centred care was sustainable.

Workshop participants emphasised the importance of commissioners having realistic expectations of what providers can offer with the level of resourcing available, and searching for innovative and creative solutions. They emphasised also the importance of access to specialists for support with complex cases, and of shared governance of quality. No-one disputes the difficulties but as the presentations and workshop discussions revealed, positive practice is possible and is happening.

Forums are bringing together commissioners, providers and safeguarding staff to share learning and good practice, engage in joint training, offer support in challenging situations and focus on specific issues such as tissue viability. Once again, the hallmark is open communication underpinned by partnership, parity of esteem and voice, and a commitment to person-centred care.

<sup>18</sup> Nick Sherlock's workshop presentation.

<sup>19</sup> Dionne D'Sa's and John Bradshaw's workshop presentation.

<sup>20</sup> For example, NICE (2018) Learning Disabilities and Behaviour that Challenges: Service Design and Delivery. London: National Institute for Health and Clinical Excellence.

# Concluding thoughts

Safeguarding is a shared responsibility. Safeguarding should not be seen or expressed as something punitive and negative, “done to” someone or some organisation. It should be seen as a positive step to promoting safety and wellbeing, and to learning about how to provide person-centred, relationship-based care and support when faced with complex dilemmas surrounding risk, autonomy, independence and physical and mental capacity.

Making Safeguarding Personal requires open and honest communication, the hallmark of which is parity of esteem and voice. It may not always be obvious what is the right thing to do in terms of resolving a particular dilemma. However, it is very clear from this and earlier briefings how to do things right. The hallmark is involvement in co-production, underpinned by commitment to listening, respect, dignity, curiosity and the other components of the alphabet for making safeguarding personal.



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