

Delegate Workbook

Adult Safeguarding: Making Enquiries Outcome Focussed



**About this course**

These materials are part of a learning package that includes self-directed learning via this workbook and an in-person seminar. Please ensure that you have set aside at least 3 hours to complete the work **before** attending the in-person seminar. The seminar will build on your knowledge and understanding and will ask you to reflect on the content of the materials.

You should set up an account with Research in Practice (RIP) if you don’t have one already (see below for instructions on how to set up your account). RIP is a free resource provided by the Safeguarding Partnership Board and contains a wealth of information including videos, briefings, webinars etc which will help you in your work.

All you need is a quiet place to work through the content and/or watch any videos, either alone or in a group. It might be useful, as you read or listen, to jot down thoughts that occur to you about the work you do and any questions or new ideas that come to mind.

**Important!**

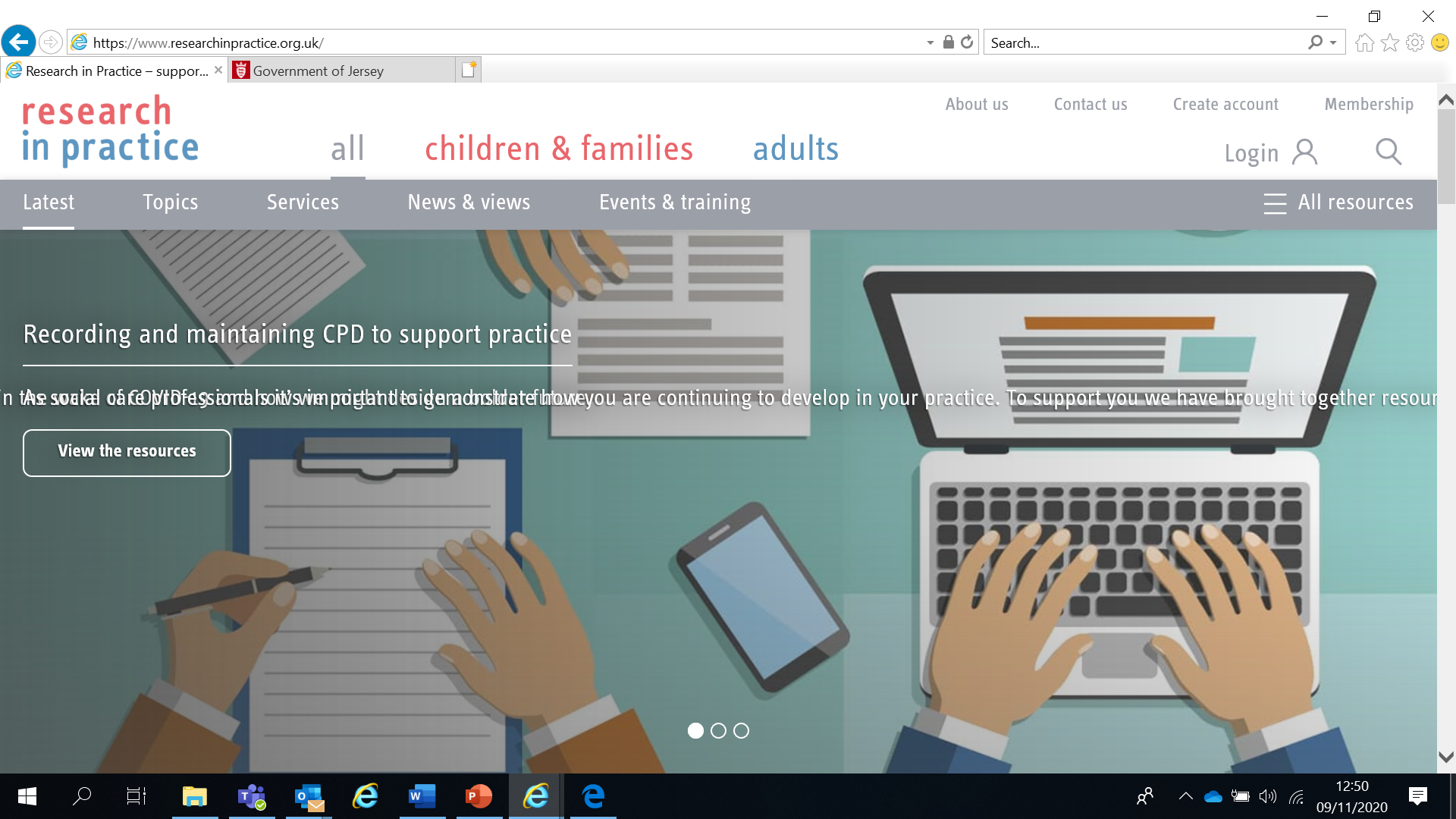
**You will need to bring your workbook to the seminar as we will be referring to it on the day.**

**Setting up your account with Research in Practice**

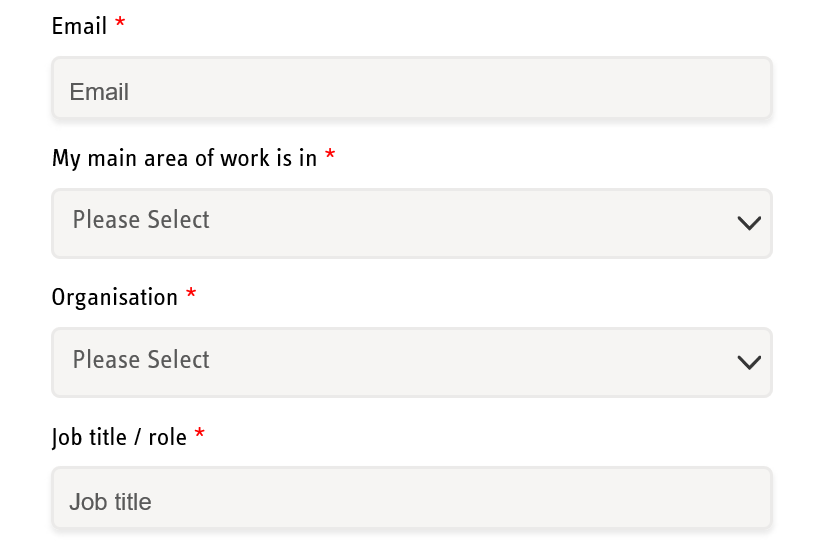
Research in Practice (RIP) supports evidence-informed practice with children and families, young people and adults. RIP brings together academic research, practice expertise and the experiences of people accessing services to develop a range of resources and learning opportunities.

As a partner of the Safeguarding Partnership Board, your organisation is able to access RIP’s resources free of charge. To do this, you will need to set up a RIP account:

Go to [www.researchinpractice.org.uk](http://www.researchinpractice.org.uk) and select ‘create account’ at the top.

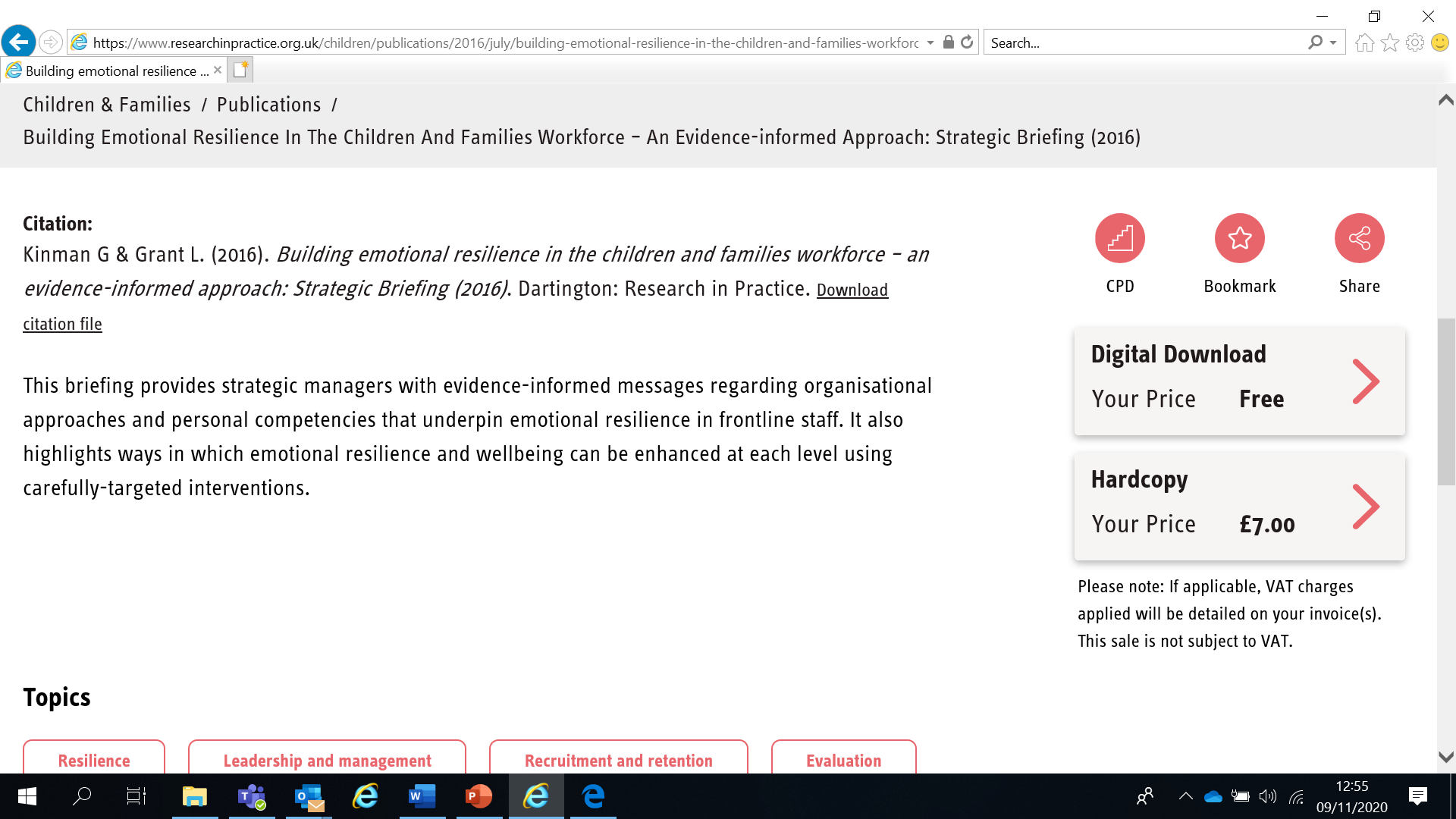


Use your work email and select **‘States of Jersey’** as your organisation from the drop-down list



**NOTE: You cannot set up an account with RIP if your work email uses Gmail, Hotmail or other generic accounts. Please contact us if this applies to you.**

Once you have logged in with your new account, the resources are free to download:



If you have any problems setting up an account, please contact safeguardingtraining@gov.je

**Learning Objectives**

In this module you will:

* Ensure responses to safeguarding situations are delivered in accordance with the principles of Making Safeguarding Personal
* Explain why professional curiosity is fundamental to keeping people safe
* Understand the types, purpose and models of enquiry
* Use an outcomes-focused approach in your practice
* Debunk the myths around adult safeguarding enquiries
* Identify the policy used to resolve professional differences in relation to the safeguarding needs of adults

**Links to Professional Practice**

**SPB:** Adult Procedures Manual, Adult Workforce Competency Framework

**PQS KSS:** Person-centred practice; Safeguarding; Effective assessment and outcome based support planning; Direct work with individuals and families

**CQC:** Safe

**PCF:** Knowledge; Intervention and skills; Critical reflection and analysis

**RCOT:** Understanding relationship; Service users; Demonstrate quality; Communication; Support development

**Top Tips**

**Do the readings** – we've selected reading material that we know will enhance your knowledge and skills

**Do the exercises** – the more you put into this course, the more you will get out of it.  The exercises will give you the opportunity to reflect on what you've read.  You'll get a chance to discuss ideas and ask questions in the seminar

**Emotional Alert!**

We acknowledge that this is a sensitive subject – look after yourself and others.

This content:

* can trigger memories of experiences which were in some way abusive
* can highlight areas of difficulty for individual people who are aware of others or their own personal experiences
* can have an emotional impact on those working to protect children, families and adults
* seek support from your manager if you are upset by any of the materials

**Table

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**What is Making Safeguarding Personal (MSP)?**

MSP promotes responses to safeguarding situations in a way that enhances a person’s involvement, choice and control as well as improving quality of life, well-being and safety. Adults will define what ‘safe’ means for them, have choice and control about what they want as an outcome of any safeguarding intervention and be empowered to make their own decisions.

**MSP means that safeguarding is person-led and outcome-focused**

**Six Principles of Adult Safeguarding**

These principles apply to all sectors and should inform the ways in which professionals and other staff work with adults *(Care Act, 2014)*.

**Empowerment** - Presumption of person-led decisions and informed consent

“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”

**Prevention** - It is better to take action before harm occurs

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”

**Proportionality** - Proportionate and least intrusive response appropriate to the risk presented

“I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.”

**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

“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.”

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**Read Sections 1 to 3 of the SPB’s Practice Guidance on MSP in the Adult Procedures (you will get a chance to read the rest later)**

[www.proceduresonline.com/jersey/adults/p\_pract\_guid\_making\_sg\_pers\_guid.html](http://www.proceduresonline.com/jersey/adults/p_pract_guid_making_sg_pers_guid.html)

**Professional Curiosity**

Nurturing professional curiosity is a fundamental aspect of working together to keep people safe.

Professional curiosity is the capacity and skill to explore and understand what is happening rather than making assumptions or accepting things at face value – sometimes described as ‘respectful uncertainty’.

Questions to ask yourself to enhance professional curiosity:

1. Would I live here and if not, why not?
2. Would I be happy with this standard of care of a member of my family?
3. What am I contributing to this challenge / problem / difficulty? How can I be of service?
4. Whose voice needs to be in the conversation? Extend your invitation to everyone.
5. How well do I know this person and their family? What other ‘stories’ are there about this person and their family that I am not privilege to?
6. Do I need to change my mind? Are there gaps in my understanding?
7. What is the purpose of my intervention and what is my desired impact?
8. Am I curious about the exceptions to the problems?
9. Change the frame of the conversation, change the response.
10. How can I use relationships to create change?

We all have resources within us, tap into your expertise.

**The SPB’s** [Resolving Professional Differences/Escalation Policy](https://safeguarding.je/document-category/policies/) **should be used to escalate unresolved disputes where professional curiosity or challenge has not resolved any professional conflict**

**Engaging Resistant, Challenging and Complex People**

Working with adults and their families where there are safeguarding concerns can be difficult – but it is made especially demanding when people are resistant, challenging and complex. In such cases, it is important to look at the reasons why people may not engage with services because we know that successful early intervention underpinned by positive engagement is key to improving outcomes.

Many people in need of support have experienced discrimination, oppression & disadvantage which shape their interactions with professionals. Intervention by agencies can reinforce their experiences & is often viewed as further oppression which leads to further resistance & fear. Such fears may also inhibit people from discussing concerns with professionals & accessing support. Use professional curiosity and a trauma-informed approach to reflect on why people may be resistant. The past affects the present – understand the story. A range of initiatives and approaches are required with flexibility of approach rather than strict adherence to any particular practice model.

Problems with service design and delivery can make services inaccessible or unattractive to engage with. Professionals’ behaviour is also a key factor, so a strengths and relationship-based approach is important.

Good supervision is key when working with resistant and complex people.

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**Disguised Compliance**

**Read the** [SPB’s 7 Minute Briefings](https://safeguarding.je/document-category/7-minute-briefings/) **on:**

* Professional Curiosity
* Engaging Resistant, Challenging and Complex Families

7 Minute Briefings are in the [Resources](https://safeguarding.je/resources/) section of the website. They are a useful resource that can be shared within your organisations and teams as a helpful way to support learning in your organisation.

Disguised compliance involves people appearing to cooperate with professionals in order to allay concerns and stop professional engagement. Published case reviews both locally and nationally highlight the importance of practitioners being able to recognise disguised compliance, establishing the facts and gathering evidence about what is actually happening in people’s lives.

Key issues:

* People’s behaviour towards professionals (minimising, denying, diverting attention, manipulation, saying the right things and engaging ‘just enough’)
* Engagement with professionals (missing or cancelling appointments, promising to reschedule but not attending)
* Optimism (practitioner over-optimism about progress/ability to change/promises to engage, rationalizing behaviour as ‘choice’ rather than non-compliance, acceptance of information without professional curiosity/further investigation)
* Lack of action (in some case reviews, disguised compliance was suspected or discussed but no actions were put in place to tackle it)

Practitioners need to remain open to the possibility of disguised compliance:

* Display professional curiosity when working with people and not accept information at face value without investigating further
* Establish the facts and gather evidence about what is actually happening or has been achieved
* Focus on the person’s lived experience and hear their voice
* Make unannounced visits as well as pre-arranged ones

**Our approach to enquiries**

Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

* What outcome does the adult want?
* How can enquiries be assessed as successful in achieving outcomes?
* What prevention measures need to be in place?
* How can risk be reduced?

The **specific objectives** of an enquiry into abuse or neglect are to:

* Establish **facts**
* Ascertain the adult's views, wishes and **desired outcomes**
* **Protect** the adult from abuse or neglect, in accordance with their wishes
* **Assess the needs of the adult for protection**, support and redress, and how these might be met
* Make decisions as to what **action** should be taken with regard to the person or organisation thought to be the cause of risk
* **Enable** the adult to achieve resolution and recovery
* **Add measures** that protect others from abuse or neglect.

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each particular situation.

Enquiries may involve:

* Holding single or multiple conversations with the person at risk
* Identifying and revisiting the person's desired outcomes
* Assessing and reviewing capacity throughout
* Medical examinations (with consent)
* Reviewing documents such as incident reports, logs, accounts, medical information, statements etc
* Interviewing witnesses, the person at risk, or the person alleged to have caused harm, etc
* Carrying out observations and assessing risk
* Assessing needs and levels of support – including carers' needs
* Receiving and reviewing information from other partners and agencies
* Investigations carried out by others, e.g. employers -(SI's) Serious Incidents, (RCA's) Root Cause Analysis
* Police-led investigations carried out alongside other supportive functions i.e. social services
* Specialist input e.g. IDVA (Independent Domestic Violence Advisor)
* Regulatory input and decisions.

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**Read more about our approach to enquires at** [www.proceduresonline.com/jersey/adults/p\_sg\_proc\_four\_stage\_two.html#6.-our-approach-to-enquiries](http://www.proceduresonline.com/jersey/adults/p_sg_proc_four_stage_two.html#6.-our-approach-to-enquiries)

**Professional differences**

Multi-agency working to safeguard children and adults at risk is often complex and means that, from time to time, staff from different professional backgrounds may hold a different professional opinion. It is important that this is fully understood as a different perspective has the potential to cause conflict.

Partnership working depends on resolving conflict as soon as possible. Professional differences of opinion can block effective partnership working and can lead to poorer outcomes for children and adults at risk. Effective partnership working depends on understanding differences of opinion and working towards resolving professional disagreements as soon as possible.

**The SPB’s** [Resolving Professional Differences/Escalation Policy](https://safeguarding.je/document-category/policies/) **should be used to escalate unresolved disputes where professional curiosity or challenge has not resolved any professional conflict**

**The Four Stage Approach to Adult Safeguarding**

“No decision about me, without me” – conversations should involve the person at all stages and give the person choice and control. Conversations should improve the person’s quality of life, wellbeing and safety. If there is a risk to others, the safety of everyone will need to be considered. This approach is about listening and working alongside people at their pace.

**“Nothing about me, without me”**

**The process is responsive to the needs of the person being safeguarded at all times.**

**Stage 1 – Raising a Concern**

At this initial stage, the adult at risk should be involved in defining what safeguarding means for them, have choice and control about what they want as an outcome of any intervention and be empowered to make their own decisions. In accordance with the principles of MSP, it is important to talk to the person about their wishes, the risks, their involvement and how agencies can work together towards achieving the person’s desired outcomes wherever possible. Where people have unrealistic expectations, it is important to discuss this from the beginning. Early discussions enable the person to consider if there are other options in relation to their concern.

Not every concern will need a referral to the Safeguarding Adults Team (SAT). You may have concerns which are **not related to harm & abuse** – eg if you are worried about an adult’s ability to cook for themselves, a conversation with the person to ascertain their views & wishes may find they have a relative who can cook for them or they would prefer to access Meals on Wheels. Or they might share other worries and would like a Social Care assessment to see what other help can be provided.

If you have a concern which is **not** a safeguarding concern, you can contact Adult Social Services during office hours for advice, information and, if appropriate, to arrange an assessment of a person’s needs.

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Description automatically generated with low confidenceFor further information, see [www.gov.je/Health/SocialServices/Pages/Adult.aspx](http://www.gov.je/Health/SocialServices/Pages/Adult.aspx)

**Read the section on ‘Prevention’ in the SPB’s Adult Safeguarding Policy and Procedures Manual -** [https://www.proceduresonline.com/jersey/adults/p\_sg\_pol\_prevention.html#](https://www.proceduresonline.com/jersey/adults/p_sg_pol_prevention.html)

Other concerns may indicate low level harm or abuse which can be dealt with by other responses, eg if there is an isolated incident where an adult is spoken to in an inappropriate way and respect is undermined but no distress is caused.

Non-reportable incidents do not require reporting to the SAT but you should keep a written internal record of what happened and what action was taken. Actions may include advice, information, risk management and staff training / supervision.

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**Read the SPB’s Adult Thresholds guidance for examples of concerns which do not need to be reported, concerns that require consultation with your Safeguarding Lead and/or the Safeguarding Adults Team and those incidents which are reportable.**

[www.proceduresonline.com/jersey/adults/files/pract\_guid\_threshold\_grid.pdf](http://www.proceduresonline.com/jersey/adults/files/pract_guid_threshold_grid.pdf)

Note: The thresholds tool is for guidance only and does not replace professional judgement or professional curiosity. If in doubt, speak to the SAT

**The Safeguarding Adults Team**

A referral should be made to the SAT if all three points are met below:

* The person has care and support needs
* They may be experiencing or at risk of experiencing abuse and neglect
* They are unable to protect themselves from that abuse and neglect because of those care and support needs

The concern form is available on the Resources page (Forms section) at [Forms | Jersey Safeguarding Partnership Board](https://safeguarding.je/document-category/forms/) and an example is at the end of this workbook.

The SAT are responsible for deciding whether to undertake an enquiry and what the enquiry will entail. If an enquiry is required, an Enquiry Officer will be appointed and a planning discussion/meeting will be held to agree the next steps. All enquiries need to be planned and coordinated. Support will be provided throughout by the SAT. No agency should undertake enquiries prior to a planning discussion or meeting unless necessary for the immediate protection of the adult or others.

**Stage 2 – Safeguarding Enquiry**

A Safeguarding Enquiry is not just another word for ‘investigation’ - it may take many forms:

* Conversations with people
* Changes in care and support
* Changes in systems or processes
* Repairing or maintaining key relationships
* Accessing social justice and recovery
* Different types of investigations: criminal, regulatory, HR

All enquiries will be planned. This may take the form of a series of phone calls and/or meetings or more formalised planning in more complex/serious cases. The SAT will decide on the most appropriate and proportionate response and will be the lead agency for the enquiry.

The involvement of the adult at risk is vital so consideration must be given as to how to optimise their inclusion and empowerment throughout the enquiry process. Enquiries will be tailored to the individual needs and circumstances of the adult. **It should be proportionate to the level of risk involved.**

The approach to risk should be to steer away from ‘protecting’ to promoting human rights. Organisations need to take into account the impact that any restrictive, safety-led responses have on the emotional well-being of the person they support.

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**The Research in Practice ‘Risk enablement’ frontline briefing and chart has more information on working with risk**

[www.researchinpractice.org.uk/adults/publications/2016/february/risk-enablement-frontline-briefing-2016/](http://www.researchinpractice.org.uk/adults/publications/2016/february/risk-enablement-frontline-briefing-2016/)

[www.researchinpractice.org.uk/media/3624/ripfa\_frontline\_chart\_risk\_enablement\_feb2016.pdf](https://www.researchinpractice.org.uk/media/3624/ripfa_frontline_chart_risk_enablement_feb2016.pdf)

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**“Risk enablement is a key skill for practitioners in promoting wellbeing and achieving outcomes”**

*(Research in Practice, 2016)*

“The fact is that all life involves risk, and the young, the elderly and the vulnerable, are exposed to additional risks and to risks they are less well equipped than others to cope with. But just as wise parents resist the temptation to keep their children metaphorically wrapped up in cotton wool, so too we must avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always.  Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare.

The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person's happiness.

**What good is it making someone safer if it merely makes them miserable?”**

Mr Justice Munby - *Local Authority X v MM & Anor (no 1) (2007)*

**A picture containing diagram

Description automatically generatedAssessing Risk**

Risk assessment and risk management are an integral part of safeguarding adults work. Risk is dynamic – it is constantly changing in response to altered circumstances. Risk can never be eliminated, but it can be assessed and minimised. Anything you do should have the aim of increasing health and wellbeing and decreasing risk.

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**Read the section on ‘Wellbeing’ in the SPB’s Adult Safeguarding Policy and Procedures Manual** [https://www.proceduresonline.com/jersey/adults/p\_sg\_pol\_wellbeing.html#](https://www.proceduresonline.com/jersey/adults/p_sg_pol_wellbeing.html)

The involvement of the adult at risk is vital so consideration must be given as to how to optimise their inclusion and empowerment.

Once the SAT have confirmed that a safeguarding response is required, an Enquiry Officer will be assigned. The person carrying out the enquiry will need to be appropriately skilled and have the sufficient resources to manage the required work objectively. Some enquiries may require a range of staff to play their part. The SAT remain the lead agency with responsibility for coordinating adult safeguarding arrangements.

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**Read the SPB’s Standard Safeguarding Pathway Flowchart at** [www.proceduresonline.com/jersey/adults/f\_stand\_sg\_pathway.html](http://www.proceduresonline.com/jersey/adults/f_stand_sg_pathway.html)

**Stage 3 – Safeguarding Plan and Review**

Not every safeguarding enquiry will need a safeguarding plan.

Safeguarding plans:

* Formalise actions needed to safeguard against (current and future) abuse and neglect
* Offer resolution and recover to the experience of abuse and neglect
* Must be agreed and co-created with the person (or their representative) and should be in an appropriate format for the person, eg easy read
* Should not be confused with care and support plans BUT actions that may safeguard, protect or help monitor situations can form part of an ongoing care plan

**The involvement of the adult is vital so consideration must be given as to how to optimise their inclusion and empowerment**

**Stage 4 – Closing the Enquiry**

Enquiries can be closed at any stage. The person will be advised how any ongoing concerns will be managed with their consent. Their views will be recorded. A review of care and support should take place soon after closure. Other processes may continue, eg disciplinary or professional body investigation.

Agreements for cases to remain open or closed should be reached between all relevant partners – including the adult at risk whose involvement is vital throughout.

All closures (no matter what stage) are subject to evaluation of outcomes. An example of the outcomes form is on p19 of your workbook

**A Word About Consent**

An enquiry is not dependent on the consent of the adult, once it has been established that they are at risk of abuse. There is a duty of care to undertake an assessment of the adult’s care and support needs despite their refusal in cases (a) where they lack capacity to refuse the assessment and it would be in their best interests, or (b) where the adult is experiencing, or at risk of abuse or neglect.

In cases where the adult does not wish to co-operate with an enquiry or rejects any proposed safeguarding measures, **genuine** attempts will be made to negotiate and try and find areas of possible agreement. (Recording these discussions is important).

For cases where there remains a high level of significant complexity the SAT can apply for (case specific) legal advice from the Law Officers Department.

**Capacity and Self-Determination (Jersey) Law 2016**

The Capacity and Self-Determination (Jersey) Law 2016 (CSDL) affects everyone aged 16 or over and supports people’s decision making, including future decisions. It provides a legal framework for assessing capacity and making decisions for those who lack capacity. It is wider than just safeguarding.

CSDL contains provisions for:

* Lasting Powers of Attorney (LPA)
* Advance Decisions to Refuse Treatment (ADRT)
* Restrictions on Liberty
* Independent Capacity Advocates
* Wilful neglect and ill-treatment

All interventions must take into account the capacity of the adult to make informed choices and specifically the adult’s ability to **understand the implications of their situation and to take action themselves (or with support) to prevent abuse, and to participate to the fullest extent possible in decision-making about safeguarding interventions.**

Making Safeguarding Personal does not mean ‘walking away’ if a person declines safeguarding support. That is not the end of the matter. Empowerment must be balanced with a duty of care and the principles of the Human Rights (Jersey) Law 2000 and the CSDL. People must not simply be abandoned in situations where, for example, there is significant risk and support is declined and/or coercion is a factor.

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Description automatically generated with low confidence**A capacitated refusal for a safeguarding intervention is not to be seen as the end of the concern, as this may require ongoing risk management, monitoring or changes to care and support. Further multi-disciplinary discussions and interventions may need to continue.

Training is available on CSDL. Contact [safeguardingtraining@gov.je](mailto:safeguardingtraining@gov.je) for more information

Training is also available from the Care Academy - [www.careacademy.je/course/understanding-mental-capacity](https://www.careacademy.je/course/understanding-mental-capacity)

**Read the section on Capacity and Consent in the SPB’s procedures**

<https://www.proceduresonline.com/jersey/adults/p_sg_pol_capacity_consent.html>

**What do we mean by outcomes?**

Outcomes are the **impact** support or services have on a **person’s life**. They are not interventions.

When we say that MSP means that safeguarding is *outcome-focused*, it means that outcomes are personalised and relate to the priorities and aspirations of an individual person. An outcomes-focused approach must place the person at the centre of discussions from the outset, finding ways to engage and empower them so that they are able to explain their needs, concerns, problems and circumstances. Only then can the whole person, their current situation and history be understood so they can discuss and negotiate with those supporting them what their desired outcomes are and how they might be achieved.

Outcomes-focused services therefore aim to achieve the aspirations, goals and priorities identified by people. They are by definition individualised, as they depend on the priorities and aspirations of individual people.

Sometimes there is confusion between outcomes, outputs and needs.

**Outcome:** The impact or end results the person wishes to achieve

**Output:** The action or process of producing something

**Need:** The reason the person needs support or the thing they need support with

**Are the following statements outcomes, outputs or needs?**

|  |  |
| --- | --- |
| **Statement** | **Outcome, Output or Need?** |
| I can’t open tins, jars or packets or do up buttons and zips without help because my fingers are so bad with arthritis |  |
| I want to be able to stay in my home and be able to keep looking after it like I’ve always done |  |
| Provision of information on local art and craft clubs and activities |  |
| I’m lonely. I really miss visits from Carlos. I hardly see anyone now and it’s getting me down |  |
| I want to understand what is happening now that I have been told I have dementia |  |
| Access a seated exercise class |  |
| I keep being hassled by my neighbour for money and it upsets me |  |

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**What outcomes might you expect the people in the scenarios below to express?**

|  |  |  |
| --- | --- | --- |
| **Need** | **Impact on wellbeing** | **Outcomes (person’s words)** |
| I can’t go to the library, shopping or pop for a coffee anymore without asking for help and waiting until someone can come – I get really upset and angry | I’ve got no control over what I can do and when. My family and friends don’t understand how frustrated and useless that makes me feel and I get cross with them. I don’t like asking for help so go out less and less. |  |
| I have COPD and so get tired easily when doing anything – being clean, having a shave and cleaning my teeth is really important to me but it takes a long time for me to do this and I get exhausted so can’t use my shower safely. My daughter showers me but that is embarrassing for a dad. | I don’t like my personal care being done by my daughter, it is really embarrassing and neither of us feel comfortable. She doesn’t have time before work to support me and it ends up rushed and I’m exhausted afterwards. I’m only washing once a week or twice at the most, but this means often I don’t feel clean I look scruffy. I’ve never looked scruffy in my whole life. I’m feeling really low and have started getting sore with skin problems and infections |  |

|  |  |  |
| --- | --- | --- |
| **Need** | **Impact on wellbeing** | **Outcomes (person’s words)** |
| I sometimes forget things and I can get mixed up. I’ve missed some appointments with the doctor and lost some tablets. Jem says I’m not looking after myself because I have lots of out of date food and am not eating enough but I don’t agree. He says I’m not safe on my own. | Edith’s memory lapses and need for prompts mean that she is not getting enough to eat and drink. This may be compounding her memory problems and putting her at risk. She is finding it difficult to get out and about or to have a routine for my daily life. It is affecting her decision making and safety. |  |
| I’ve been in residential care since I fell back in July. They said to come here for a while as my home wasn’t safe because of the steps and stairs. I don’t like it here so stay in my room most of the time – my friends don’t visit as it is too far out for them. I want to go home I miss my own things and routine. I think I can manage fine with some help. | Being in the residential home has made Maura withdrawn and isolated – my opinion would be that she may be depressed. She does not engage much with the carers and as a result most of the areas of her life are affected negatively. |  |

**Identifying outcomes**

Research in Practice have developed an [Outcomes Triangle](https://outcomes.ripfa.org.uk/outcomes-triangle/) to support outcomes-focused conversations. This encourages a broader whole-person approach to what may be important to an individual and what strengths and assets are already in place.

Diagram

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**Environment:** the physical environment surrounding the person. This might be their home, workplace if they have one, recreation facilities they access or the local area and the community in which they live. Understanding the different environments people need to access and what they need or want to do in them ensures that you can focus on their strengths and assets.

**Support network:** informal support such as family, friends, people or facilities in the local area or community and work colleagues. It also includes formal paid support which the person already accesses or may be able to access such as domiciliary care, accessing day opportunities or education, employing a personal assistant etc. Understanding people’s support networks ensures that you can focus on their strengths and assets.

**Wellbeing**: defined broadly in terms of:

* personal dignity
* physical and mental health and emotional wellbeing
* protection from abuse and neglect
* control by the individual over day to day life
* participation in work, education, recreation etc
* social and economic wellbeing
* domestic, family and personal relationships
* suitability of living accommodation
* contribution to society

**Core Skills** to support outcomes-focused conversations include non-verbal communication, a conversational style, powerful questions, active listening, asset and strength-based conversations, analysis and critical thinking and universal questions.

Examples of universal questions you could use are:

|  |  |
| --- | --- |
| Identifying need | What are things like for you now? How does this affect you? How does this affect others around you? |
| Identifying impact | What, if anything, has changed and when? How has this affected you? How has this affected others around you? |
| Identifying outcomes | What is most important to you and why? What is good that you do not want to change? What, if anything, do you want to change? What are your desired outcomes? On a scale of 1 to 5 where are you at the moment? |
| Identifying actions | How will you achieve these outcomes? What would help achieve these? Who could help you achieve these? Where can you best achieve these? |

Shape

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**If you would like more information on outcomes-focused practice, visit the RIP site** <https://outcomes.ripfa.org.uk/>

**Or download the Practice Tool at** [www.researchinpractice.org.uk/adults/publications/2014/january/working-with-outcomes-practice-tool-2014/](http://www.researchinpractice.org.uk/adults/publications/2014/january/working-with-outcomes-practice-tool-2014/)

**Read Section 4 of the SPB’s Practice Guidance on MSP in the Adult Procedures** [www.proceduresonline.com/jersey/adults/p\_pract\_guid\_making\_sg\_pers\_guid.html](http://www.proceduresonline.com/jersey/adults/p_pract_guid_making_sg_pers_guid.html)

**Challenges and dilemmas**

**Shape

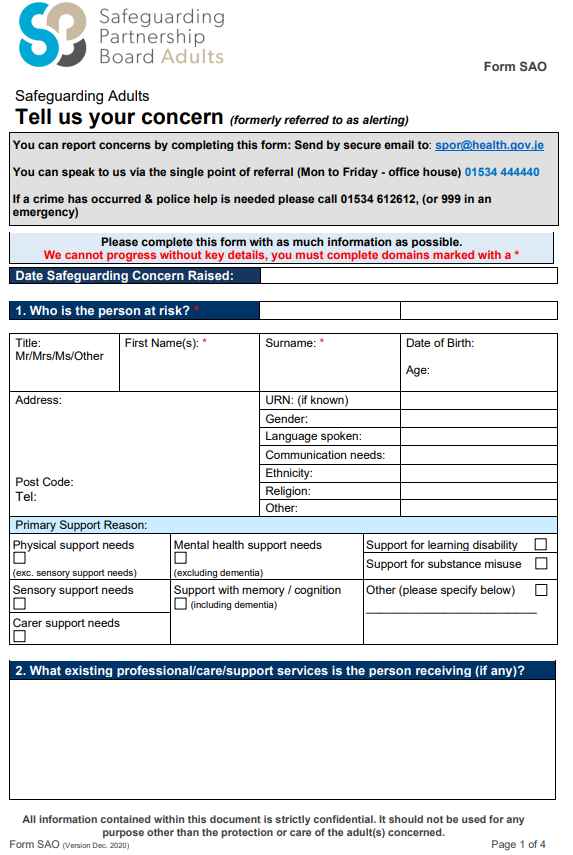
Description automatically generated with low confidence**Safeguarding adults is complex because people’s lives are complicated, and everyone’s situation is different. Working in partnership with the person raising the concern, other agencies and the individual themselves, is critical to safeguarding adults. Safeguarding adults is about prevention and early intervention as well as intervention when things have gone wrong. We have to become better at engaging with people so that we can anticipate things that could be addressed to minimise any likelihood of harm and to spot early when things aren’t quite right and take early steps to offer support.

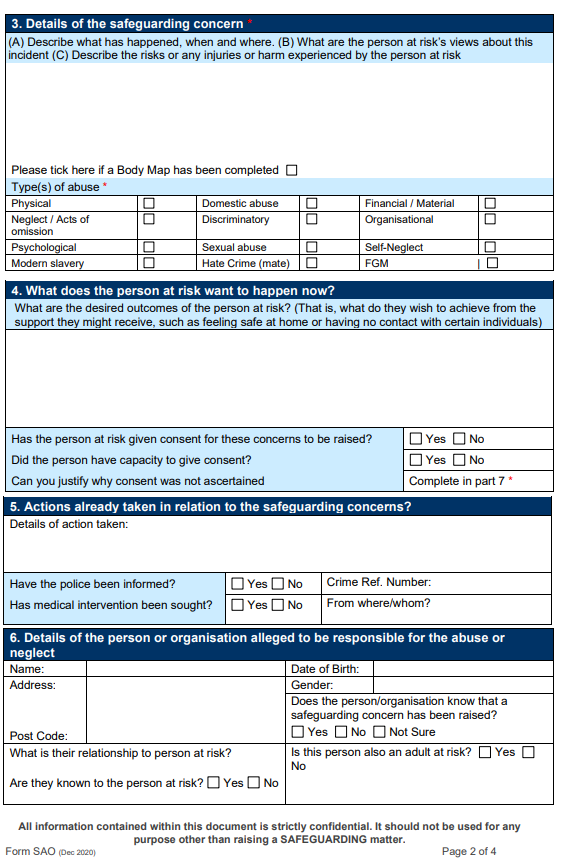
**Read the ‘Myths and Realities about Making Safeguarding Personal at** [www.local.gov.uk/sites/default/files/documents/25.144%20MSP%20Myths\_04%20WEB.pdf](http://www.local.gov.uk/sites/default/files/documents/25.144%20MSP%20Myths_04%20WEB.pdf)

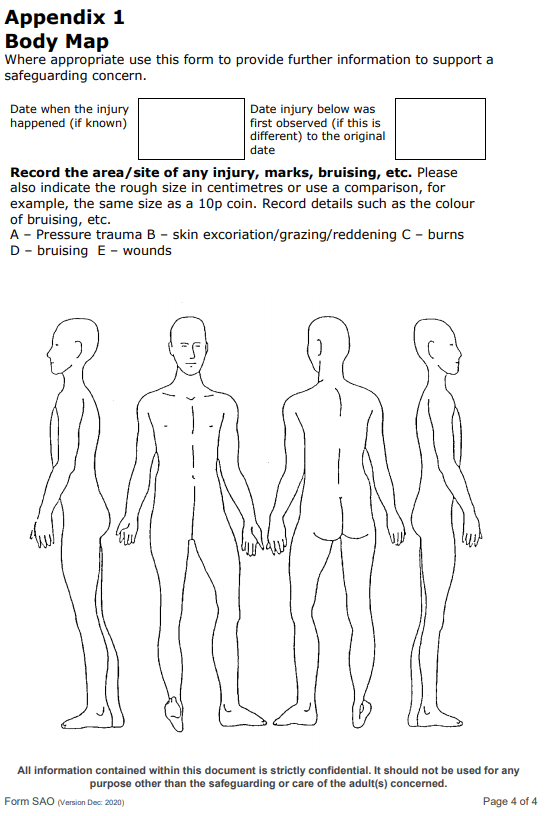
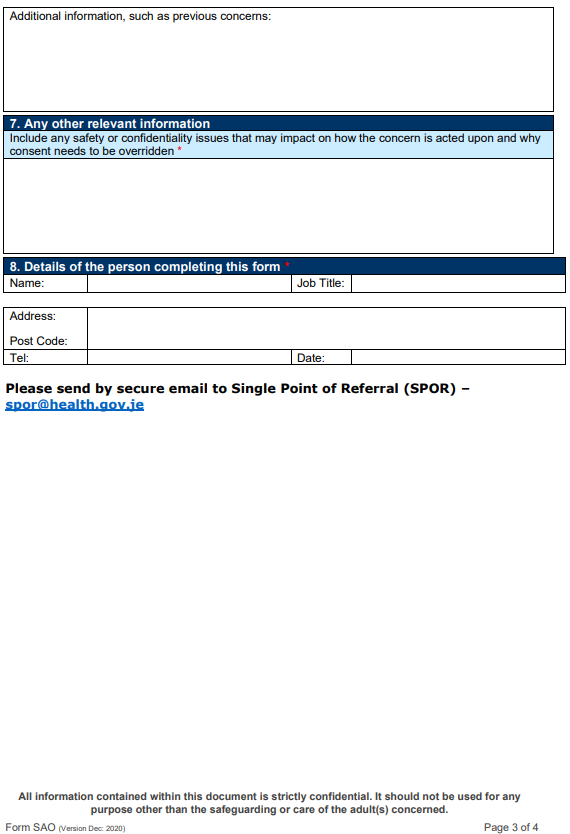
Some of the challenges and dilemmas in safeguarding adults are:

* Managing risk – can the risk be reduced without compromising other things that are important to the person? Defensible decisions rather than defensive actions
* A shift in focus from risk to wellbeing. Professionals should not take a paternalistic or risk averse approach
* Refusals – there must be attempts to negotiate and seek to identify areas of possible agreement. It does not mean ‘walking away’
* Undertaking an Enquiry is not dependent on the consent of the adult once it has been established that they are at risk of abuse
* Empowerment must be balanced with a duty of care to undertake an assessment of the adult’s care and support needs despite their refusal in cases:
  + Where they lack capacity to refuse the assessment and it would be in their best interests
  + Where the adult is experiencing, or is at risk of, abuse and neglect

|  |
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| **Have you encountered any of these challenges or dilemmas in your practice? How did you resolve them? Would you do anything different if faced with these challenges again?** |

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| Form SA-05 | **Safeguarding Adults**  **ENQUIRY & OUTCOMES (MSP) CAPTURE** |

|  |  |
| --- | --- |
| SECTION 1 | PERSON AT RISK, THE CONCERN & TYPE OF ENQUIRY:  *(completed by the Safeguarding Coordinator)* |
| SECTION 2 | **ENQUIRY REPORT:**  ***(completed by Enquiry Officer*)** |
| SECTION 3 | **NEXT STEPS:**  ***(completed by Safeguarding Coordinator following discussion with enquiry Officer)*** |
| SECTION 4 | **MSP / OUTCOMES CAPTURE:**  ***(completed by the Enquiry Officer at the point that the enquiry is closing).*** |
| SECTION 5 | **CLOSURE *(Safeguarding Coordinator to complete)*** |

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| **SECTION 1:**  **PERSON AT RISK, THE CONCERN & TYPE OF ENQUIRY**  **(to be completed by safeguarding coordinator)**  **PLEASE NOTE ALL SECTIONS MUST BE COMPLETED IN FULL** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **URN** |  | | **Date of Birth** | |  |
| **Address** |  | | | **Telephone:** | |  | |
| **Person at risk’s representative (if not self)** | | |  | | | | |
| **Relationship to person at risk.** | | |  | | | | |
| **Enquiry Officer (EO)** | | **Safeguarding Coordinator (SC)** | | | **Target Completion Date:** | | |
|  | |  | | |  | | |

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| **Details of the Safeguarding Concern** *(to be completed by the safeguarding coordinator)* |
|  |
| **Actions from planning discussion / meeting as required**  **Chronology of actions:** To map actions agreed at planning meeting/discussion  *(to be completed by the safeguarding coordinator)* |
|  |

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| **SECTION 2: ENQUIRY REPORT - To be completed by Enquiry Officer.**  **PLEASE NOTE ALL SECTIONS MUST BE COMPLETED IN FULL** |

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| **Considerations regarding ‘capacity’ (in line with Capacity & Self Determination Law 2016)**  Capacity considerations regarding decisions about the safeguarding concern. If any queries about capacity, please complete an assessment ( to be sent with the enquiry to safeguarding coordinator) | |
|  | |
| **Making Safeguarding Personal (record your conversation with the person)**  In the person’s own words, what do they want to happen, by whom and how will this keep them safe? | |
|  | |
| **Risk Management** What actions have been taken to remove or reduce risk of abuse to person (and others)? | |
|  | |
| **Findings from enquiry** | |
| **Guidance:**   * Detail the facts so that decisions and plans for the adult’s wellbeing and protection can be fully informed and take account of the context of the situation. The report needs to be concise, factual and accurate, * Detail any conflicts of opinion or disagreement, * Review risk assessment and measures required to minimise any further risk (any support or decision that is designed to restrict unsafe choices or behaviour - needs to be lawful, proportionate and the least restrictive), * Provide details where there have been issues of Capacity; and if Best Interest Decisions have had to be made, * Has the adult been able to achieve resolution to the concern? Is further work required to explore recovery and resilience / support required to enable the adult to take any action they may want to take to seek (social or criminal) justice or redress, * Ensure that there is sufficient corroboration to draw conclusions and make recommendations, * Any modifications needed in the way in which services are provide | |
|  | |
| **What are your recommendations from the enquiry** ?  Please include any identified needs or recommendations benefitting the person (adult at risk).  Include a summary of any safety planning  Include any amendments to care & support planning. | |
|  | |
| **Organisational Learning (if applicable)**  Are there lessons learnt for the organisation. E.G: change of policy, training plans, and implications for other agencies for consideration. | |
|  | |
| **Adult at risk/representatives view of the enquiry**  Have, the adult at risk’s desired outcomes been achieved (at this stage of the enquiry)? Are they satisfied with the actions taken? Are any further actions required? | |
|  | |
| **Date Enquiry Report completed:** |  |

|  |
| --- |
| **SECTION 3: MSP / OUTCOMES CAPTURE** (***to be completed by the Enquiry Officer at the point that the enquiry is closing).***  **PLEASE NOTE ALL SECTIONS MUST BE COMPLETED IN FULL** |

|  |  |
| --- | --- |
| **MSP /OUTCOMES CAPTURE** | |
| Taking each outcome in turn**, from the person at risk’s viewpoint,** were these outcomes, **MET; NOT MET, PARTIALLY MET** at the end of the enquiry phase and reasons why from the **person at risk’s viewpoint.** | |
| **Outcome 1** - specify outcome and add narrative below in person’s own words | Choose an item. |
| **Narrative:** | |
| **Outcome 2** - specify outcome and add narrative below in person’s own words | Choose an item. |
| **Narrative:** | |
| Outcome 3 - specify outcome and add narrative below in person’s own words | Choose an item. |
| **Narrative:** | |
| **Outcome 4** - specify outcome and add narrative below in person’s own words | Choose an item. |
| **Narrative:** | |
| **SAFETY**  Details: Does the person feel safer, less safe or about the same – at the end of the enquiry. If no then enquiry officer to revisit, what if anything can be implemented to change this*.* | |
| *Choose from the following and add narrative in person’s own words below* | Choose an item. |
| **Narrative** | |

|  |
| --- |
| **IF MSP NOT CAPTURED**  Please outline reason in full |
| **Narrative** |

**Next Steps**

You have now finished the independent learning ahead of the in-person seminar.

In the seminar, we will reflect on your learning from this module and in particular we will:

* **Consider the part that risk plays in many decisions**
* **Look at safeguarding scenarios and case studies**

**Important!**

**Please bring this workbook to the seminar with you. We will be referring to it throughout the session.**

**Further Learning**

The [SPB website](https://safeguarding.je/) has a series of 7 Minute Briefings on a range of topics which you can use with your teams to prompt discussion and reflection on practice and systems. You can find 7 Minute Briefings under the [Resources](https://safeguarding.je/resources/) page on the website – including an explanation of what they are.

The SPB has a range of courses which will help you to further your knowledge. Please check our website for further details.

The Research in Practice website is an excellent source of further material. In particular, the ‘Safety Matters: Practitioners’ Handbook’ is useful for all those working in safeguarding adults. It can be downloaded at [ripfahandbook\_safetymatters\_revised\_third\_edition\_apr2019-update\_web-1.pdf (researchinpractice.org.uk)](https://www.researchinpractice.org.uk/media/3686/ripfahandbook_safetymatters_revised_third_edition_apr2019-update_web-1.pdf)

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**Acronyms**

|  |  |
| --- | --- |
| ABE | Achieving Best Evidence |
| ADRT | Advance Decisions to Refuse Treatment |
| APVA | Adolescent to Parent Violence and Abuse |
| ASCIT | Autism and Social Communication Inclusion Team |
| AWDO | Adult Workforce Designated Officer |
| CAMHS | Child and Adolescent Mental Health Service |
| CCE | Child Criminal Exploitation |
| CDC | Child Development and Therapy Centre |
| CEOP | [Child Exploitation and Online Protection Agency](https://jerseyscb.proceduresonline.com/local_keywords/ceop.html) |
| CEYS | Childcare and Early Years Service |
| ChiSVA | Children and Young People’s Sexual Violence Advisor |
| CIN | Child In Need |
| CLA | Children who are Looked After (formerly known as LAC Looked After Children) |
| CMHT | Community Mental Health Team |
| CP | Child Protection |
| CPC | [Child Protection Conference](https://jerseyscb.proceduresonline.com/local_keywords/cpc.html) |
| CQC | Care Quality Commission |
| CSDL | Capacity and Self-Determination Law |
| CSE | Child Sexual Exploitation |
| CYPES | Children Young People Education and Skills |
| DA(DV) | Domestic Abuse (Domestic Violence) |
| DBS | Disclosure and Barring Service |
| DSL | Designated Safeguarding Lead |
| ECHR | [European Convention on Human Rights](https://jerseyscb.proceduresonline.com/local_keywords/echr.html) |
| EP | Educational Psychologist |
| EWO | Education Welfare Officer |
| EYAT | Early Years Advisory Team |
| EYFS | Early Years Foundation Stage |
| EYIT | Early Years Inclusion Team |
| FGM | Female Genital Mutilation |
| FII | Fabricated or Induced Illness |
| FLO | Family Liaison Officer |
| FNHC | Family Nursing and Home Care |
| GDPR | General Data Protection Regulation |
| GSF | Gold Standards Framework |
| HBV | Honour Based Violence |
| HSB | Harmful Sexual Behaviour |
| ICA | Independent Capacity Advocate |
| ICPC | Independent Child Protection Conference |
| IDVA | Independent Domestic Violence Advisor |
| IPVA | Inter Personal Violence and Abuse in Young People’s Relationships |
| ISS | Independent Safeguarding and Standards |
| ISVA | Independent Sexual Violence Advisor |
| JCAF | Jersey Common Assessment Framework |
| JCCT | [Jersey Child Care Trust](https://jerseyscb.proceduresonline.com/local_keywords/jcct.html) |
| JCF | Jersey’s Children First |
| JDO | Jersey Designated Officer |
| JFCAS | [Jersey Family Court Advisory Service](https://jerseyscb.proceduresonline.com/local_keywords/jfcas.html) |
| JPACS | [Jersey Probation and After-Care Service](https://jerseyscb.proceduresonline.com/local_keywords/jpacs.html) |
| JMAPPA | Jersey Multi Agency Public Protection Arrangements |
| LADO | Local Area Designed Officer (see JDO) |
| LPA | Lasting Power of Attorney |
| MAF | Managing Allegations Framework |
| MARAC | [Multi Agency Risk Assessment Conference](https://jerseyscb.proceduresonline.com/local_keywords/marac.html) |
| MARRAM | [Multi Agency Risk Review Action Meeting](https://jerseyscb.proceduresonline.com/local_keywords/marams.html) |
| MASH | Multi Agency Safeguarding Hub |
| MSP | Making Safeguarding Personal |
| NAI | Non Accidental Injury |
| PBS | Positive Behaviour Support |
| PPU | Public Protection Unit |
| PR | Parental Responsibility |
| RCPC | Review Child Protection Conference |
| RRRT | Rapid Response and Reablement Team |
| SALT | Speech and Language Therapy/Therapist |
| SARC | Sexual Assault Referral Centre |
| SCR | [Serious Case Review](https://jerseyscb.proceduresonline.com/local_keywords/scr.html) |
| SEMHIT | Social, Emotional and Mental Health Inclusion Team |
| SEN | [Special Educational Needs](https://jerseyscb.proceduresonline.com/local_keywords/sen.html) |
| SENCO | Special Educational Needs Coordinator |
| SEND | Special Education Needs and Disability |
| SNRM | [Self-Neglect Risk Management Meeting](https://jerseyscb.proceduresonline.com/local_keywords/snrm.html) |
| SOJP | States of Jersey Police |
| SOLO | Sexual Offences Liaison Officer |
| SPB | [Safeguarding Partnership Board](https://jerseyscb.proceduresonline.com/local_keywords/spb.html) |
| SPOC | Single Point of Contact |
| SPOR | Single Point of Referral |
| SRoL | Significant Restriction on Liberty |
| SUDI | Sudden Unexplained Death in Infancy |
| SUI | Serious or Untoward Incident |
| TAC | Team Around the Child |
| TAF | Team Around the Family |
| YES | [Youth Enquiry Service](https://jerseyscb.proceduresonline.com/local_keywords/yes.html) |

**For information on services in Jersey, please see:**

**Jersey Online Directory** [www.jod.je](http://www.jod.je)

NOTES