

***The 'Making Safeguarding Personal'
Group
A Co-Production Project - 2015/2016***

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Executive summary

- Aim

This report describes a co-production project that reviewed existing safeguarding adult policy and practices. It follows on from, and builds on, Quality Account projects in previous years. The report makes a number of recommendations on how disclosures of abuse and neglect should be dealt with. The members of the group wanted to learn from past experiences to prevent the abuse and neglect of service users in future.

- Method

A service user group engaged in a dialogue with the Trust on abuse, neglect and safeguarding. The group met with the Trust safeguarding adults lead monthly with terms of reference firmly based on the principles of co-production. Chairing and administrative support was provided by a voluntary sector organisation.

- Strengths

There was consistent commitment from all those involved. The group felt it was important that abuse and neglect were being taken seriously. The recommendations are wide-ranging and practicable. Other service user groups were consulted on the project. Professional advice and support was offered where needed.

- Areas for improvement

There could have been wider consultations, and greater representation from other boroughs.

- Recommendations

Safeguarding should not just be a professional process, it needs a culture change. Recommendations cover what actions services should take when the service itself is alleged to have been abusive and how safeguarding should be embedded in to professional practice. It is important that existing statutory guidance is followed. And it is essential that service users are at the forefront of service developments and are represented at highest organisational levels. There is also need to increase awareness of safeguarding amongst the service user population, and for service users to know how to safeguard themselves.

- The key messages. Mental health services should:

- Learn from what happened
- Promote 'Zero Tolerance' everywhere
- Promote social justice
- Uphold rights
- Uphold dignity
- Show respect
- Challenge discrimination

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Co-Production Partners

Sutton 1 in 4 network
Making Safeguarding Personal (MSP) Group
South West London & St Georges Mental Health NHS Trust

With thanks for contributions from:

Hilcrombe House
York Road
Brunel House
Belmont Connect
Signpost Sutton
Mental Health Foundation
Sutton & Merton User Reference Group

Introduction

The publication of reports in to cases of historic abuse, both locally and nationally, increased the level of awareness of how services should be responding to disclosures of abuse or neglect. As a result, the members of a **Service User Reference Panel** were seeking information on how the SWLSTG NHS Trust responds to disclosures of abuse and were wanting to know how safeguarding adults' services work.

Sutton and Merton Adult Service User Reference Panel - Purpose

- To provide a forum for the Sutton & Merton Directorate to discuss service delivery issues and models and collaborate with local service user representatives.
- To provide a forum for service users to influence the service delivery model, both current and future for the benefit of service users.
- To agree a programme of key issues that service users and the Sutton & Merton Directorate will work collaboratively on.

The Trust Safeguarding Adults lead was invited to attend the panel meeting and presented some of the issues arising from the Quality Accounts (see appendix 1) and gave an overview of the principles of 'Making Safeguarding Personal'.

Making Safeguarding Personal:

'...is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them'.

(Pan-London Policy SCIE - 2015)

‘...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’ (Dept. of Health 2014).

It was clear that the service users wanted to engage in a dialogue with the Trust on this topic and both sides made a commitment to do so. A number of service users volunteered to be part of a co-production project and it was agreed that the service users and the Trust safeguarding lead would arrange to meet to consider how to start to address the issues of abuse and neglect experienced by people who use mental health services.

Making Safeguarding Personal (MSP) Group

The venue for the meeting was agreed and the first meeting was held in June 2015. It was agreed that the meeting should be based on co-production principles. These were set out in the group’s terms of reference and were based on the Sutton User Involvement & Partnership Framework and the SWLSTG NHS Trust Service Users and Carer Involvement Policy. There was oversight from the Trust Safeguarding Adult’s Quality & Compliance Group and also reference made to the Local Government Association guidance, Care Act statutory guidance and the Pan-London policy (see appendix 2). The members of the group called themselves the ‘Making Safeguarding Personal’ group (MSP Group).

MSP Group – terms of reference

- Sutton User Involvement & Co-production Framework
- SWLSTG NHS Trust Service Users and Carer Involvement Policy
- Local Government Association guidance
- Monthly meetings: June to November 2015
- Chaired by Sutton 1 in 4 Network
- Venue Salvation Army

The meetings were chaired by Sutton 1 in 4 Network, and they also provided administrative support, with the minutes of the meetings being uploaded to the Sutton 1 in 4 website. The monthly meetings were consistently attended by up to eight mental health service users and a Trust representative. Throughout the period the MSP Group met, there were consultations with other mental health service user groups in the area. The feedback from service users from Hilcrombe House, York Road, Brunel House, Belmont Connect, Signpost Sutton, Mental Health Foundation, and the Sutton & Merton User Reference Group was invaluable.

The members of MSP group were able to share their personal and collective experiences of abuse and neglect in a supportive setting. There was particular focus on the 'day to day' inequalities and the 'culture' of services that allowed abuse to happen.

The group members wanted to use their experiences of some deeply distressing events to try to prevent other service users having to suffer in the same way. The considerable emotional efforts required should not be underestimated, and group members supported each other to cope with their recollections of abusive situations. Professional advice and support was also offered where needed. The members were engaged with the MSP group in the expectation that the project would have real impact on how people were safeguarded from abuse and neglect in future.

"Over ten years ago I was raped and sexually assaulted. It was reported to the police and it was investigated. They agreed that it had happened. All I got was an apology. I was on medication that made me less inhibited. Two staff saw what happened and were egging on the patient assaulting me. I was very high. I had no control. There should have been segregation"

It was decided early on that it would not be appropriate to engage carers in the group meetings as they may have conflicting priorities to the service user population.

Key Issues

The MSP group first set out some of the more general issues they had identified. Some of these are already part of policy guidance, while others echo, and support, the existing policies. There were concerns that abuse is often hidden – sexual abuse, institutional abuse, harassment and bullying could be happening every day. The group members all felt it was important that finally abuse and neglect were being taken seriously. There was a need to emphasise that action should be taken, and just stating there will be 'zero tolerance' of abuse is not enough. It should not just be a professional process – it needs a culture change.

"A man in supported accommodation, he had a history of mental health problems and self-harm. Every year the residents of the home contribute towards the cost of the Christmas meal, in order that they have all the trimmings, etc. A large turkey was purchased and cooked and the residents wanted to use the leftovers for sandwiches only to find that the turkey remnants had been taken away by staff and consumed"

There was also a question about the language of safeguarding. Describing the person who has been abused as the 'victim' can be seen as a judgemental term: it is a person who has been affected by abuse or neglect; it's not their fault. It is about the person's experience of

feeling abused. It is not about meeting a 'threshold', if someone feels they have been abused or neglected, there needs to be a response.

Key Issues

- 'Victim' is a judgemental term – it is a person who has been affected by abuse or neglect. It's not their fault.
- Important that abuse and neglect is taken seriously
- It is about the person's experience of feeling abused, it is not about meeting a 'threshold'.
- Everyone's rights must be upheld.
- Abuse is often hidden - sexual, institutional abuse, harassment and bullying could be happening every day.

The discussions moved on to more specific consideration of how abuse and neglect changes people's lives. The impact of abuse must be recognised both at the time of the incident and later on.

"I was terrified. No one listened. No one understood me. I was not taken seriously. I was contacted to give a statement, but they believed someone else. I never knew the outcome"

In the first instance, there should be a check on the person's feelings with immediate support being available from the agencies involved. In some cases it may be appropriate for support to come from peer networks or peers or a trusted person.

Sutton '1 in 4' run a **Circle of Support** group for inpatients on an Acute Psychiatric Ward and runs every fortnight.

Those involved in safeguarding should see whole person and write down what the person actually says. Within mental health services allegations of abuse may be dismissed as delusional. The professional view is not enough, what is the abused person's view? Abuse is not always a major, single incident. There can be a build-up of 'little' indignities that can feel abusive too.

"One of the other patients left the hot water boiler's tap open in the night - they may well have done this over several nights and this could well have been deliberate. The staff response was to lock up the boiler all day and all night while providing brief periods in the day where water was doled out to people wanting tea or coffee. Regrettably, it did seem that the member of staff managing the distribution of the water enjoyed this arrangement"

rather too much - it appeared that he took pleasure in telling us we couldn't have a hot drink outside the appointed times as we "couldn't be trusted". I also remember being surprised at a lack of professionalism when I was told to "enjoy my lukewarm coffee"

Decisions on what happens should be with the abused person; the process should follow the person, not vice versa. There must be feedback on what is happening at the time, and what will happen next.

Support for the abused - 1

- Give immediate support
- Do not dismiss it as 'delusional'
- See the 'whole' person
- Record exactly what is being said
- Use peer support if safe to do so
- Say what happens next

Secondly, there may be a lifelong effect on a person's wellbeing. Access to counselling and emotional support should be fast-tracked. And it must be remembered that disclosing a past abuse can feel like re-living the abuse and must be handled sensitively. There should be consideration of the need for post-incident trauma counselling.

Support for the abused - 2

- Abuse can cause trauma
- Impact of abuse must be recognised
- Disclosing abuse can feel like re-living the abuse
- Disclosure must be handled sensitively
- Post-incident trauma counselling must be considered

Organisations/services

The MSP Group went on to develop recommendations on how services should be delivered, and how the response to safeguarding concerns should be undertaken. Abuse and neglect can change peoples' perception of services. It can lead to mistrust of service providers and other agencies. There was consideration of how service providers can improve delivery of safeguarding services. For example, there must be greater effort to look after people's physical health needs and to keep a check on the impact of low income and benefit changes.

"I thought I must be in hell. I asked myself, what have I done wrong. It was like a prison. The door was locked. My own judgement was taken away. I was treated like a child"

Existing statutory guidance needs to be followed. There should be access to advocacy to help people navigate through the process and to make sure their rights are upheld. The service users who were consulted, were not aware of their right to access advocacy services if they have 'substantial difficulty' with the safeguarding process.

Service providers should:

- Support staff whistleblowers
- Not scapegoat people who complain.
- Ensure crisis/help lines have higher level of awareness of safeguarding issues.
- Support service user organisations (e.g. 1 in 4 network) to signpost
- Provide access to immediate support
- Provide access to advocacy

There were other specific recommendations about what actions services should take when the service itself is alleged to have been abusive.

Services should:

- Ensure management investigations are independent.
- Where possible, services should not investigate themselves.
- Identify service leads to guide other staff on all safeguarding issues.
- Take responsibility for actions of staff and be held accountable for them.
- Provide staff with de-brief after interventions too, as they can get 'pumped up'

The actions and interventions taken by professionals are not always effective. When the alleged abuse relates to a service provider, then it is suggested there should be assertive actions taken. The MSP Group's made suggestions about what actions may help.

Suggested actions

- After acts of violence and aggression people must be separated.
- The perpetrator should be moved, not the victim
- Mediation can make matters worse, especially in community
- There needs to be risk assessment of the impact of safeguarding process
- Discrimination and 'hate crime' may be an underlying cause

Underlying the recommendations are questions about the culture of service provision. Service providers have commitment to be open and transparent in the way they respond to concerns. This needs to be central to the way safeguarding is embedded in to practice.

Abuse is not always a major, single incident. There can be a build-up of 'little' indignities that can feel abusive too.

Organisations must:

- Offer reconciliation
- Acknowledge abuse has taken place
- Accept it is not just a process – needs a culture change
- Acknowledge any build-up of 'little' indignities are an abuse
- Emphasise actions and consequences, zero tolerance alone is not enough
- Not allow perpetrators to get away unscathed to repeat abuses

"If you want to make safeguarding personal, then you have to make the services people use feel safe"

Service user involvement

There were also clear messages on service user involvement. Service users at all levels must be at the forefront of service development. It needs the involvement of service users who have had experience of abuse and/or neglect. Service users have to stay in foreground. Service users have to keep coming back and should be in advisory positions at service provider's executive level. And policies and procedures should not be written by professionals alone. They should be co-produced, reviewed annually and treated as living documents. Service users are seeking representation at highest organisational levels.

Service user presence

- Service users at all levels must be at the forefront of service development.
- It needs the involvement of service users who have had experience of abuse and/or neglect.
- Service users have to stay in foreground.
- Service users have to keep coming back.
- Service users should be in advisory position at service provider's executive level.

The MSP Group are seeking representation of service users on:

- Safeguarding Adult Boards (SAB) to shape and develop services
- Mental Health Trust service development projects
- Nominated (SAB) Board member to support MSP group

Policies and procedures

- Should not be written by professionals alone.
- Should be co-produced and reviewed annually.
- Should be a living documents

Training

- Service user involvement in delivery of sessions
- Train the trainer sessions for service users.
- Service user organisations to receive training
- Content of sessions to include MSP Group recommendations

It was noted that there is already service user representation at the Trust Quality Safety and Assurance Committee (QSAC) and Patient Quality Forum (PQF).

Education for Service Users

Overall, there is a need to increase awareness of safeguarding amongst the service user population. It is important people know about the types of abuse and recognise them for what they are. They can then start to learn how to keep themselves safe and learn how to assess the risks themselves.

The MSP Group understood very clearly what abuse is, but there was very limited understanding of what can be done about it. People who use services need to know what 'safeguarding adults' policy means to them. The service user population need to be provided advice, support and information on how to uphold their right to lead a life free from abuse and neglect. If someone is feeling abused or neglected, who should they contact? What rights do they have? Can they access local support? People who use services should be made more fully aware of their rights. Human rights are for all and must be upheld (see appendix 3).

"A young woman whom recently had been discharged from hospital was befriended by her neighbour and started to act as her carer. This individual manipulated her to get hold of her benefits and access to her bank account. The person felt confused and angry and was not certain as to what to do. On the one hand they could see that they were being financially abused but on the other hand, they wanted someone to support and care for them. They were not certain how to report this incident and felt embarrassed that they could not protect themselves"

Service users should be encouraged to write their own safeguarding plan in their own language. It should show what their own responsibilities are. They need to be a part of an

honest discussion about risk and what makes them feel safe and complete a 'self-risk assessment'. It should not just be a 'one-off' but part of care plans which include safety plans and advance directives.

Service users should have access to education on how to:

- Develop an awareness of safeguarding
- Learn how they can keep themselves safe
- Understand what is abuse – what are the types of abuse
- Understand the Mental Capacity Act
- Complete a 'Self risk assessment'
- Know who you can contact if you need help
- Understand what their rights are.
- Know how to access local support – e.g. 'Circle of Support'.

Conclusion

In conclusion, there is a need for service providers and service users to support the development of a community-wide 'learning culture' to prevent abuse. This report provides opportunity for mental health service providers, in all sectors, to review their current policy, procedures and practices, and consider what actions are needed to make their services more responsive to disclosures of abuse and neglect. They should also embed these recommendations into both their training sessions.

The issues outlined in this report should be presented to the local Safeguarding Adults Board and the Trust Executive. The Trust's Recovery College will also have a key role in supporting the development of an educational package for people who use mental health services and their carers.

All mental health services should:

- Learn from what happened
- Promote 'Zero Tolerance' everywhere
- Promote social justice
- Uphold rights
- Uphold dignity
- Show respect
- Challenge discrimination

Service user feedback on MSP Group

This feedback is taken directly from the service users who are members of the MSP group. They agreed it could be shared with the Trust staff

It's been useful. It's the best co-production I've been involved in. Our report shows how co-production can work. Shows that people can work together.

We've worked well together.

We disagreed and had conflicts, but we've always found a consensus.

I've learnt a lot. I've been on a steep learning curve. It's been educational.

Because we've been taken seriously, it's increased my confidence in the mental health system.

I feel the group has made us as service users, be more influential. We've all put in a lot of energy, time and commitment. And the group's work doesn't end here. The written report is just the beginning.

In the 1:1 meeting it was very hard to deal with the issues. And I was upset remembering what had happened. But it was good to get it off my chest and talk about it.

We've dealt with some very sensitive, complex, and confidential matters.

The scope of the conversation was much wider than I expected. Safeguarding is not just about the big issues, it's the little things too.

It gave me the confidence to go in to a meeting with the Safeguarding Adults Board. I knew where I was coming from. I was comfortable representing the service users' group knowing the MSP Group was behind me.

I used to say I was talking in the wind, and what I was saying was getting lost. This has been a model of how to work together. The staff should take the praise. Now people want us, as service users, at the table. They wanted us to be there.

There is a bigger message. This shows how co-production can work. This report gives the evidence that we can work together.

APPENDICES

Appendix 1 - Quality Accounts

In 2011 the Trust had a well-established governance structure to promote and oversee practice improvement and performance in all its Safeguarding Adults work. However, it became evident in 2010/11 that while this has enabled some improvements in practice and performance reporting, it needed to be revised and augmented in order for the Trust to be sure it is delivering its obligations and promoting the safety of people we work with.

To start to address this, a full time Safeguarding Adults lead post was established to work Trust wide on both practice improvement and performance reporting and analysis. The Trust actively sought feedback from service users, carers, families and friends to build on service improvements already made.

To incentivise improvements in both compliance with safeguarding process timescales and to test whether we can gain useful qualitative feedback from service users we used the Quality Accounts in 2012/13 to focus our efforts. The Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of the services they deliver.

The Safeguarding Adults **Quality Account** aimed to:

- Review services, decide and show areas that are doing well, but also where improvements are required.
- Demonstrate what improvements the Trust plans to make
- Provide information on the quality of the services provided

In 2012/13 a project group developed a centralised reporting system to record the key issues raised by Safeguarding Adult service users through telephone and face to face at interviews. In 2013/14, additional feedback about people's experiences of the safeguarding adult process was sought through the distribution of questionnaires.

Sample of **service evaluation** comments.

- Only a minority consciously 'felt' or 'knew' they (or their family member) were better protected after the safeguarding process.
- The language of 'safeguarding' was generally experienced as quite alienating and not easy to understand.
- Feeling 'steam-rolled' into a process by one member of staff.
- Not feeling supported to be directly involved - 'a meeting happened without me. I should have been there'.

The issues identified in the feedback were in keeping with the guidance on 'Making Safeguarding Personal'.

In 2014/15, the SAQG used the qualitative feedback from the Quality Account project and considered how this could be used to inform practice. It was agreed that the Safeguarding Adults leadership should be consulting with service users and carers to support self-management and self-protection for service users and families.

Appendix 2 – Terms of Reference

Sutton User Involvement & Partnership Framework

This Framework is the product of consultation with individual service users from a range of different settings and circumstances across Sutton. It aims to provide a clear framework upon which all future user involvement and partnership activity will be based and should be seen in the context of developing a unified user involvement and partnership action plan as part of a mental health commissioning strategy for the borough. (Sutton 1 in 4 Network 2014)

Service Users and Carer Involvement Policy

The Trust seeks to involve service users and carers and learn from their experiences in how we evaluate, deliver, plan and develop services. We aim to improve service users' recovery through opportunities to engage in meaningful activities. (SWLSTG NHS Trust 2014)

Making safeguarding personal: A toolkit for responses

The objective of this toolkit is to provide a resource that encourages councils and their partners to develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered and their outcomes are improved. (Local Government Association 2010)

Safeguarding Adults Quality and Compliance Group (SAQG)

This group drives and monitors compliance with the Trust's adult safeguarding policy and procedures and its obligations towards five local Safeguarding Adults Boards.

Appendix 3 – Human Rights

What rights does the Human Rights Act protect?

- The right to life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody;
- The prohibition of torture and inhuman treatment – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation;
- Protection against slavery and forced labour – you should not be treated like a slave or subjected to forced labour;
- The right to liberty and freedom – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime;
- The right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law;
- Respect for privacy and family life and the right to marry – protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family;
- Freedom of thought, religion and belief – you can believe what you like and practise your religion or beliefs;
- Free speech and peaceful protest – you have a right to speak freely and join with others peacefully, to express your views;
- No discrimination – everyone’s rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age;
- Protection of property, the right to an education and the right to free elections – protects against state interference with your possessions; means that no child can be denied an education and that elections must be free and fair.