

User Views of Adult Safeguarding Interventions in the City of London and Hackney: An interview pilot

To: Making Safeguarding Personal Project group

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Introduction

In order to understand how effective the local safeguarding adults system is, and to help develop our approach, the City and Hackney Safeguarding Adults Board sought to understand the outcomes of the safeguarding work that is being carried out in the City and Hackney. A focus on outcomes for the individuals that systems are trying to safeguard is recommended by policy guidance from the Department of Health¹, the Care Quality Commission², and is in line with the strategic focus of the CHSAB.

Despite this, the current statutory return of information about safeguarding adults to the Department of Health³ focuses on quantifying instances of abuse and applies measures of process rather than outcome. The information available to the City and Hackney Safeguarding Adults Board (CHSAB) has been similarly limited to date. Asking service users for there views directly is in line with policy guidance⁴ but has not been fruitful in the City and Hackney prior to 2012/2013. Previously, surveys were sent to safeguarding adults service users but the response rate was poor, leaving the CHSAB without sufficient detail about user views as to the interventions that have been used to assist them.

As a result of these factors, it was agreed under the stewardship of the CHSAB that a pilot project of semi-structured interviews post-safeguarding would take place. The project was carried out as part of the national initiative to develop best practice in adult safeguarding *Making Safeguarding Personal*, co-ordinated by the LGA with input from ADSS and academics in the field of adult safeguarding.

The aim was to enable the Board to review qualitative information about user experiences of safeguarding, and to provide the MSP group with a report that reflected the benefits and challenges of such an approach.

This project sought to explore the experiences of adults at risk whose abuse experiences had been investigated through the safeguarding adults system. Specifically the project aimed to identify whether people felt safer, whether the outcomes that they wanted had been achieved, whether they felt involved in

¹ Department of Health (2011) 'Adult Social Care Outcomes Framework'.

² Care Quality Commission (2010) 'Summary of regulations, outcomes and judgement framework'.

³ The AVA/ Abuse of Vulnerable Adults return.

⁴ 'No Secrets' DoH, 2000 & 'Practical Approaches to Safeguarding and personalisation' DoH, 2010

the safeguarding process and to identify any lessons that could be learnt to inform practice.

This paper provides an overview of the methodology, literature review, findings and conclusions of this pilot project. A more detailed literature review and proposed methodology for future interview programmes has been forwarded to the MSP group.

Literature Review

The use of semi-structured interviews to gather feedback from users of adult social care services is well established as a methodology in many fields including the areas of mental health and substance misuse.^{5,6} However, such feedback arrangements are not well established or developed in the field of adult safeguarding.⁷ There have only been a small number of academic studies that have made attempts to gather user feedback from this service user group by means of interviews, and a handful of attempts from local authorities. Where attempts have been made, the results have been found to be very useful⁸, but there have been barriers in the identification of appropriate participants⁹ and in meeting demands in terms of the sensitivity and investment of time required from the researchers/interviewers.¹⁰

Methodology

Use of Semi-Structured Interviews

Semi-structured interviews were carried out with service users shortly after a safeguarding intervention has been concluded. The model broadly followed that of Discovery Interviewing that has been developed by the NHS. This approach allows participants to present their interpretation of events. Interviews lasted no longer than one hour to ensure that the exercise was not overly fatiguing for the participants. Marion Willicome-Lang from the City of London and Alistair Bonsey from the London Borough of Hackney carried out the interviews. Both received training in carrying out Discovery Interviews from an experienced interviewer and trainer from NHS NELC, as did two other members of staff from the London Borough of Hackney.

⁵ Agar-Jacomb, K. & Read, J. (2009) 'Mental health crisis services: What do service users need when in crisis?' *Journal of Mental Health*, 18(2): 99–110

⁶ Patterson, S., Weaver, T., Agath, K. (2009) 'User involvement in efforts to improve the quality of drug misuse services in England: A national survey' *Drugs: education, prevention and policy*, 16(4): 364–377

⁷ Wallcraft, J. & Sweeney, A. (2011) 'User Involvement in Adult Safeguarding' SCIE 2011

⁸ Douglas, H. (2005) The development of practice, theory in adult protection intervention. Insights from a recent research project. *The Journal of Adult Protection* 7, 1, 32-45.

⁹ Davies, R., Llewellyn, P., Sardi, I., Netana, C., Stackhouse, B., Jenkins, R., Collins, M. and Kay, A. (2009) 'The experience of vulnerable adults: Adult protection practice' Pontypridd: University of Glamorgan.

¹⁰ Valios, N. (2010) 'Victims lend their insight', February 11, Community Care.

Participant Selection & Ethical Considerations

There are barriers to promoting user involvement in adult safeguarding, including concerns about risk, fears of causing harm, issues around Mental Capacity and the challenges of achieving a fair representation of user groups.

The initial plan for selecting a participant group involved generating a possible participant group on a random basis, prior to making further enquiries about their suitability for participation. However, at the request of the CHSAB a more cautious approach was adopted. It was agreed that a small number of service users would be interviewed for a pilot project, and that potential participants would be identified through discussion with the professionals who knew them. This approach was adopted to reduce as far as possible the chance that participants would be put at risk or become distressed as a result of the interview.

A number of lead safeguarding professionals were approached by the interviewers, and asked whether they could identify potential participants who met the following criteria:

- 1) They had recently experienced a safeguarding adults intervention.
- 2) Approaching them for feedback would not put them at risk.
- 3) Approaching them for feedback would not cause them distress.
- 4) That they have Mental Capacity to give feedback about their experience.

Individuals suggested by professionals were then contacted by that professional to ask whether they would like to participate on an anonymous basis and give their feedback. Potential participants who stated that they were keen to participate were then contacted directly by the interviewers. A discussion about the interview project and their potential participation took place.

It was made clear that there was no obligation to participate and that there would be no repercussions of either agreeing to take part or not doing so. Potential participants were asked directly whether they thought that they might become distressed at interview, or be put at risk. In practice, none of the people approached thought that this would be the case but had they thought otherwise, interviews would not have taken place.

Participants were each sent an information sheet with written details about the interview project prior to the interview date. Eight service users were interviewed for this project. Seven of these were adults-at-risk and one was a person-causing-harm.

The Participant Group

Figure 1: Service user category and abuse types

Case Number	User Category	Abuse Type
1	Learning Disability	Financial Abuse
2	Learning Disability	Psychological Abuse
3	Older Person	Financial Abuse
4	Older Person	Physical Abuse
5	Older Person	Physical Abuse
6	Older Person	Financial Abuse
7	Older Person	Financial Abuse
8 (Person Causing Harm)	Older Person	Physical Abuse

Conducting the Interviews

The interviews were carried out at a location of the service user's choice. Some were carried out in service user's homes, some in council offices. Each session started with an initial discussion about the interview process, and an explanation that the service user could pause or terminate the interview at any time. The interviewers also obtained informed consent from the participants.

Once underway, the interviewers allowed the service users to tell their story, prompting to maintain the focus of the interview on pertinent matters where necessary. Where possible, the discussion was focused on the users views of the professionals who worked to safeguard them, their view of the outcomes, whether they felt safer after the intervention, whether they felt that they had been involved in the process and on any suggestions they had about what could be done better.

At some of the interviews, hand written notes were taken by the interviewers to capture user views. At others, a digital recorder was used, and the information was later transcribed.

Resource usage for the project

A breakdown of resource usage is provided in figure 2, below. In summary, the amount of time spent on training for the interviews, completing the interviews, compiling and analyzing the results was not prohibitive. The greater challenge was in coordinating the logistical process of participant selection. This required a persistent approach, and involved a substantial amount of correspondence, principally with safeguarding professionals, but also with potential participants. This aspect of the project was more difficult to quantify in terms of resource implications. It is the view of the report author that in order to utilize this interview approach it would be beneficial to have a named co-coordinator, with ring-fenced time to organize the process.

Figure 2: Resource Usage

Type of Resource Use	Time Taken
Preparation of project materials	4 hrs
Training to carry out interviews (4 workers and trainer)	17.5hrs
Travel to interviews	4 hrs
Time spent in interviews	8 hrs
Transcription of interviews	12 hrs
Analysis of data	8 hrs
Preparation of report	8 hrs
Identification of participants & coordination of process	Not quantified
Total	61.5hrs

Limitations of the approach

It is very difficult to generalize from information gained through qualitative interviewing. In this project, participant criteria was restricted to include only those who had capacity to participate, which further underscores this fact. In addition to this, the study was small, and only people put forward by practitioners, who also self-selected according to the criteria above were interviewed. Hence, it is important to be clear that the findings from this project cannot be said to be representative of the broader group of safeguarding adults service users.

Findings - What the participants said

Did they feel safer after the intervention?

Five people, including the person-causing-harm, stated that they felt safer after the safeguarding intervention. One person, for example, said "*I do feel safer now... I would know who to call if we got under so much pressure again*". Two other people stated that they felt a bit safer. In one case, this was because although the alleged perpetrator of abuse had not been charged with a criminal offence, some helpful support had been provided. This service user stated "*I don't feel safe, I fell let down*" but that "*having more help, and knowing the scheme manager is looking out for me helps in a way*". One person stated that he did not feel safer at all. This was because the person alleged to have caused harm had not been evicted from the property that they shared.

Did they get the outcomes that they wanted?

Five people, including the participant who had caused harm felt they got the outcomes that they wanted from the intervention. These were the same people who stated that they did feel safer after the intervention. One person said "*I feel so much better now.... I think I will be able to get my friends and family back now... I'm getting my pride back in myself.... I'm starting to do my hair, to look in the mirror*". One stated that "*talking about the problems with the*

police and social services helped both of us to be able to talk about what had happened and that we did need some extra help from outside". Another stated that things had turned out for the best "*my locks are changed and I have a carer now and a befriendeer*".

Two people did not get the outcomes that they wanted. In one case this was because the alleged perpetrator of abuse had not been charged with a criminal offence, and in the other case because the alleged perpetrator of abuse had not been evicted from the property. This participant felt that "*nothing still hasn't been done*".

One participant felt that assessing whether they had achieved their desired outcomes was not straightforward; although the person who had taken her money had been dismissed, she felt that she was still at risk of future abuse from others because she still retained responsibility for her own finances. She would have preferred for social service to take control of her money.

What was their experience of the safeguarding professionals?

The two people who did not get the outcomes that they wanted from the interventions reported negative experiences with the professionals involved. One stated "*She didn't do much*" and "*I didn't see her much*". The other stated that "*I am angry with the police because they told me that she would be charged.... But she didn't go to court and I know she is still around*".

The other interviewees reported good experiences of the professionals involved in their safeguarding. One referred to the key professional as "*an angel*" and said "*you have all been so lovely*".

Other comments included that "*The police and SW have really helped me*", and "*I did not like all the questions at first but I do realise now that you were trying to help me*". One service user spoke of her relief when "*They didn't blame me*" and another stated that "*I felt safe when we had meetings altogether, with the police, social worker and my GP. XX [person-causing-harm] came to the end of the meeting too. It wasn't until we all talked together that we realised how hard it had all got and how much pressure we were under*".

Did they feel involved in the safeguarding process?

Of the seven participants who answered this question, six reported that they were involved in the safeguarding process. One person said that attending a safeguarding meeting "*went really well*" and another stated that "*I think that including me ... in meetings and receiving notes of the meetings really helped. I felt reassured about plans and actions taken*".

The person who stated that he did not feel involved reported that this was because although he “came to the office for the meeting” his housemate had not been evicted as he had wished.

Two people stated that they felt that they had too much control of the safeguarding process, and would rather that some decisions had been made for them. These views will be explored further, below.

Analysis - What can we learn from the experiences and views of these service users?

The views of the participants were analysed thematically. This analysis, coupled with direct suggestions from the service users are presented in themes below.

A quick and assertive intervention is valued.

One person said that “*Social workers should be more assertive*” and another that “*You should encourage people to act swiftly*”. Another person commented “*At first I did not want any fuss and bother... but I did agree in the end that this was a good idea*”.

One person who felt she had experienced a quick and assertive intervention stated that although initially “*I was scared about what would happen to him and me*”, the result was that “*I do feel safer now*”. The person-causing-harm in this case stated that the assertive intervention “*was a big wake up call for me*” and notes that on reflection, the professional involvement was “*a big relief*”.

These views, along with the thoughts of the two people who said that they did not feel safe after the intervention due to the response not being robust enough, show that these service users place value on practical interventions that deal with their problems rapidly and robustly. Only one view was in contrast to this; a service user stated that she was glad that professionals had agreed to “*let sleeping dogs lie*” in line with her wishes.

Professionals should be prepared and empowered to take decisions for service users who are being unwise

One person said that “*I know they [safeguarding professionals] don't have the authority to take my rights away... they can't stop me handling my own money – to me it's wrong because they should be able to do that – for me, personally it's a way of helping me not to do stupid things*”. Another said, “*Don't let anyone endure the life I have had over the years even if that was my choice*”.

These views stand in contrast to the legal and policy context in which safeguarding adults work is carried out, where service users are to be placed in the driving seat of decision making about their safeguarding where they are able, and encouraged to be as independent as possible.

Having a clear conversation with the service user about the outcomes that they want is important in the early stages of the intervention.

Three people did not get the outcomes that they wanted from the intervention in full. One expected the person causing harm to be imprisoned, another for the person causing harm to be evicted and another for her money to be managed for her despite the fact that she was able to do this herself. These expectations may have been unrealistic.

Had a discussion about these desired outcomes been held at the early stages of the intervention with service users, it may have been possible to arrive at more realistic desired outcomes, or at least to make it clear from the outset that these outcomes may not be possible, so as not to lose the trust of the service user should professionals not be able to deliver the outcomes that they wanted.

The importance of having these discussions is underscored by the views of two service users who stated that their bad experiences of professional intervention had made them distrusting, to the point where they were unlikely to approach professionals again for support which could leave them at risk of harm. One person said "*I don't trust anybody anymore. I don't know if I would call the police or social services if this happened to me again*", and another person, who declined to contact the police during the safeguarding intervention stated that this was "*because of a time 30 years ago when I was burgled and they told me they would get who did it. I'm still waiting for that. What's the point?*"

Having a clear discussion about outcomes could also serve to allow people to be clear about the outcomes that they do not want. One person said "*I don't want to move and I did worry that you might all want me to go into a home*".

Some people thought that it was important for social workers to be on hand to provide support at critical times. Others thought that they would have benefitted from seeing their social worker more often in general.

One person stated that she felt there should be extra support when dealing with the police. She said "*People should get support when they contact the police. People should sit down with the person and tell them that they're going to contact the police, and then give them support to talk to the police*".

Another stated how valuable it had been for their social worker to sit down with them after a crisis and talk things through. She said "*Things started to make sense when my social worker came to the respite care to talk to me about what had happened to me and what the plans were for the future*".

Two people stated simply that they would like to have seen more of their social worker.

The user information sheet should be revised

Two participants commented that the information sheet used for the project should be made clearer, and adapted for use with people with learning disabilities.

Conclusion

Although the findings from these interviews cannot be taken as representative of the wider group of people who receive safeguarding adults interventions, they do provide rich and detailed information about these individuals' experiences of safeguarding.

The participants had different experiences, but it has been possible to identify some common themes. There was support for quick and assertive interventions where professionals were prepared to take the lead. Value was also placed on timely and continued support from professionals in safeguarding interventions, particularly to discuss desired outcomes early on in the intervention, and to be available to support service users at critical times such as when dealing with the police and after a crisis.

Next Steps

- 1) The CHSAB is considering how best to feed back the (suitably qualified) findings of this project with practitioners delivering adult safeguarding in the City and Hackney.
- 2) The CHSAB agreed that receiving this feedback was a helpful way for the board to understand user experiences of adult safeguarding, and is considering whether this method should continue to be used in the future.