

# Adult Social Care Making Safeguarding Personal

Toolkit for Frontline Staff, Supervisors and Managers



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## Foreword

Making Safeguarding Personal is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Making Safeguarding Personal Toolkit (LGA, 2015)

All safeguarding partners should “take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.” Safeguarding “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.”

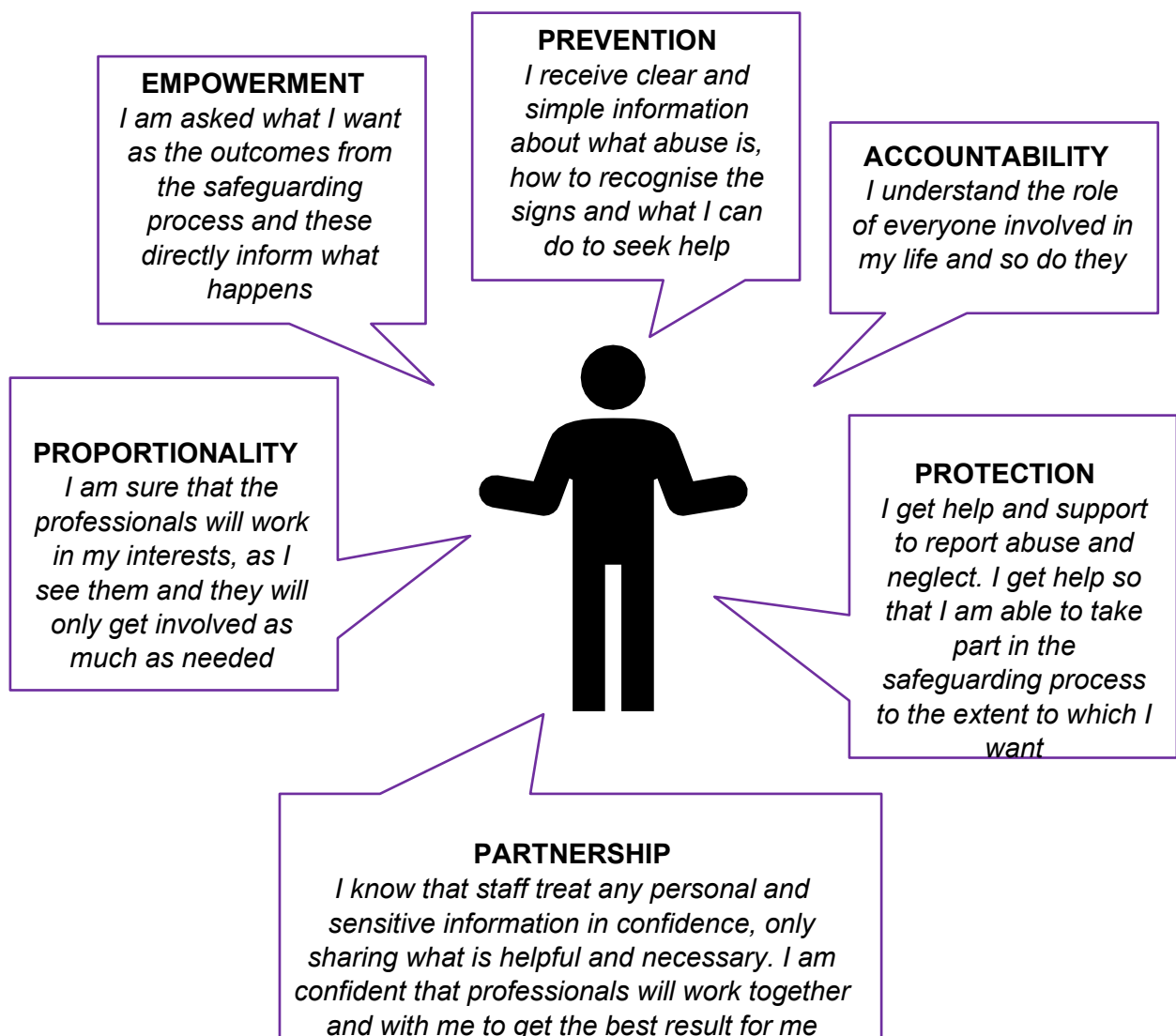
Care Act Statutory Guidance (2016)

Coventry City Council is extremely grateful to our colleagues at Solihull Metropolitan Borough Council for sharing their toolkit, expertise and consultancy.

This guide is based on the original work authored by Parbinder Johal (Senior Practitioner Adult Safeguarding)

## 1. The Principles Enshrined in the Care Act 2014

- **Empowerment** People being supported and encouraged to make their own decisions and giving informed consent
- **Prevention** It is better to take action before harm occurs o **Proportionality** The least intrusive response appropriate to the risk presented
- **Proportionality** The least intrusive response appropriate to the risk presented
- **Protection** Support and representation for those in greatest need
- **Partnership** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** Accountability and transparency in delivering safeguarding



## 2. Making Safeguarding Personal in Coventry

### “Conversations, conversations and conversations”

People can only make decisions about their lives if they know what their options are and what the implications of those options may be. They also need the opportunity to consider the options carefully. People can feel disempowered (and possibly damaged) by the safeguarding process unless they know what is happening and the choices they have. Their involvement is naturally promoted by engaging in empowering conversations with them and/or their representatives at every stage of the safeguarding process. This toolkit has been put together to assist us to apply a person centred and outcomes focussed approach to all aspects of our safeguarding work.

Making Safeguarding Personal approaches ensure

- ✓ the person and/or their representative is fully involved from the outset
- ✓ the views and wishes of the person are understood and addressed
- ✓ accessible information and advice is available

In Coventry we are committed to promoting MSP by ensuring

- ✓ we get feedback from people and/or their representatives about their experience of safeguarding
- ✓ the use of advocates is considered for all persons subject to safeguarding enquiries
- ✓ person centred mental capacity assessments and best interests decisions are made for all people suspected to be lacking capacity to make safeguarding decisions independently

We can work more robustly if we think creatively, ask more challenging and searching questions to learn about the person’s perception of the harm and how they feel their case should be managed. It is vital to include people in risk assessments and protection plans and recognise their strengths, particularly with regard to keeping themselves safe. The involvement of **advocates**, carers, relatives, friends and other relevant professionals is integral and key and should be carefully considered.

A person centred approach to safeguarding can be seen as problematic when people lack **mental capacity** to make safeguarding decisions, the ability to participate in the process, knowledge of what has happened and the protective measures available. It is important to stress that a person who lacks capacity has equal rights to those with capacity and best interest decisions reflecting their wishes, feelings, needs and values need to be made on their behalf. This toolkit includes an easy to follow mental capacity assessment tool, advocacy checklist and best **interest decision** checklist. It aims to de-mystify the perception that the assessment of mental capacity and best interests in safeguarding practice is complex and confusing by deconstructing the relevant decisions into simple points.

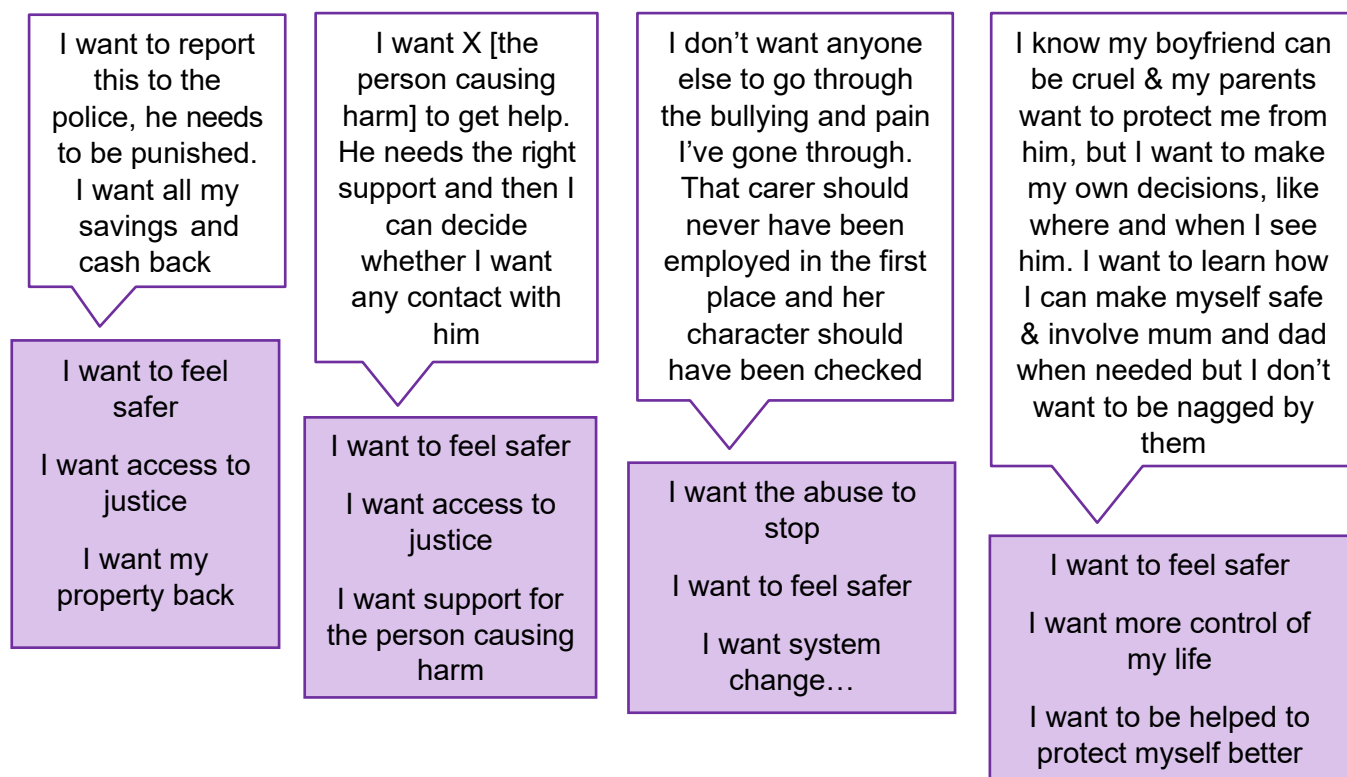
**User Involvement and feedback** is vital throughout the process for us to assess whether a person and/or their representative felt involved, listened to and in control of the decisions made about them. This feedback will form part of the lessons we learn and capture important data that will help us to improve our safeguarding service.

We already determine outcomes by having conversations with people about their wishes and feelings and use the following outcomes measures in our safeguarding recording forms and templates to encapsulate those wishes and feelings. This process identifies if the safeguarding outcomes from the Care Act have been met.

### Outcomes Measures

- I want to continue to, or return to, living in my own/chosen home
- I want to feel safer
- I want access to justice
- I want accountability from the person/organisation alleged to be responsible
- I want support for the person alleged to be responsible
- I want to be helped to protect myself better
- I want to know where I can access support in the future
- I want system change where this played a part in abuse occurring
- I want others to be protected from similar risk and abuse
- I want to be more in control of my life
- I want the abuse to stop
- I would like the return of property/money
- Other Outcome (not listed)
- Adult/representative was asked but did not state any wishes

The person's wishes and feelings should be recorded in their own words and translated into the relevant outcomes measure



### 3. What Research Tells Us

Research and practice tells us that people's experiences of safeguarding indicates they can feel ashamed, guilty, embarrassed or afraid that they have been harmed or abused. Also, they may have made compromises for a long time in order to maintain a relationship or because they feel dependent, do not want to lose control or get people into trouble and fear losing relationships. Some people report they were unaware they were subject to safeguarding procedures.

Research also tells us that "making a difference" to people's lives can be measured in three dimensions:

1) **Outcomes involving change** – improvements in physical, social and emotional well-being

2) **Outcomes involving maintenance or prevention** – having a good environment, being safe and secure, having social contacts, having control over daily life

3) **Service process outcomes** – being treated as an individual, feeling valued and respected, taking account of cultural, religious and language preferences

Research studies have also shown that when people subject to high risk domestic violence and abuse engage with an Independent Domestic Violence Advocate there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.



**It is vitally important to be aware that consent for you to undertake safeguarding activity will not be needed if doing so**

- will increase the risk of harm to the person or others,
- threatens the persons vital interests (e.g. serious injury, loss of life)
- threatens the public interest (e.g. people who work with adults with care and support needs, children are at risk)



#### 4. Summary of Tools and when to use them

This toolkit, and the individual tools (in word format) are available on the [Safeguarding Adults Intranet page](#). Click on the [link](#) to see the guidance and more information about each of the tools.

##### **The person must be seen and consulted at the earliest point possible**

To be used at concern stage

The [One Page Profile](#) helps to provide a summary of the person's strengths, qualities and what they view as important. When done well, it can be reliably used by everyone involved in the safeguarding process to get to know the person quickly and ensure they get consistent support that gives them the control they want.

##### **An assessment of mental capacity must be considered where the person has an impairment or disturbance in the brain which affects their ability to make safeguarding decisions(s)**

To be used when decision(s) have to be made, starting at enquiry stage

The [Mental Capacity Assessment Tool](#) and will help you to decide what the decision is, the salient points and the type of questions that need to be asked. It includes a [Checklist](#) of trigger questions help to structure those conversations and a [Questions and Answers](#) section. If the person is assessed as lacking mental capacity to make the decision you need to make a best interest decision on the persons behalf. The [Best Interest Checklist](#) will help you to ensure that the decision to be is made is reflective of the person's needs, wishes, feelings, circumstances and outcomes.

There's more information on the [Mental Capacity Act Intranet page](#)

The [Understanding Mental Capacity website](#) has a specific section for carers (and professionals) which contains lots of useful information about the Mental Capacity Act.

##### **The person's ability to express their outcomes has to be assessed and a representative or advocate needs to be appointed**

This should be at concern/enquiry stage or at the earliest point thereafter

The [Advocacy Checklist](#) provides guidance on when to use an advocate, what type of advocates may be suitable and how to make a referral.

##### **The person or their representative should be helped to identify and agree the outcome(s) desired.**

To be used at the concern and/or enquiry stage

The [Identifying Outcomes Aide Memoire](#) is a checklist of trigger questions that help to determine the outcomes most important to the person. This could relate to how they want the process to be managed, how involved they want to be, who they want to help them, how they want to be protected and achieve restoration and recovery. You should use discretion and judgement to adapt the suggested questions and statements to suit the person or situation.



**Outcomes should be kept under review to see if they are being met or have changed**

Outcomes can be reviewed at any point during the process but must be reviewed at the end of the enquiry

The [Reviewing Outcomes Aide Memoire](#) is a checklist of questions to consider.

**The person and/or their representative should be supported to be identify what is and not working**

This can be used at the planning stage or whenever the need arises

The [What's Working/Not Working Tool?](#) helps to identify and breakdown different perspectives about what's working, what isn't working and what needs to be maintained. When used well (i.e. in line with the underpinning principles) it can help diffuse conflict, ensure the person's voice is not lost and plan next steps.

**The person and/or their representative should be supported to understand how they can be protected and what can and can't be done to support them.**

This should be done when planning protective measures

The [Happy/Safe Grid](#) helps to assess if actions support the persons wellbeing and safety if they conflict. It helps with positive risk taking and safety planning.

**The person needs to be clear about what your role is**

This can be used when planning and implementing protective measures

[The Doughnut](#) helps you to breakdown your core responsibilities, areas where creativity/judgement can be used and where things that fall out of our responsibility.

**Feedback from the person and/or their representative should be obtained throughout the safeguarding process**

The [Safeguarding Experience Survey](#) asks how it feels for people and what can be done to improve the support offered by asking; if the person felt fully involved and listened to, if their most important things they wanted to see happen achieved, if there is anything that could have been done differently. It can be completed independently by the person, or with the support of the social worker or someone independent from the Safeguarding Adults Team or Coventry Safeguarding Adults Board (CSAB).

## A. One Page Profile

A good one page profile makes you feel like you have met the person just from reading it. It can also help other professionals, of which there can be many, (some who may never have met the person!) to understand what matters to them.

### **What people appreciate, like and admire about me.**

### **My strengths. My wishes. My feelings. My values and beliefs.**

Think about how the persons own strengths and qualities can be used especially, when considering protective measures.

Learn about the person. Be professionally curious. Useful questions could be;

- What characteristics do people admire about you?
- What would your partner, family/best friend say they love and value about you?
- What do people thank you for?
- What is the best compliment you have been paid?
- What do you think your best qualities are? What do others say?
- How have you coped with problems in the past?...particularly where harm has come to your or your loved ones
- How do you make yourself safe?

### **What is important to me**

This section describes what really matters to the person and must be respected throughout the process

- Who are the people that matter most to you?
- How often do you see them?
- What would you never leave home without?
- What do you always carry with you?
- What do you usually do on a regular basis, ie daily/weekly?
- What should I/we never forget when supporting you/planning what to do?

### **How to support me**

This section is what others need to know or do to support the individual in the best way to maintain choice and control.

- What is a good day like for you?
- What makes you feel better, more in control...what's important when making decisions about you/for you?
- What can others do to help you feel better, happier and in control?
- If someone is new to you, what are the most important things they need to know to make you feel comfortable?

The form is titled 'My One Page Profile' in purple. It has a header section with two boxes: 'Your name here' and 'Age & Occupation' (both in purple), and a 'Photo' box. Below the header are three large text boxes. The first box is labeled 'What people appreciate, like and admire about me' and 'My strengths, My wishes, My feelings, My values and beliefs'. The second box is labeled 'What is important to me'. The third box is labeled 'How to support me'.

[Click here for the Word version template](#)

## **B. Mental Capacity Assessment Tool**

### **Using the Mental Capacity Act to Make Safeguarding Personal**

The application of the Mental Capacity Act 2005 Act is pivotal in safeguarding work when a person lacks mental capacity. When this is done well a person's ability to understand and participate in the decision making process is maximised and where they are assessed as lacking capacity best interest decisions are made on their behalf. It cannot be overstressed that a person has to be helped and supported to make a decision independently before a capacity assessment follows. Furthermore, if a person is deemed as lacking mental capacity it has to be remembered that they may still be able to participate in the making of best interests decisions

Different people want different outcomes and require different approaches to achieve those outcomes. In essence all decisions reflect outcomes. Some decisions are urgent, some decisions can wait and some decisions require capability and understanding to be maximised through education and support. A flexible and personalised approach is required in accordance with the nature of the safeguarding enquiry.

#### **The range and type of decisions in safeguarding cases can include:-**

- consent to starting the process
- consent to sharing information
- consent to safeguarding enquiries going ahead
- consent to protective measures being discussed and planned for

#### **These decisions can involve demonstrating an understanding of issues such as:-**

- understanding what harm has occurred
- understanding the risks and consequences of the harm
- understanding specific protective measures and what they entail

This involves conversations with individuals which are of a sensitive, personal and often difficult nature. The guidance below provides helpful prompts and points that may need to be considered in these conversations. It aims to help practitioners to structure their thoughts and judgements so they can produce well informed, person centred assessment conclusions and best interest decisions. It is not a prescriptive or exhaustive list and each case will present its own opportunities and challenges as unique pieces of work. It can also act as a useful tool in situations where you are not formally testing capacity but need clarity to identify and break down relevant decisions.



#### **It is vitally important to be aware that consent may not be needed when it:**

- will increase the risk of harm to the person or others,
- threatens the persons vital interests (e.g. serious injury, loss of life)
- threatens the public interest (e.g. people who work with adults with care and support needs, children are at risk)

### **What the Mental Capacity Act 2005 and the Code tell us**

**Consider if there is an impairment or disturbance in the functioning of the mind or brain.** *It is important to remember that it is not necessary for the impairment or disturbance to fit into a medical diagnosis of mental disorder. It can include any medical conditions causing confusion, drowsiness, concussion, and the symptoms of drug or alcohol abuse.*

**Causative Nexus: Is that impairment or disturbance directly related to the inability to make this decision?**

**If YES you are required to assess a person's capacity**

- ✓ Do all you can to maximise a person's capacity
- ✓ Consider if the decision can wait until the person regains capacity
- ✓ Remember that unwise decisions do not in themselves prove lack of capacity



The guidance below aims to illustrate the salient points that might underpin a decision and the types of questions and points you may discuss with the person. Each case is unique with its own specific decisions, risks, consequences and solutions so please do not use as a prescriptive checklist. It should help to shape and structure your thought process to help you make balanced and well informed professional judgements.



#### **OVERARCHING DECISION**

**CAN THE PERSON CONSENT TO A SAFEGUARDING ENQUIRY GOING AHEAD? CAN THEY GIVE CONSENT TO CERTAIN DECISIONS AND ACTIONS BEING TAKEN DURING THE SAFEGUARDING PROCESS?**



**Can the person consent to the Safeguarding process starting?**

#### **❖ Examples of relevant Information**

- ✓ that they have been harmed
- ✓ that information will be shared and discussed about them with e.g. GP, care provider, nurse for the purpose of investigating the harm, and planning how best to protect them
- ✓ that immediate safety actions need to be taken



**Does the person understand that they have been harmed or they are neglecting themselves? OR Does the person understand why other people are expressing concerns?**

#### **❖ Examples of relevant Information**

- ✓ they were given the wrong medication by their carer and as a result suffered ill health which caused them to need urgent medical treatment, hospitalisation...
- ✓ that they were inappropriately touched by...
- ✓ that their carers may have harmed them by...

- ✓ that their property/personal belongings were sold without their permission by...
- ✓ that they are not caring for themselves e.g. eating, washing, dressing, taking medication...
- ✓ that they were assaulted and this caused (serious) injury to their arm, head...
- ✓ that their savings have been spent by ... without their permission



### **Does the person understand the risks and consequences related to the harmful acts?**

#### **❖ Examples of relevant Information**

The risk and consequences of the harmful act(s)

- That if they continue to have contact with...
  - ✓ they are likely to continue to lose money, property and belongings and therefore will not have enough money to carry on living in their home/pay for food/ bills...
  - ✓ the name calling, bullying, insults and shouting are likely to continue and cause a deterioration in their mental health
  - ✓ that controlling behaviour is likely to worsen and they are therefore likely to become even more isolated and lonely
  - ✓ they are likely to suffer ongoing harm e.g. kicked, punched again and this could cause (serious) injury, loss of mobility, risk to life...
- That if they continue to live in their current circumstances and refuse essential treatment and care
  - ✓ they are likely to experience poor/worsening mental/physical health e.g. skin deterioration, infection, sepsis, pressure sores, worsening anxiety, erratic blood sugars (which can potentially impact on their organs, cause considerable pain, lead to death...)
- That if they continue to live in their own home without intervention and support
  - ✓ they (and others) are at higher risk of ill health/disease as the infestation of mice in their home is likely to considerably worsen
  - ✓ they are at higher risk of being burgled as the front door to their home does not have secure locks fitted
  - ✓ the risk of fire will continue to be high due to the heavy piles of items overloading electrical wires/appliances
  - ✓ they are unlikely to get out quickly and safely from their home in the event of a fire as their home lacks clear and safe escape routes
  - ✓ in the event of a fire, it is highly likely to spread more quickly due to the large number of highly combustible items (such as newspapers, magazines and mail that have accumulated)
  - ✓ they are at higher risk of having a fall and injuring themselves because of the multiple items that are causing an obstruction
  - ✓ they are at risk of poor health, hypothermia...as they will continue not to have access to hot water, heating, hot meals
  - ✓ the condition of their home is causing a public health concern which may lead to legal forced entry...



## Can the person participate in making decisions about interventions/ protective measures?\*

### ❖ Examples of relevant information

Do they understand this involves

- ✓ having someone like a neighbourhood warden visit to make sure they are safe and can summon help in times of need/harm
- ✓ having security locks fitted to make their home safer
- ✓ having a police marker registered to their property so when they call the police they will get an urgent response (eg in high risk DVA cases)
- ✓ agreeing to increased support or supervision e.g. having a carer visit to ensure they eat, take their medication, have a bath...
- ✓ restrictions being put in place on accessing specific services/places
- ✓ accessing counselling or psychological support to understand and address the risk of further abuse
- ✓ requesting the Court of Protection to appoint a property and affairs deputy
- ✓ seeing the district nurse regularly to ensure they get the right care eg applying dressing, giving injections, wound monitoring
- ✓ having their bills paid by direct debit so they have less cash at home
- ✓ having their benefits managed by someone else they can trust (eg appointee)
- ✓ paying someone to de-clutter and deep clean their home
- ✓ having contact with certain people restricted
- ✓ having a court order in place to prevent...from coming near them
- ✓ moving home (either temporarily or permanently)\*\*

*\* if the person is unable to understand one or more protective measures then you, on behalf of the local authority, have the discretionary power to instruct an IMCA – please see advocacy section*

*\*\* you will have a duty to instruct an IMCA if the person lacks capacity and if the move exceeds 8 weeks.*



## Can the person give consent to an interview with the Police taking place?

### ❖ Examples of relevant information

Do they understand this involves

- ✓ making a statement to a police officer so they can decide whether a crime has taken place and take action afterwards. This could include
  - talking to the person who is causing the harm
  - witnesses going to court and giving evidence\*\*\*
  - collecting forensic evidence

*\*\*\* Please note that assessing mental capacity to litigate is a separate decision and needs specialist advice. Please consult Legal Services.*

There's more information on the [Mental Capacity Act Intranet page](#)

The [Understanding Mental Capacity website](#) has a specific section for carers (and professionals) which contains lots of useful information about the Mental Capacity Act.

### C. Checklist – Questions to consider when assessing capacity

1. Is there an impairment or disturbance in the functioning of the mind or brain?

2. Is that disturbance directly related to the inability to make this decision?

If NO – the Mental Capacity Act cannot be used but there may other legal options.

#### **1. Introduce yourself**

Explain the purpose of your visit to the person and clearly inform them of the decision they have to make.

***Can the person consent to a safeguarding enquiry going ahead? Can they give consent to certain decisions and actions being taken during the safeguarding process?’***

#### **2. Is the person able to understand the information relevant to the decision**

Explain that you are concerned that they may have been harmed and it is your role to look into this further and support them to be safe from future harm

- Can you describe what happened? [or is happening or might happen]
- Where did it happen?
- Who did it involve? Do you know their names?
- How often does this happen?
- How does this make you feel? Are you scared or anxious about this?
- Do you know this is abusive/harmful or why others might think it is abusive/harmful because ..... (e.g. has caused injury, caused you to lose money, property)
- Do you want the harm to stop?
- How can you make it stop? Who would help you? What steps would you take?
- Do you need any help to protect yourself?
- Do you want this situation to be investigated? Do you want my help to do this? What kind of help would you need?

#### **3. Is the person able to recall the information?**

- What is the decision that you have to make? Do you know why you have to make it?

#### **4. Is the person unable to use and weigh the information as part of the decision making process?**

- What will happen if the harm stops?
  - What will happen if the harm doesn't stop?
  - What steps would you take to prevent this harm?
- 5, Is the person unable to communicate his decision?

#### **5. Is the person unable to communicate their decision?**



## **D. Questions and Answers**

### **1) What factors trigger a mental capacity assessment?**

- An assessment of mental capacity should be considered in all safeguarding cases where:-
- there is a formal diagnosis of cognitive impairment
- a neuro-psychological assessment testing suggests cognitive impairment
- there are concerns about the persons capacity that have been raised by others
- there are discrepancies in the persons own evaluation of their abilities
- there is collateral evidence suggesting a change in personality
- there is a failure to learn from mistakes
- there is repeated risky or unwise decisions

### **2) Safeguarding activity can potentially involve lots of decisions taking place at different points of the process. At what point do I have to assess capacity and do I formally record the assessment?**

Decisions related to safeguarding activity are classed as complex decisions and you have to formally record your assessment. You are required to assess mental capacity at the point you are planning to take action on behalf of a person. The more complex and/or contentious the decision the more vital your recording will become. The details of the case will determine at what point you are planning to take an action on behalf of a person. You can use the guidance above to determine what decision is needed and at what point.

### **3) What is the threshold for demonstrating sufficient understanding of the decision?**

The person must be able to understand why the decision needs to be made and the consequences of the decision. It is acceptable for information to be understood in broad terms. Case law indicates that the level of understanding does not need to be in-depth. It is for you as the assessor to judge how much information to provide and ask the necessary questions.

### **4) Sometimes decisions in the safeguarding process are medical or criminal in nature? Who is the decision maker in these situations?**

You are undertaking safeguarding activity on behalf of the person so it is you who will be making many of the decisions on behalf of the person (if they lack capacity). Remember that the person only needs to demonstrate an understanding of the salient points of a decision and not an in-depth understanding. Therefore you should feel equipped to confidently undertake the assessment. Where you feel you don't know the salient points or need assistance in undertaking the assessment consult or directly involve the relevant professional e.g. GP, Psychiatrist, Sexual Health Nurse, Psychologist, Police Officer.

### **5) What is the role of the person holding the Lasting Power of Attorney in safeguarding? Are they the decision maker?**

A health and welfare LPA/Deputy cannot stop you commencing a safeguarding enquiry as it is you who is undertaking a statutory duty on behalf of the Local Authority. If there is a finance and health and welfare deputy both need to be part of the decision

making process with regard to the safeguarding plan as it will involve both of them potentially. The LPA(s) would need to agree to the safeguarding plan unless they are the ones you are safeguarding the person against.

You need to check the LPA content as the person writing the LPA may have said that there are things the LPA is not permitted to do.

#### **6) What happens when there are conflicting concerns about a best interest decision?**

Family members, partners and carers may disagree with you and between themselves about the decision. Or, they might have different memories about what views the person expressed in the past. As the decision maker you will need to find a way of balancing these concerns or deciding between them. The first approach should be to review all elements of the best interest checklist with everyone involved. They should include the person who lacks capacity (as much as they are able to take part) and anyone who has been involved in earlier discussions.

#### **7) There will be times when an adult who has capacity decides to accept a situation considered as harmful or neglectful. What happens next?**

If the person has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the person is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the person that this action is being taken unless doing so would increase the risk of harm. You can share information with other professionals if the following apply.

- other people are being put at risk (for example, letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk)
- a child is involved
- the alleged person causing harm has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- coercion is involved

#### **8) Carers and/or family members often need more information about the Mental Capacity Act and how it is affecting their loved one. Sometimes conflict can arise when an assessment outcome is disputed. Where can they get more information?**

Encourage family members or relevant others to refer to the Code of Practice. You can also advise them to visit the **MCA portal** for more information. This is a public facing website which has a specific section for carers (and professionals) which contains lots of useful information. It can be accessed at:

[https://www.umccoventry.co.uk/adults\\_and\\_carers/](https://www.umccoventry.co.uk/adults_and_carers/)

## E. Best Interest Checklist

**You are the decision maker as you are making safeguarding decisions on behalf of the person lacking capacity** and it is therefore your responsibility to work out what would be in the best interests of the person. Remember, you must not act or make a decision based on what you would want to do if you were the person who lacked capacity.

- ✓ Is the person likely to regain capacity. If so, can the decision wait until then?
- ✓ Do not make assumptions about someone's best interests merely on the basis of the person's age, appearance, condition or any aspect of their behaviour.
- ✓ Encourage the person to take part, try to improve their ability to take part.
- ✓ Try to identify all the things that the person would take into account if they were making the decision or acting for themselves
- ✓ Find out about a person's wishes, feelings, beliefs and values. Consider factors such as cultural background, religious beliefs, political convictions, past behaviours or habits that are likely to influence the decision in question.
- ✓ If it is practical and appropriate consult other people for their views about the person's wishes, feelings, beliefs and values. Try to consult anyone previously named by the person as someone to be consulted about the decision or similar issues, anyone engaged in caring for the person, close relatives, friends or others who take an interest in the person's welfare, any attorney appointed under a Lasting Power of Attorney or Deputy appointed by the Court of Protection to make decisions for the person
- ✓ Think about the different options and get the relevant people to think about them
- ✓ A best interest assessment must consider past and current wishes, feelings, beliefs and values alongside all other factors, **but the final decision must be based entirely on what you judge to be in the person's best interests.**

### Record Keeping

- how the decision about the person's best interests was reached
- what the reasons for reaching the decision were
- who was consulted to help work out best interests, and what particular factors were taken into account

Remember that persons lacking mental capacity have the same right as those with capacity to have their outcomes expressed. Although in some cases it can be challenging, a good best interest decision reflects the wishes, feelings, values and needs of the person. You should therefore be able to translate it into the outcome measures on the safeguarding recording forms.

### Outcomes Measures:

- ✓ I want to continue to, or return to, living in my own/chosen home
- ✓ I want to feel safer
- ✓ I want access to justice
- ✓ I want accountability from the person/organisation alleged to be responsible
- ✓ I want support for the person alleged to be responsible
- ✓ I want to be helped to protect myself better
- ✓ I want to know where I can access support in the future

- ✓ I want system change where this played a part in abuse occurring
- ✓ I want others to be protected from similar risk and abuse
- ✓ I want to be more in control of my life
- ✓ I want the abuse to stop
- ✓ I would like the return of property/money
- ✓ Other Outcome (not listed)
- ✓ Adult/representative was asked but did not state any wishes

If the decision is contentious or complex it may help to take a balance sheet approach

Benefits	Burdens
Medical	Medical
Emotional	Emotional
Welfare/Social	Welfare/Social
What best interest decision has been made	
Please explain what has been decided in the persons best interests and reasons for that decision	

## F. Advocacy Guidance and Checklist

### Knowing when to instruct and select the most suitable Advocate

This will depend on who you consider to be **the most appropriate individual** to consult and/or represent the person. If the person already has built up a good relationship with an existing advocate (generic or statutory) and this is the best person to support them (because they know them well and have developed a strong rapport) this should be respected. You may come across cases where you think the person is most appropriately supported by an IMCA working alongside an IDVA or Care Act Advocate.

### Care Act Advocate

You must assess the person's ability to understand and engage in the process. If you assess they are having 'substantial difficulty' and do not have an appropriate person to support them a referral should be made to a Care Act Advocate to **facilitate** their involvement. Substantial difficulty relates to understanding, retaining, using or weighing relevant information and communicating views, wishes and feelings. This may apply where a person is assessed as having mental capacity to make safeguarding decisions but where you judge them as having difficulty engaging in the process.

### Independent Mental Capacity Advocate (IMCA)

You should consider appointing an IMCA where an individual lacks mental capacity to understand one or more **protective measures**. This will help to ensure the persons wishes, feelings and beliefs are taken into account when best interest decisions are being made about them. You can still refer to an IMCA even if the person has family or friends to support them. IMCAs aim to establish that all possible protective measures have been considered (including, not to take protective measures) and whether this is the least restrictive option. They can access relevant records and will meet the person (if possible) and relevant others (eg professionals, paid carers, family). IMCAs will also find out whether the person has been given as much support as possible to participate in the decision making process. When you refer to the IMCA service make sure that you explain the decisions that the person needs to be supported with.

### Independent Mental Health Advocate (IMHA)

The main aim of an IMHA is to support people detained or subject to the **Mental Health Act** to understand their legal rights. IMHAs can support people in a range of other ways to ensure they can participate in decisions about their care and treatment and this includes safeguarding activity. If a person already has an IMHA and you consider that they are the most appropriate person to support the person they can be used.

### Independent Domestic Violence Advocate (IDVA)

You should consider referring to an IDVA in **domestic violence and abuse** cases which are high risk. IDVAs work very closely with the person to assess the level of risk, discuss protective measures and implement protection plans (including MARAC). They help a person decide what solutions are available and what they entail and support and represent them in meetings. As solutions are often multi-agency in nature

IDVAs can work with a range of organisations such as the Police, Housing, Courts and Solicitors.

### **Independent Sexual Violence Advocate (ISVA)**

You should consider referring to an ISVA if you are working with a person who has been subject to **rape or sexual assault**. An ISVA will work very closely with the person to help them understand the criminal justice process, for example what will happen if they report an offence to the Police, if they go to court, the process and importance of forensic evidence. This enables them to make empowered and informed decisions. They can also provide independent support through a criminal investigation and court proceedings, emotional support through a period of crisis with face to face and/or telephone support and liaise with other services and agencies on someone's behalf.

### **How to refer**

Voiceability is our provider for independent advocacy services  
(Care Act, IMHA & IMCA)

E-mail [helpline@voiceability.org](mailto:helpline@voiceability.org)

Phone 0300 303 1660

Web [www.voiceability.org/support-and-help/services-by-location/coventry](http://www.voiceability.org/support-and-help/services-by-location/coventry)

Refer by completing online form [www.voiceability.org/make-a-referral](http://www.voiceability.org/make-a-referral)

Please call 0300 303 1660 if you need to discuss the referral

- ISVA - Refer by contacting Coventry Rape and Sexual Abuse Centre (CRASAC) helpline on 024 7627 7777 or visit [www.crasac.org.uk/need-help/advocacy](http://www.crasac.org.uk/need-help/advocacy)
- IDVA - Refer by contacting Coventry Domestic Violence and Abuse Partnership on 0800 111 4998 or visit [www.safetotalk.org.uk/servicedirectory](http://www.safetotalk.org.uk/servicedirectory)

Also see: [Advocacy Factsheet](#)

## G. Identifying outcomes aide memoire

### **What help and support do you feel you need to tell us about what has happened?**

Explain your role. Consider what help and support you can give the person so they can explain what has happened? Are you giving them time, space, asking the right questions, do they appear comfortable talking to you? Are you generating a rapport? Is the environment conducive to effective communication? Consider advocacy, support from friends/family/carers, leaflets, translation, communication aids

**How do you feel about the concern(s)?** Does the person know they have been harmed, what do they think about the impact this has had on them, how can you help them understand the risks and consequences of the harm? Can you provide information on what harm/abuse is? Ask 'how has this affected you?' Think about the language you are using, pay attention to how comfortable the person is, be sensitive to any hint of coercive control. Think about other ways the person can express what they want to say e.g. they could write things down in their own time and give you at a later stage, you could leave some questions with them to think about (as long as it is safe to do so)

**What is important to you right now? How can we help you to feel safe? What do you feel about the risk of being harmed (again)?** Asking about feelings can open up conversations. Talk about the risks e.g. injury/theft/deterioration in health and wellbeing. Consider safety, risks, important relationships, strengths, support network, protective factors. Try to establish what their perception is as this may not necessarily match your perception. Talk about why you are concerned about further mistreatment/harm. Establish how they have made themselves safe previously? Which people make them feel safe?

**What will help you to feel in control of what's happening? How involved do you want to be?** Explain what happens and how the person can be involved e.g. 'you and someone you trust e.g. advocate, carer, friend can come to meetings, someone can help you to prepare for the meetings, we can divide the meeting up so you're not there for all of it, you could write a statement and I can read out for you, or you can think about it and let me know what you want me to say on your behalf.' Consider if there is more time to allow the person to think..... plan.... involve themselves.....

**Do you give your consent for an enquiry to take place to investigate the harm? Is there anything that concerns you about us doing this? Do you understand what this means?** Does the person know and understand their rights? Ask about their worries if matters were taken further. Carefully consider how you explain when an enquiry has to take place when they don't wish it to..... ie when you have a statutory obligation, eg serious crime, carers implicated in harm, children at risk, threat to vital or public interest, CQC regulatory actions.....

**What would you like the result/outcome of addressing the harm to be?** What are the person's wishes and feelings. Relay them back to ensure you've captured them correctly. How can you help the person to identify their desired outcomes?. Provide information about options... Consider whether desired outcomes are realistic? Can you negotiate a realistic outcome that reflects their wishes and feelings?

**What would you like to not happen?** As important as identifying outcomes is to identify what the person does not want to happen. Consider risks to them, risks to others. I don't want to lose contact with my son, daughter, I don't want to be lonely, I don't want the person causing harm to be prosecuted or get into any trouble, I don't want others to go through what I've gone through'.

**Is there any information you need?** What information can you give to help the person make informed choices, understand the process and be safe? Think about leaflets, contact numbers, websites, help they may need to use the internet, or understand a leaflet, go through it with them, find out whether information needs to be translated, interpreted, what type of advocacy would be of benefit, format of information to take account of disability and communication needs.

**NOW CONSIDER THE OUTCOMES MEASURES THESE CONVERSATIONS REFLECT**



## H. Reviewing outcomes aide memoire

At the end of the process – Case Conference or Case Closure the individual's outcomes that were recorded must be evaluated to see if they have been:




- Met
- Partly Met or
- Not Met

This evaluation must be undertaken with the person who had identified the outcome and their perspectives as to if they have been met, partly met or not met must be accepted. Partly meeting or not meeting an individual's outcome should not be considered a failure.

Have things changed? How have they changed?
How do you feel that you/we have progressed towards the wishes and outcomes you identified? <i>Does the person understand why their outcome has only been partly met or not met?</i>
What helped or prevented the achievements of outcomes?
Was there anything that could have been done differently?

## I. What's working/not working tool

Naturally we tend to discuss things that we are in agreement with but struggle when there is disagreement. This tool allows you to consider and analyse all perspectives, however conflicting they might be. It is proven to be effective when there is disagreement about the safety of a person. For example, the person might say I want to keep doing xyz. (i.e. the activities causing harm) and family members or other professionals might feel it needs to stop and that it is your role to make this happen. As the managing officer you can end up losing clarity and feeling stuck about what to do next, so objectifying the situation and clarifying and understanding everyone's perspective can be an extremely useful exercise.

What's working? 	What's not working? 
The Person	
Family	
Staff	
What needs to happen next to build on what's working and change what's not working? 	

It is important to note that there are core principles that underpin the tools use i.e.

- Not taking sides and remaining neutral
- Not criticising other people's perceptions
- Listening actively to what other people are saying

Practice research tells us that this type of tool helps to encourage honest dialogue, validate people's perspectives and encourage solutions and suggestions from participants. It is a way of moving away from conflict, restoring the person's perspective and their centrality to the process and planning next steps.

[Click here for the Word version template](#)

## J. Happy/Safe Grid

Work with the person/their representative to identify the safest strategies which also keep them satisfied and happy.

[Click here for the Word version template](#)

**Happy / Safe Grid**

Work with the person/their representative to identify the safest strategies which also keep them satisfied and happy.

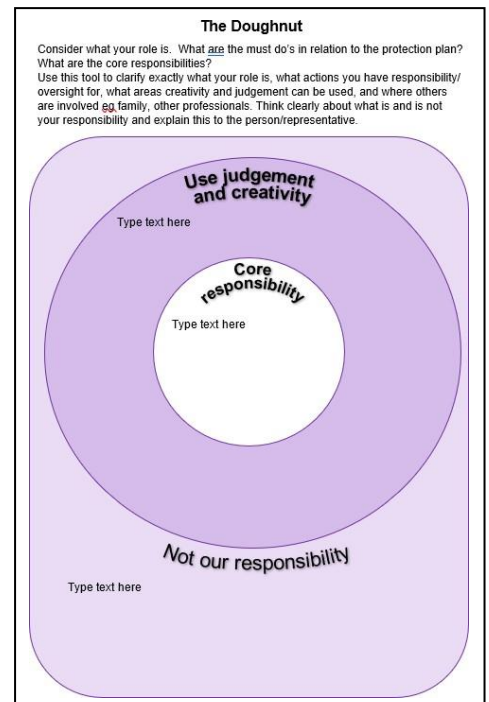
<div style="border: 1px solid black; border-radius: 10px; height: 400px; position: relative;"> <div style="position: absolute; top: 10px; right: 10px; background: white; padding: 5px; border: 1px solid black;"> <b>Happy</b> (important to)         </div> <div style="position: absolute; bottom: 10px; left: 10px; background: white; padding: 5px; border: 1px solid black;"> <b>Safe</b> (important for)         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 0.8em;">           These are the strategies to be taken forward in the first instance            If considering these strategies, think about what it would take to make the person least unhappy, or happier i.e. more of what is important to them, being supported in a way that make more sense to them         </div> <div style="position: absolute; top: 10px; left: 10px;">Type text here</div> <div style="position: absolute; bottom: 10px; right: 10px;">Type text here</div> </div>	<div style="border: 1px solid black; border-radius: 10px; height: 400px; position: relative;"> <div style="position: absolute; top: 10px; right: 10px; background: white; padding: 5px; border: 1px solid black;"> <b>Happy</b> (important to)         </div> <div style="position: absolute; bottom: 10px; left: 10px; background: white; padding: 5px; border: 1px solid black;"> <b>Unhappy</b> (conflicts with important to)         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 0.8em;">           If considering these strategies, think about what it would take to make sure that the person stays safe with each of them            Don't even think about these         </div> <div style="position: absolute; top: 10px; left: 10px;">Type text here</div> <div style="position: absolute; bottom: 10px; right: 10px;">Type text here</div> </div>
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## K. The Doughnut

Consider what your role is. What are the must do's in relation to the protection plan? What are the core responsibilities?

Use this tool to clarify exactly what your role is, what actions you have responsibility/oversight for, what areas creativity and judgement can be used and where others are involved eg family, other professionals. Think clearly about what is and is not your responsibility and explain this to the person/representative.

[Click here for the Word version template](#)



## L. Tips for making safeguarding meetings personal

Neither the Care Act nor the statutory guidance talks about the need to hold safeguarding meetings. However, holding a safeguarding meeting can assist in ensuring the individual is aware of what the different parties are doing in response to the safeguarding concern. In addition, the meeting can assist in ensuring all parties are aware of the individual's wishes and desired outcomes.

The Care Act guidance lays out clear expectations around involving people in their safeguarding enquiry stating:

“What happens as a result of an enquiry should reflect the adults' wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decisions, and be proportionate to the level of concern”.

Meetings should be organised and planned carefully to promote meaningful involvement of the person.

Effective involvement of the person and/or their representatives in safeguarding meetings requires professionals to be creative. Bear in mind these questions when planning the meeting:

- **How should the adult be involved?** Is it best for the person to attend the meeting, or would they prefer to feed in their views & wishes in a different way, e.g. a written statement? Is it best to hold one big meeting, or a number of smaller meetings?
- **Where is the best place to hold the meeting?** Where might the person feel most at ease and able to participate? Can you book a room at a local community venue?
- **How long should the meeting last?** What length of time will meet the person's needs and make it manageable for them?
- **What is the timing of the meeting?** When should breaks be scheduled to best meet the person's needs?
- **What time of the day would be best for the person?** Consider the impact of a person's sleep patterns, medication, condition, care and support needs
- **What will the agenda be?** Is the person involved in setting the agenda?
- **What preparation needs to be undertaken with the person?** How can they be supported to understand the purpose and expected outcome of the meeting?
- **What can the chair do to gain the trust of the person?**
- **Will all the meeting members behave in a way that includes the person in the discussion?** How can meeting members be encouraged to communicate and behave in an inclusive, non-jargonistic way? Introductions shouldn't involve acronyms eg CPN, O/T. The professional should state their role and how it is related to the safeguarding enquiry. Agree a format to enable the person to be heard.

In response to the Covid-19 pandemic and the need to minimise face to face contact, Coventry City Council adult services supported managers to use digital technology for holding safeguarding meetings. Guidance, including “top tips” in holding virtual meetings and ensuring adults and their family members are supported to attend “virtual” safeguarding meetings can be found via this link to the

[Adult Services Virtual Reviews and Meetings Practice Guidance \(intranet\)](#). Feedback from practitioners about how adults and family members have experienced the use of technology has been overall positive, some saying that they have found this method of attending meetings more flexible and convenient, therefore Practitioners and managers are encouraged to continue to consider the use of holding virtual meetings where it is felt appropriate.

## M. Understanding the persons experience

**At the beginning** of the safeguarding enquiry the person should be asked and recorded in the central safeguarding enquiry records :

- how they want to be involved in the process
- how they want to be informed
- who they want to be involved
- how they want to address the harm and what outcomes this reflects

**When the safeguarding enquiry is concluding** the person's outcomes should be reviewed and if they have been achieved. Again this will be recorded in the central safeguarding enquiry records.

**After the safeguarding enquiry has ended** the worker and manager should identify if the person involved could be approached to share their experience of the safeguarding processes. Receiving feedback helps us to understand how it feels for people; what is working well and what can be done to improve the support offered.

There is a short online survey, which asks the following three questions:

- Did you feel you were fully involved and included during the safeguarding, and did you feel your views and wishes were listened to?
- During your safeguarding experience, were the most important things that you wanted to see happen, achieved?
- Is there anything that we could have done differently that would have improved your experience?

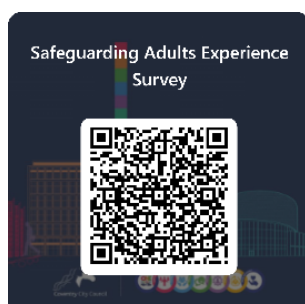
The worker should initiate discussions and share the experience survey. The person (or their representative) can complete the survey themselves, or with the support of the worker.

If the person would prefer to speak with someone independent from the social worker, someone from the Safeguarding Adults Team or Coventry Safeguarding Adults Board (CSAB) can support them.

The [Adult Social Care Safeguarding Experience Survey leaflet](#) outlines and explains the process and can be shared with the person.

Survey Link: <https://forms.office.com/e/3bgsQCMgTA>.

The survey can also be access by scanning the QR Code:



Everyone should be considered unless, in your professional judgement, there is good reason not to. This could include situations where involving the person:

- may place them in danger
- expose them to further risk of abuse or harm
- would not be ethically appropriate eg where the person is seriously ill, terminally ill or receiving palliative care.

Alternatively, the views of other people acting in the persons best interests and who have been involved in the enquiry can be sought, for example relatives, friends, carers, advocates, IMCAs etc.



## N. Reflective Practice and Making Safeguarding Personal

As a concept MSP is relatively simple and straightforward to understand. However, in practice safeguarding activity is often complex, challenging, uncertain and influenced by a whole host of variables. Explicitly ensuring the safeguarding experience is made personal is now also added to the mix, introducing its own opportunities and challenges. As MSP is about transforming culture and practice it requires us to develop and embed an altered mind-set, especially because we have become accustomed to a practice mind-set which is process driven. Person centred practice is already well aligned with social work and nursing values so thinking in this way should hopefully not present as a major challenge but will require us to revisit our value base and think more deeply about what we do and how we do it.

It is helpful to **THINK IN ACTION** by developing a self-awareness during your conversations with the person and/or their representatives. Try to become aware of your values and reflect on the impact they might be having on these crucial conversations. Are you being overly protective and steering the conversation towards your own internal biases? Are you avoiding certain conversations as they trigger discomfort? Are you being risk averse and avoiding risk based conversations? Think critically about whether you have automatically thought about process before the person and appraise and modify your approach so it shifts from process to person. You can then more easily **REFLECT ON ACTION** as you are already noticing the challenges and opportunities that those conversations create. You might already have a model of reflection you like to work with to like Gibbs reflective cycle or Kolb's learning cycle. The model below from Rachel Rayner helps us to think about new concepts and ways of working and the emotions it provokes in us which is a basis for further exploration and discussion.

### RACHEL RAYNER

#### HAIR-RAISING MOMENTS

What were the moments that made you think "wow"? i.e. the things that shocked you; That you were not expecting? What gave you goose-bumps?

#### TUMMY-SINKING MOMENTS

What are the moments you think did not go as hoped? What, if anything, gave you the "sinking feeling"? i.e. what might you do differently next time?



#### HEART-WARMING MOMENTS

What went well? What made you feel good about your work/practice? What are you proud of?

#### TOE-CURLING MOMENTS

What were the moments that made you feel uncomfortable? The moments that you had not/could not plan for that you learn from the most? i.e. the moments that in years to come you will look back and say, "I remember... and these "awful" moments are often the ones that we learn from the most.

You could also ask for feedback from the person, their representatives, other professionals and peers (informally or via action learning sets) so personalised approaches can be discussed and reviewed. You can approach your supervisors, team leaders, safeguarding champions and the safeguarding adults team to talk things through. The user involvement and feedback forms can also help you to frame your questions with service users at any point in the process.

Although participation in meetings is one way of involving the person it may not necessarily be the best option and should not be considered automatically as the default position. Involving the person in safeguarding meetings will introduce a new dynamic to the meetings and this needs to be carefully considered and planned for. Other ways of getting involvement will require imagination and creativity, for example holding the meeting at a local community venue if possible, creating the opportunity for the person to meet the Chair in advance of the meeting to make them feel comfortable and explain the agenda/format, involving the person in setting the agenda, splitting the meeting into two parts, getting a statement written by or for the person which can be presented at the meeting (by the carer/representative or by you or the chair).

MSP will no doubt encourage a set a conversations which practitioners may find difficult to grapple with at first, as it potentially involves more explicit conversations about risks, consequences, impact and safety whilst a person is recovering from or continues to be fearful of further harm. It may also involve conversations about people they love and want to maintain relationships with, but who are harming them. Critically reflective action learning has been shown to be one way of helping front line staff to share, deconstruct situations and sharpen thinking. It helps to effectively confront conflict in cases, review approaches, plan ahead and develop new ways of learning.

## O. Supervisors Aide Memoire

Trigger questions to encourage the use of MSP approaches and to stimulate reflective discussions with staff

	Area of Focus	Tools that may assist you Click on a tool title below to go to the tool
?	Does the person understand they have been harmed? Do they understand why others think they may have been harmed? Do they have family, friends or trusted others that they want to help them? Did they appear comfortable talking to you? What do you think the opportunities and barriers were to effective communication and involvement?	<a href="#">Identifying Outcomes Aide Memoire</a> , <a href="#">Mental Capacity Assessment Tool</a> , <a href="#">Reflective Practice and MSP</a>
?	Have you genuinely consulted the person? Was there any evidence of coercion, fear, holding back? How does the person want to be made safe? What outcomes does this reflect? How can these be met? Are they realistic? Have you talked this through with the person?	<a href="#">Identifying Outcomes Aide Memoire</a> , <a href="#">Mental Capacity Assessment Tool</a> , <a href="#">Reflective Practice and MSP</a>
?	What are the person's wishes, feelings, values and beliefs? Are you making sure that you are not imposing your beliefs and values on them about how they should be viewing the situation and/or how things should progress?	<a href="#">Reflective Practice and MSP</a> , <a href="#">Identifying Outcomes Aide Memoire</a> , <a href="#">Best Interests Checklist</a>
?	Does the person/representative understand your role and what you can/ cannot do?	<a href="#">The Doughnut</a>
?	Have you consistently kept the person central to the process? How? Can you do this better? Are others dominating discussions?	<a href="#">What's Working/Not Working Tool</a> , <a href="#">Reflective Practice and MSP</a> , <a href="#">One Page Profile</a>
?	Have you provided the person with enough information about the relevant options? How have you done this? Did the person understand? Have you used jargon free language? Is there another person who can explain this better than you especially where it requires specialist knowledge e.g ISVA, IDVA	Information specific to the case eg. website, leaflets, one-to-one advice, <a href="#">Mental Capacity Assessment Tool</a> , <a href="#">Reflective Practice and MSP</a> , <a href="#">Advocacy Guidance and Checklist</a>
?	Have you considered the person's strengths, especially in situations where they have made themselves safe both generally in life, in similar situations, and importantly from the recent harm?	<a href="#">One Page Profile</a> , <a href="#">Identifying Outcomes Aide Memoire</a> , <a href="#">What's Working/Not Working Tool</a> , Working with Risk Tools
?	Have you considered using an advocate? What kind of advocate would best fit this situation? Does the person already have an advocate, would they benefit from using them or another advocate or both? Are you clear about the purpose of the advocate? Is the advocate clear? Is the person, family etc. clear about the role/purpose of the advocate?	<a href="#">Advocacy Guidance and Checklist</a>

?	Are there conflicting perspectives which means you are losing sight of the person? Are other people taking over or imposing what they think should happen? Can you separate what matters to the person and what matters to others? (ensuring you're respecting all perspectives but giving prominence to the person's perspective)	<a href="#">What's Working/Not Working Tool</a> , <a href="#">One Page Profile</a> , <a href="#">Reflective Practice and MSP</a>
?	Have you explained the safeguarding processes with the person or their representative? Have they understood what will happen? How do they want to be consulted/informed/involved about the progress of the enquiry? Have you explained the different ways they can be involved? What works for them?	<a href="#">Identifying Outcomes Aide Memoire</a> , <a href="#">Reviewing outcomes aide memoire</a> , <a href="#">Tips for making safeguarding meetings personal</a> , <a href="#">Understanding the persons experience</a>
?	What are the risks? Is the person aware of them? Do they understand the consequences? How do they feel the harm is impacting on them? How do they want to be protected? How have you involved them in the risk assessment and management plan? Did you feel comfortable asking these questions?	Working with Risk Tools, DASH, Positive Risk Taking, <a href="#">Happy/Safe Grid</a> , <a href="#">Mental Capacity Assessment Tool</a> , <a href="#">Reflective Practice and MSP</a>
?	Does the person have the mental capacity to make the relevant safeguarding decision(s)? Have you maximized their ability to make the decision(s) independently? How have you done this? Have you referred to the Code of Practice for more information?	<a href="#">Mental Capacity Assessment Tool</a>
?	What do you see the difficulties around involving the person/ representative(s)? Have you used any of the tools to help unpick or clarify things? especially in situations where there are different perspectives.	<a href="#">What's Working/Not Working Tool</a> , <a href="#">Reflective Practice and MSP</a>
?	If another agency is undertaking the enquiry have you ensured that they are personalising the experience for the person? How are they doing this? How could they alter their approach and how can you work positively with them to encourage a personalised approach? Have they done it really well? Think about how you can learn from their approach.	Share the Toolkit with them, <a href="#">Reflective Practice and MSP</a>
?	Have you suggested/considered the least restrictive protective measure?	<a href="#">Mental Capacity Assessment Tool</a> , <a href="#">Best Interests Checklist</a> , <a href="#">Reflective Practice and MSP</a>
<b>IN AREAS OF COMPLEXITY REMEMBER YOU CAN CONSULT THE SAFEGUARDING ADULTS TEAM, MCA LEAD KAYE DRURY or LEGAL SERVICES FOR ADVICE</b>		

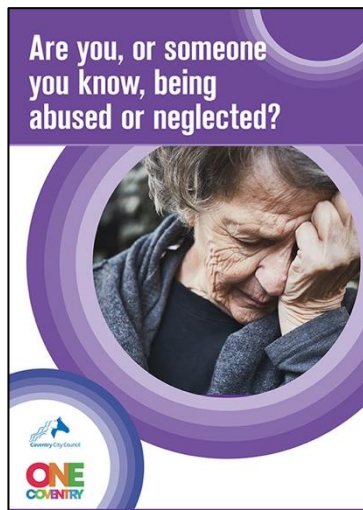
## **P. Organisation's Perspective**

- 1) Was there anything that could have been done better? Is there a need to make any changes to the way we do things?
- 2) How successfully did everyone work together to meet desired outcomes?
- 3) Can any changes or improvements be recommended as a result??
- 4) Do our systems, policies and processes lend themselves well to MSP? If not, what needs to be changed?
- 5) Are there any training and development needs?
- 6) The organisation can also measure outcomes by:
  - a) Case File audits – is the quality of recorded outcomes good?
  - b) Collection and reporting of data – what is the data indicating?
  - c) Evaluation of staff's competency – do managers and supervisors discuss person centered outcome practices in 1:1s is practice observed and evaluated? Is reflective practice incorporated into conversations, 1:1's, staff meetings, peer supervision, action learning sets.

## 5. Appendices

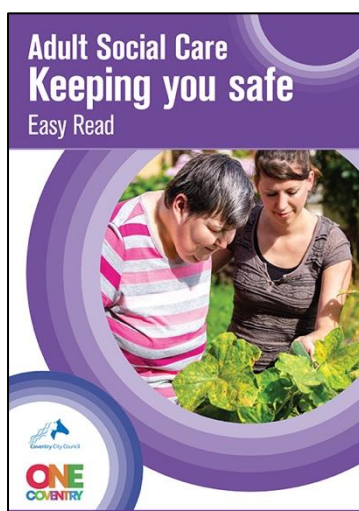
### 5.1. Leaflets and Posters

These leaflets can be view/printed from the links provided



[User Leaflet](#)

[User Leaflet in other languages](#)



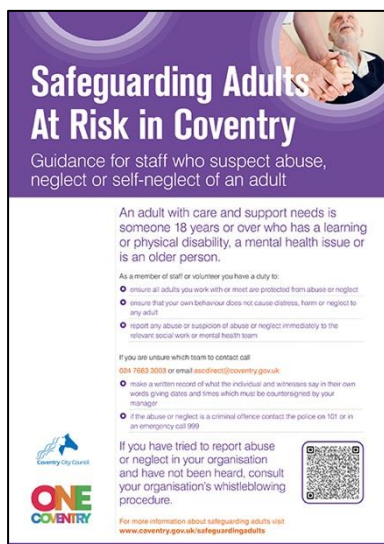
[Easy Read](#)



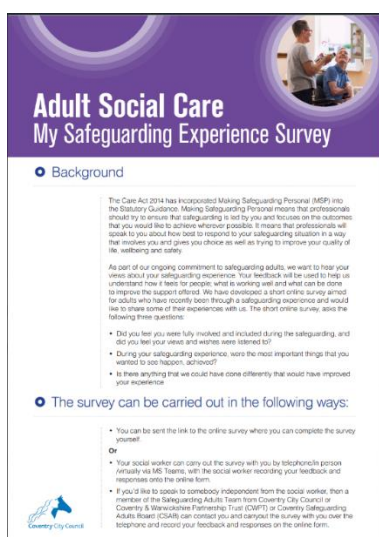
[Public Poster](#)

[Public Poster in other languages](#)



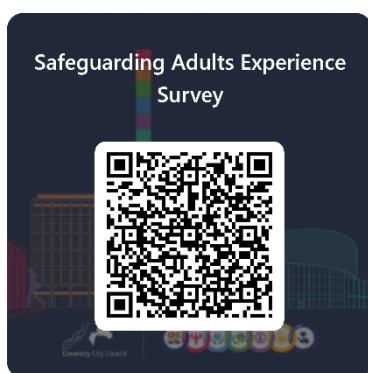


Staff Poster



Adult Social Care My Safeguarding Experience Survey

The Adult Experience Survey is completed online: <https://forms.office.com/e/3bqsQCMgTA> or via scanning the QR code below





## 5.2. Weblinks

Safeguarding Adults Intranet Page

<https://intranet.coventry.gov.uk/safeguarding-adults-1>

West Midlands Policy and Procedures

[https://www.coventry.gov.uk/downloads/file/31335/west\\_midlands\\_adult\\_safeguarding\\_policy\\_and\\_procedures](https://www.coventry.gov.uk/downloads/file/31335/west_midlands_adult_safeguarding_policy_and_procedures)

Safeguarding Adults MSP Pages (intranet)

<https://intranet.coventry.gov.uk/safeguarding-adults-1/making-safeguarding-personal/3>

My Safeguarding Experience (Public internet page)

<https://www.coventry.gov.uk/MSP>

Mental Capacity Act Portal

[www.umccoventry.co.uk](http://www.umccoventry.co.uk)

Local Government Association (LGA) MSP Pages

<http://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

Coventry City Council Safeguarding Pages (public facing website)

<http://www.coventry.gov.uk/safeguardingadults>

Care Act Statutory Guidance - Chapter 14 Adult Safeguarding

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

MCA Code of practice and guides to decision making

<https://www.gov.uk/government/collections/mental-capacity-act-making-decisions>

Safeguarding Publicity materials (leaflets and posters)

[https://www.coventry.gov.uk/downloads/download/4244/safeguarding\\_adults\\_information\\_leaflets\\_and\\_posters](https://www.coventry.gov.uk/downloads/download/4244/safeguarding_adults_information_leaflets_and_posters)

Making Safeguarding Personal – Toolkit for Frontline Staff, Supervisors and Managers (this document)

[https://www.coventry.gov.uk/downloads/file/27394/making\\_safeguarding\\_personal\\_toolkit](https://www.coventry.gov.uk/downloads/file/27394/making_safeguarding_personal_toolkit)