

# Making safeguarding personal toolkit

Practice toolkit handbook

December 2019



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We acknowledge with thanks Research in Practice for Adults (RiPfA), which was commissioned by the Local Government Association to undertake the development of this toolkit.

## Background

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### Updating the toolkit

Research in Practice for Adults (RiPFA) was commissioned by the Association of Directors of Adult Social Services (ADASS) to revise the Making Safeguarding Personal: A Toolkit for Responses (4th edition) in consultation with the adult social care sector. We consulted through an online survey to understand how the toolkit is used and what might be useful in terms of its revision.

Overall there were 26 responses to the survey, from across 15 different local authorities, predominantly from social workers and safeguarding leads. Anyone who indicated their willingness to provide more information was offered a follow-up qualitative telephone interview.

88% of those who responded to the survey knew about the toolkit, but only half of respondents had used it in their practice.

Although small in scale, the information from the survey has helped to inform the toolkit's revision, most notably in supporting a less strategic, more practice focused, and interactive resource. The revision acknowledges the importance of building on what was working in the toolkit (a comprehensive overview of Making Safeguarding Personal) and the aim has been to improve its accessibility and application to practice. We have tried to include more tools and case studies in response to comments, which will support individual practice and team-based learning. The section on building confidence, self-esteem and resilience was identified as particularly useful by survey respondents and the third section focuses on enablers to help people achieve resolution and recovery, some of which can be shared directly with people with whom practitioners are working. There were helpful suggestions that the tool should be made accessible to a range of audiences, including health colleagues, providers and care homes.

The aim is that the tool will enhance practice by supporting the application of strengths-based working across safeguarding and all practice. We have responded to feedback to make the resource more digestible, so it includes online links, with clear signposting to enable practitioners to download or print sections as needed.

“Great overview of theory relevant to adult safeguarding but could be enhanced by more examples of practice”

“it would be great to have a toolkit which could support team-based learning; it is particularly useful for practitioners not just working in safeguarding teams.”

“I have found it a really useful refresher to go through this toolkit”

“More flow charts and diagrams and printable sections.”

“I would like the new toolkit to have links to research, good practice examples etc, so that I can look in more detail at things which are of particular interest”

“It would be helpful if a section referenced the law on coercive and controlling behaviour”

## How does the toolkit work?

The toolkit provides an overview of core topics with links to key resources within the text and specific practice tools attached which can be downloaded and printed for use by individuals, in supervision, team meetings and other learning forums. The strengths-based tools can be used across all areas of practice.

The toolkit is divided into three main sections:

- providing information and support in safeguarding
- upholding the rights of people involved in safeguarding
- achieving resolution and recovery in safeguarding.

Each section contains:

- an overview explanation
- an introduction to the topics covered within that section
- relevant links to resources and guidance in relation to each topic
- links to practice tools which can be downloaded and printed off as required

## Making Safeguarding Personal context

Since 2010, Making Safeguarding Personal, supported by the Care Act (2014), is a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is a way of working that should be seen across all practice areas, not limited to safeguarding, where practice is person-centred, outcomes focused and strengths-based.

“Making Safeguarding Personal means it should be person-led and outcomes-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.” (DH, 2018: s14.15)

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 requires gathering information about the extent to which this shift has a positive impact on people’s lives. Congruent with adopting strengths-based approaches such as the 3 conversations model (Lyn Romeo, 2017), it involves a shift from a process supported by conversations to a series of conversations supported by a process.

### The 3 Conversations Model

- > **Conversation 1:** Listen and connect
- > **Conversation 2:** Work intensively with people in crisis
- > **Conversation 3:** Build a good life

(Partners4Change, 2017) Available online:

<http://partners4change.co.uk/the-three-conversations/>

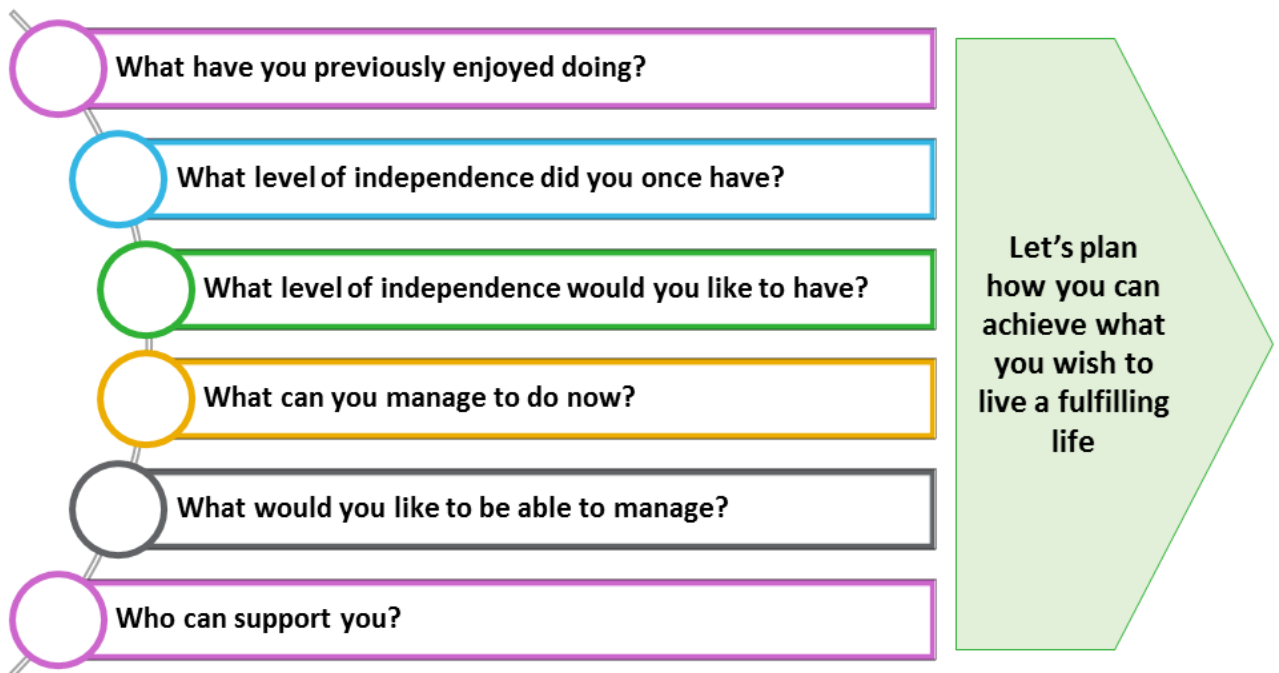
**Lyn Romeo’s call to action for strengths-based social work**

Romeo (2017) Strengths-based social work practice with adults. Roundtable report. London: Department of Health

**Saleebey’s 7 types of strengths-based questions**

- 1. Survival questions:** How have you managed to overcome/survive the challenges that you have faced?
- 2. Support questions:** Who are the people that you can rely on? Who has made you feel understood, supported, or encouraged?
- 3. Exception questions:** When things were going well in life, what was different?
- 4. Possibility questions:** What do you want to accomplish in your life? What are your hopes for your future, or the future of your family?
- 5. Esteem questions:** What makes you proud about yourself? What positive things do people say about you?
- 6. Perspective questions:** What are your ideas about your current situation?
- 7. Change questions:** What do you think is necessary for things to change? What could you do to make that happen?

Saleebey, D. (ed) (2006) The strengths perspective in social work practice. (4e) Boston: Allyn and Bacon.



Baron, Stanley, Colomina and Pereira (2019:45) 'Strengths-based approach: Practice Framework and Practice Handbook'. London: Department of Health and Social Care.

Statutory guidance underpinning the Care Act 2014 states that 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.” (DH, 2018: s14.14)

Fundamental to Making Safeguarding Personal are the six key principles of safeguarding:



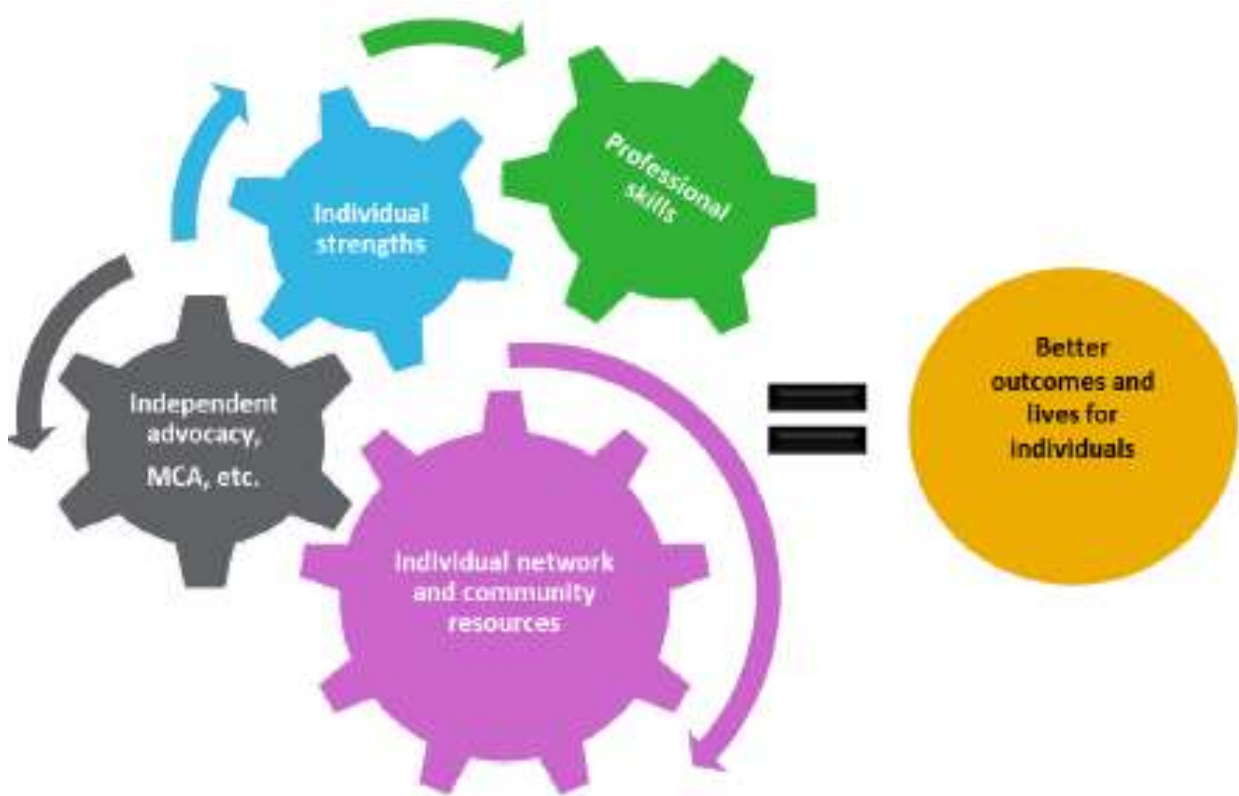
These six principles apply to all sectors and settings including: care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system.

The statutory guidance which explains the requirements of Making Safeguarding Personal in more detail is available on the Government’s website:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-14>

## Considering outcomes and evaluating what difference was made

Historically within adult safeguarding there has been very little information collected to indicate the quality of the services or interventions provided during, or as a result of, safeguarding processes and on the difference they make for people. The information that has been collected nationally (and thus to a large extent locally) has tended to focus on process rather than outcomes, on quantitative data (how many, how often) rather than qualitative information that would indicate how well things have been done, or how helpful or effective the responses have been.



Baron et al 2019 p.44

'Outcome-focused' refers to asking the person what they want to achieve through safeguarding.

Much of this document aims to set a framework for response options that help people to work through what the desired outcome/s and purpose/s of safeguarding might be. Addressing this from the start of, and throughout, the process will ensure a greater focus on the needs and requirements of the person at the centre, and make it easier to ascertain and measure the difference that has been made.



The three main questions to ask at the outset are:

- What difference is wanted or desired?
- How will you work with someone to enable that to happen?
- How will you know that a difference has been made?

Because many people in safeguarding situations have very difficult decisions to make about their lives, these questions may take some time to answer and many of the responses in this toolkit set out how this decision making may be enabled.

The actual outcomes should be identified and agreed with the person at the centre of the safeguarding process. At the end, when evaluating with the person what difference was made, consider the following:

- Building in mechanisms for evaluation into the process so people don't have to revisit it again afterwards.
- Inviting people to participate, informing them of why the evaluation is being done and how it will improve practice in the future.
- Considering the method of asking the evaluation questions. Who is asking it? How are they asking it? How has the person prepared? Does the person know they don't have to answer, and there will be no repercussions of not participating?
- Make sure you feed back to people how their participation has affected future services.

## Outcome measures

In Making Safeguarding Personal there is now an outcomes framework which provides a means of promoting and measuring practice that supports an outcomes focused and person-led approach to safeguarding.

The framework measures the following overarching outcomes.

	Question Text	Response Text
C	How many adult safeguarding enquiries were completed in the period?	Number of adult safeguarding enquiries completed in the period
D	Please add any comments here	Free Text Comments
1	Was the individual or individual's representative asked what their desired outcomes were?	Yes they were asked and outcomes were expressed
		Yes they were asked but no outcomes were expressed
		No
		Don't know
		Not recorded

## Introduction

	Question Text	Response Text
2	If outcomes were expressed, did the person or their representative feel that the desired outcomes were achieved?	Fully Achieved
		Partially Achieved
		Not Achieved
2	Please add any comments here	Free Text Comments
3	To what extent was the individual or individual's representative involved in understanding and responding to acceptable levels of risk?	Fully involved
		Partially involved
		Not involved
3	Please add any comments here	Free Text Comments
4a	Did you understand why people did what they did to try to keep you safe?	Fully understood
		Partially understood
		Did not understand
4b	Did you understand why people did what they did to try to keep [INSERT NAME OF ADULT AT RISK] safe?	Fully understood
		Partially understood
		Did not understand
5a	Did you feel listened to during conversations and meetings with people about helping you feel safe?	I was always listened to
		I was listened to quite a bit
		I was not listened to very much
		I was not listened to at all
		Not answered
5b	Did you feel listened to during conversations and meetings with people about helping [INSERT NAME OF ADULT AT RISK] feel safe?	I was always listened to
		I was listened to quite a bit
		I was not listened to very much
		I was not listened to at all
		Not answered
6a	How happy are you with the end result of what people did to try and keep you safe?	I am very happy with the end result
		I am quite happy with the end result
		I am not very happy with the end result
		I am not at all happy with the end result
		Not answered

	Question Text	Response Text
6b	How happy are you with the end result of what people did to try and keep [INSERT NAME OF ADULT AT RISK] safe?	I am very happy with the end result
		I am quite happy with the end result
		I am not very happy with the end result
		I am not at all happy with the end result
		Not answered
7a	Do you feel that you are safer now because of the help from people dealing with your concern?	I feel that I am a lot safer now
		I feel that I am quite a bit safer now
		I feel that I am not much safer now
		I feel that I am not at all safer now
		Not answered
7b	Do you feel that [INSERT NAME OF ADULT AT RISK] is safer now because of the help from people dealing with the concern?	I feel that [the person in this case] is a lot safer now
		I feel that [the person in this case] is quite a bit safer now
		I feel that [the person in this case] is not much safer now
		I feel that [the person in this case] is not at all safer now
		Not answered
7c	Do you feel that [INSERT NAME OF ADULT AT RISK] was made safer because of the help from people dealing with the concern?	I feel that [the person in this case] was a lot safer
		I feel that [the person in this case] was quite a bit safer
		I feel that [the person in this case] was not much safer
		I feel that [the person in this case] was not at all safer
		Not answered

## Making Safeguarding Personal resources

In addition to this practice toolkit there are a suite of resources to support Making Safeguarding Personal that are hosted on the LGA website

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

The resources include:

- Support for Boards across the Safeguarding Adults Partnership
- What might 'good' look like for health and social care commissioners and providers?
- What might 'good' look like for the police?
- What might 'good' look like for advocacy?
- What might 'good' look like for those working in the Housing Sector?
- Supporting involvement of service users
- Briefing on working with risk for safeguarding adults boards.

## Toolkit Section 1: information and support

### Providing information and support in safeguarding

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This section will focus on:

- Providing personalised information, advice and support
- Peer support, networks, and circles of support
- Advocacy and buddying

#### 1.1 Providing personalised information, advice and support

##### Overview

One of the six principles of adult safeguarding is that it needs to be empowering. It is vital that people have as much control and choice as possible, and advocates when necessary to ensure their rights are protected, their preferred outcomes are addressed, and that the pace, meetings and protection plans are guided by their needs and circumstances. Accessible information, advice, support and good advocacy are essential components to this.

Having access to information and advice assists those involved in making informed choices about care and support and helps them to weigh up the benefits and risks of different options. Information and advice can enable people to keep themselves safe in the first place. However should abuse occur people need support to understand safeguarding; to know what options are open to them, and to be offered longer term support.

##### When might this be helpful?

At all stages of safeguarding activity. People cannot make decisions about their lives unless they know what the options are, what the implications of those options may be and to have had the chance to really consider them. They can feel disempowered (and possibly harmed) by the safeguarding process unless they know what is happening and the choices they have. Those who lack capacity in relation to the specific situation also have the right to be supported in making their own decisions ([Section 2](#)). Professionals leading safeguarding enquiries should take time to consider what information needs to be made available to assist people at the right times, in what format, and allow time for information to be digested.

## Useful resources

### Easy read information about safeguarding:

Easy read guides from BILD about keeping safe

[www.bild.org.uk/resources/easy-read-information/keeping-safe-easy-read-information/](http://www.bild.org.uk/resources/easy-read-information/keeping-safe-easy-read-information/)

### Involving people in safeguarding:

RiPFA Leader's Briefing (2016) Involving people in safeguarding adults

[https://www.ripfa.org.uk/assets/\\_userfiles/files/Publications\\_resources/msp\\_toolkit/ripfa\\_leaders\\_briefing\\_involving\\_people\\_in\\_safeguarding\\_adults\\_web\\_june2016.pdf](https://www.ripfa.org.uk/assets/_userfiles/files/Publications_resources/msp_toolkit/ripfa_leaders_briefing_involving_people_in_safeguarding_adults_web_june2016.pdf)

LGA and ADASS (2017) Making Safeguarding Personal: Supporting increased involvement of service users

<https://www.local.gov.uk/making-safeguarding-personal-supporting-increased-involvement-services-users>

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 1: Information and advice – Audit

Practice tool 2: Information and advice – What's working/not working

## 1.2 Peer support, networks and circles of support

### Overview

At its simplest level peer support is about reciprocal relationships – people being supported by, and supporting others in, a similar situation to their own. It can give people positive role models, a broader view of options and encourage people to address issues they are dealing with on a daily basis within a safe and supportive environment. It means people have an opportunity to also contribute to others' wellbeing which can have a positive impact on their own self-esteem.

Peer support takes many different forms and can emerge in a number of different contexts – activities such as survivors' groups, online topic forums and social networking, buddying – and organisations that support specific groups of people such as those living with dementia. It can be formally or informally organised.

'Circles of Support' involve a group of people who come together to give support and friendship in a variety of ways. These can include individual circles of support where the purpose is to:

**“enable the person at its centre to move toward a life that enables them to achieve their full potentials as a human being and to participate in their community as a contributing citizen and a valued friend.” (Neill and Sanderson, 2012)**

The Circle of Support helps them do the things they would like to do and plan for new things in their life. The Circle can be particularly helpful at a time of change, acting as a community around the 'focus person' who, for one reason or another, is unable to achieve what they want in life on their own and decides to ask others for help. The focus person is in charge, both in deciding who to invite to be in the Circle, and also in the direction that the Circle's

energy is employed, although a facilitator is normally chosen from within the Circle to take care of the work required to keep it running.

## When might this be helpful?

When people are in safeguarding situations it can be very difficult to regain a sense of rights and worth. People can feel ashamed of and guilty about being in the situation they are in, or may not understand that they are being harmed. Adults who are at risk of exploitation or have experienced harm may be dependent upon the person causing them harm for critical care and support. The support of peers may be helpful in encouraging disclosure, being supported during and after any safeguarding adults' process, and providing longer term prevention of harm. This approach has also been used with offenders.

### Useful resources

Max Neill and Helen Sanderson (2012) *Circles of Support and Personalisation*  
<http://community-circles.co.uk/wp-content/uploads/2015/10/circlesofsupportandpersonalisation.pdf>

### Practice Tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice Tool 3: Circles of support  
Practice Tool 4: Jargon buster

## 1.3 Advocacy and buddying

### Overview

“**Advocacy** is when someone works with you and speaks on your behalf to put your point of view across and help you access the care you need. He or she can gather information for you and act as go-between for you and the people providing care and support. Your advocate could be a friend or a family member (**informal advocacy**) or someone provided by an organisation (**formal advocacy**).”

(McClure, 2014)

The Care Act places an obligation on local authorities to provide an independent advocate to support a person if it is likely that they would have substantial difficulty being involved and there is no one appropriate to support them. This duty applies in a number of circumstances from first point of contact, when carrying out an assessment and, in particular safeguarding enquiries (Care Act 2014: S68).

Advocacy is used when supporting people to make difficult decisions to ensure their rights and wishes are respected. What form of advocacy is used should be decided by the needs and circumstances of the individual. Self-advocacy or speaking up for yourself encourages the development of confidence and assertion. People First groups represent both self-advocacy and collective advocacy (see [Section 1.2](#) and Practice Tool 3: Circles of support)

**Forms of representational or “one to one” advocacy include:**

**Long term volunteer advocacy (citizen advocacy model)** - long term, one to one relationships with unpaid advocates who are matched to the advocacy partner.

**Peer advocacy or buddying** - used to describe advocacy or buddying relationships where both parties share similar experiences. The relationship is based on mutual support.

**Issue based advocacy** - used only for the time it takes to resolve a situation. Usually carried out by professional or specialist advocates employed by advocacy organisations.

**Non instructed advocacy** - provides a means by which a particular group of people can have a voice, such as those subject to treatment under the Mental Health Act. The most commonly used in safeguarding are Independent Mental Capacity Advocates (IMCAs).

## When might this be helpful?

Self-advocacy, long term citizen advocacy, informal advocacy and support from family and friends, and peer advocacy are all useful in preventative safeguarding and responding to concerns by supporting the wellbeing and rights of people involved.

Issue based advocacy enables people to participate in the safeguarding enquiry by supporting them to review options, decide upon outcomes, and participate in discussions and decision-making. They are also useful to support people employing others under direct payments, for example in supporting them during disciplinary meetings.

Collective advocacy may have a place in settings where abuse has previously occurred and people who live there want to influence changes.

Advocates and formal advocacy providers work in partnership with the people they support and take their side. Independent Mental Capacity Assessors (IMCAs) should always be considered and used in safeguarding where the individual concerned lacks capacity. Anyone who is detained in a secure mental health setting is entitled to support from an Independent Mental Health Assessor (IMHA).

## Useful resources

McClure B (2014) Customer Guide: “What are .... Information, advice and advocacy?”  
Dartington: Research in Practice for Adults

[https://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/what\\_are\\_info-advice-advocacy\\_brief\\_guide\\_web.pdf](https://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/what_are_info-advice-advocacy_brief_guide_web.pdf)

LGA and ADASS (2017) MSP: What might good look like for advocacy?

<https://www.local.gov.uk/making-safeguarding-personal-what-might-good-look-advocacy>

Commissioning independent advocacy

<https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/>

Advocacy: get your voice heard

<https://www.disabilityrightsuk.org/advocacy-get-your-voice-heard>

OPAAL – Older People’s Action Alliance supporting independent advocacy services for older people

<http://opaal.org.uk/>

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 5: Six core safeguarding principles – ‘I’ statements

## Case examples and reflection <https://www.local.gov.uk/msp-toolkit-case-examples>

Case example 1: Information and support

Case example 2: Preventative practice

Case example 3: Circles of support

Case example 4: Advocacy in safeguarding



## Toolkit Section 2: rights of people

### Upholding the rights of people involved in safeguarding

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This section will focus on:

- Mental capacity and best interests
- Risk enablement
- Coercive control

Each sub-section will conclude with tools to support the application of Making Safeguarding Personal into practice.

#### 2.1 Mental capacity and best interests

##### Overview

The Mental Capacity Act (MCA) 2005 is a legal framework to empower and protect individuals in two different ways:

- promoting the **person's right to make their own decisions** whilst recognising that they may require support to make decisions, and
- where this is not possible due to the person lacking mental capacity, **protecting their best interests and upholding their rights and freedoms** – taking their past and present wishes into account and enabling them to participate in the decision in whatever way possible.

The two rights must be carefully balanced – a person's right to make their own decisions and their right to be protected where this is not possible (Baker, 2017). This section provides information and advice to support practitioners in managing these ethical dilemmas and promoting the rights of individuals consistent with Making Safeguarding Personal.

The NICE guidance offers a useful overview and an interactive flowchart on 'Decision-making and mental capacity' <https://pathways.nice.org.uk/pathways/decision-making-and-mental-capacity>

##### Five key principles of the Mental Capacity Act 2005

- **Principle 1:** The **presumption of capacity** - adults must be assumed to have capacity to do so unless it is proved otherwise.
- **Principle 2:** Individuals must be **supported to make their own decisions**.
- **Principle 3:** Right to make **unwise decisions** – people have the right to make decisions that others may consider unwise.
- **Principle 4:** Best interests – anything done for or on behalf of a person who lacks mental capacity must be done **in their best interests**.

- **Principle 5:** Less restrictive option – the person making decisions on behalf of a person who lacks capacity must act in a way that would **interfere least with the person’s rights and freedoms of action** and consider whether there is a need to decide or act at all.

(Mental Capacity Act, 2005 s.1)

SCIE provides a succinct ‘guide at a glance’ on the key messages and principles of the MCA 2005 illustrated by a short video for each principle.

<https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>

RiPfa and Women’s Aid resource “Mental capacity and coercion – what does the law say?” explains a number of legal judgements illustrated by specific cases.

[https://coercivecontrol.ripfa.org.uk/wp-content/uploads/Guidance\\_sheet\\_two\\_Mental\\_capacity\\_and\\_coercion.pdf](https://coercivecontrol.ripfa.org.uk/wp-content/uploads/Guidance_sheet_two_Mental_capacity_and_coercion.pdf)

## The Human Rights Act 1998

The principle of proportionality in safeguarding is also explicit in the Human Rights Act 1998 which sets out your human rights in a series of ‘Articles’, each article dealing with a different right. All are taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’.

For instance, Article 8 of the European Convention on Human Rights, refers to the right to respect for family, home and private life. If a local authority (or other public body) is considering action in response to safeguarding concerns – such as saying where a person lacking capacity should live – it must first consider the less restrictive options when making a decision in the person’s best interests, their past wishes and feelings, and support their participation in the decision as far as possible.

See Practice Tool 7: Promoting less restrictive practice: reducing restrictions tool

<https://www.local.gov.uk/making-safeguarding-personal-toolkits> and also [Section 2.2](#) Risk enablement which provides more information about applying rights-based approaches as a core part of practice.

## The Equality Act 2010

The Equality Act (2010 s.149) requires public authorities to have due regard for the need to eliminate discrimination, advance equality of opportunity, and foster good relations between those who share a relevant protected characteristic and those who do not share it. It gives legal protection from discrimination based on nine specific characteristics:

age	sex	religion or belief
disability	pregnancy and maternity	sexual orientation
gender reassignment	race	marital status

People with one of these ‘protected characteristics’ may be described as belonging to a particular ‘equality group’. However, it is important not to assume that all members of an equality group have the same needs – there will be a wide diversity of people within any ‘equality group’ (brap<sup>1</sup>, 2010). Differences such as gender, ethnicity, class and age shape people’s experiences of inequality, raising the complexities of addressing an intersection of several factors for people with care and support needs, and the experience of multiple oppression for many members of specific equality groups (Crenshaw, 2012) – for example Older LGBT people with dementia (National Care Forum, 2016).

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<sup>1</sup> brap is a partnership that promotes evidence-based thinking on equalities issues. It used to be known as Birmingham Race Action Partnership <http://www.brap.org.uk>

“Talents are everywhere but opportunity is not”

(Sarah Churchman, 2017)

The RiPfa Leaders’ Briefing on ‘Embedding human rights in adult social care’

[http://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/ripfa\\_leaders-briefing\\_human\\_rights.pdf](http://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/ripfa_leaders-briefing_human_rights.pdf)

describes how the Human Rights Act 1998 supports the effective delivery of services under the Equality Act 2010 (Elliott, 2017). It provides a number of practice examples to support practitioners in applying rights-led practice to safeguard wellbeing.

You can use supervision to talk about a situation in which you evidenced/supported someone in an anti-oppressive way, reflecting further on how you have recognised culture and addressed barriers within your recent safeguarding practice.

### Best interests decisions

In the British Psychological Society’s Best Interests Guidance, Joyce (2008:12) describes three main models for making decisions, explaining that the Mental Capacity Act allows for elements of all of them in defining how decisions should be made:

- Advance decisions about refusing treatment can be made and are legally binding providing they meet certain conditions. If these conditions are met, then they should be followed, even if they do not appear to be in the best interests of the person who now lacks capacity. A written statement about wishes and preferences does not have the same legal status.
- Substituted judgement decisions are included in as much as the known views or wishes of the person when they had capacity have to be considered.
- Best interests’ decisions weigh up a range of factors (including the wishes or preferences of the person, and the views of their families and carers) and decide what is, on balance, the best for the person both now and in the future. Less restrictive options must always be considered.

### Supported decision-making and freedom from undue influence

The Mental Capacity Act (2005) and the UN Convention on the Rights of Persons with Disabilities (2006) Article 12 <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> recognise that some people require assistance to make decisions about their lives. Support could be one trusted person or a network of people; it might be occasionally or all the time.

The presumption of capacity is always in favour of the person who will be affected by the decision. The individual is the decision maker; the support person explains the issues, when necessary, and interprets the signs and preferences of the individual. Even when the person depends entirely on support, the support person should enable them to participate in decision-making to the greatest extent possible, reflecting their wishes, feelings, beliefs and values throughout the process. This distinguishes supported decision-making from substituted decision-making, as in the case of court appointed deputies.

In situations involving coercive control ([Section 2.3](#) Coercive control) a person might decline an intervention because of undue influence, in which case such a choice may not be taken at face value. Support may be required to help a person make a decision free of such influence. The courts might sometimes intervene by exercising their inherent jurisdiction and overruling a person’s apparent wishes, even if that person has mental capacity to take the decision. This is not to remove but to restore choice and control, enabling the person to make a free and informed decision.

[Section 2.3](#) offers information on making a safe enquiry in situations where the person may be subject to coercive control.

## Deprivation of Liberty Safeguards (DoLS)

Some adults without mental capacity to protect themselves may need to have their freedom restricted to keep them safe. If this restriction amounts to constant supervision and control and prevents a person leaving and choosing to live elsewhere, the Supreme Court ruled that this amounts to a deprivation of the person's liberty – Cheshire West ruling ([http://www.mentalhealthlaw.co.uk/Cheshire West and Chester Council v P \(2014\) UKSC 19, \(2014\) MHLO 16](http://www.mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_(2014)_UKSC_19_(2014)_MHLO_16)). It is a breach of Article 5 (the right to liberty) of the Human Rights Act 1998.

A typical example is where someone with dementia in a care home is prevented from leaving by the use of a key pad on the door which they are unable to operate. In these situations, a local authority must carry out an assessment, called a 'deprivation of liberty safeguards' assessment to decide if it is right to authorise the deprivation of liberty. If someone lives in their own home or another form of supported living they cannot be legally deprived of their liberty without authorisation from the Court of Protection. These arrangements are designed to keep people safe from abuse and avoid abusive regimes such as the Winterbourne View case in 2011.

Age UK provide a range of factsheets to support safeguarding older people from abuse and information about DoLS.

[www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs62\\_deprivation\\_of\\_liberty\\_safeguards\\_fcs.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs62_deprivation_of_liberty_safeguards_fcs.pdf)

The government has developed a new system to replace DoLS called the Liberty Protection Safeguards (LPS) which is likely to come into force around 2020.

## When might this be helpful?

In all safeguarding activity due regard must be given to the time specific capacity of individuals to make their own decisions working on the presumption of capacity, balancing the right to make decisions with the right to be protected from harm or abuse. In situations where a person may be subject to coercive control, care professionals need to carefully consider the process of making a safe enquiry. In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made. Supported decision-making should focus on the outcomes the person wishes to achieve, what is working in their lives and what is not, building on their capacity and strengths to enable positive risk-taking. There should be a mechanism to clearly guide and record the 'conversation' about choice and risk. A balance sheet approach may be helpful in looking at the risks and benefits of any decision. There may be areas of disagreement between people, their family carers and practitioners, needing negotiation and support. Attention needs to be given to the support needs of those with specific language and sensory needs and to promoting the rights of those who are marginalised or stigmatized, building awareness of unconscious bias in decision-making processes and taking action to counter this.

## Useful resources

### General resources:

British Institute of Human Rights (2016) *Mental Health, Mental Capacity and Human Rights: A practitioner's guide*. London: BIHR.

<https://www.bihhr.org.uk/shop/mental-health-mental-capacity-and-human-rights-a-practitioners-guide>

MCA Rights Card: a short, pocket-sized “Z card” containing key information about the MCA is available on the SCIE Directory website

[www.scie.org.uk/files/mca/directory/2902597-DH-Z-Card-v1\\_0.pdf](http://www.scie.org.uk/files/mca/directory/2902597-DH-Z-Card-v1_0.pdf)

MIND website MCA 2005

[www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/#.XENt7Vz7RPY](http://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/#.XENt7Vz7RPY)

SCIE Mental Capacity Act website

[www.scie.org.uk/mca](http://www.scie.org.uk/mca)

SCIE Mental Capacity Act Directory has numerous tools and resources particularly around assessing capacity.

[www.scie.org.uk/mca-directory/](http://www.scie.org.uk/mca-directory/)

### Specific resources:

ADASS Deprivation of liberty safeguards guidance

[www.adass.org.uk/deprivation-of-liberty-safeguards-guidance/](http://www.adass.org.uk/deprivation-of-liberty-safeguards-guidance/)

Age UK 2018 Safeguarding older people from abuse

[www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78\\_safeguarding\\_older\\_people\\_from\\_abuse\\_fcs.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78_safeguarding_older_people_from_abuse_fcs.pdf)

BASW (2016) Practice Guidance for Social Workers working with people with

Acquired Brain Injury

<https://www.basw.co.uk/resources/practice-guidance-social-workers-working-people-acquired-brain-injury>

Bogg D and Chamberlain D (2015) Mental Capacity Act 2005 in Practice Learning: Materials for Adult Social Workers

<https://www.skillsforcare.org.uk/Documents/Learning-and-development/social-work/psw/Pt1-Mental-Capacity-Act-in-Practice-Accessible.pdf>

British Institute of Human Rights (2013) *The Difference It Makes: Putting Human Rights at the Heart of Health and Social Care*. London: BIHR.

<https://www.bihhr.org.uk/blog/the-difference-it-makes-putting-human-rights-at-the-heart-of-health-and-social-care>

British Medical Association Consent Toolkit

[www.bma.org.uk/advice/employment/ethics/consent/consent-tool-kit](http://www.bma.org.uk/advice/employment/ethics/consent/consent-tool-kit)

Equality and Human Rights Commission – Human Rights Act website

<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Joyce T (2008) Best Interests Guidance

<https://www.scie.org.uk/files/mca/directory/BPS-best-interests.pdf>

LGA: Mental Capacity Act and Deprivation of Liberty Safeguards Improvement Tool

<https://www.local.gov.uk/adult-social-care/mental-capacity-act-including-dols>

Mental Welfare Commission for Scotland (2016) Good Practice Guide: Supported decision making – these principles are applicable to people in England and Wales

[https://www.researchgate.net/publication/315856195\\_Supported\\_Decision-Making\\_Good\\_Practice\\_Guide](https://www.researchgate.net/publication/315856195_Supported_Decision-Making_Good_Practice_Guide)

## Useful resources (contd.)

NICE guidance on 'Decision-making and mental capacity'

<https://pathways.nice.org.uk/pathways/decision-making-and-mental-capacity>

RiPfa website: Coercive control

[www.coercivecontrol.ripfa.org.uk](http://www.coercivecontrol.ripfa.org.uk)

RiPfa website: Supporting confident social work practice with people living with dementia

[www.dementia.ripfa.org.uk](http://www.dementia.ripfa.org.uk)

Royal College of GPs Safeguarding adults at risk of harm toolkit

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/adult-safeguarding-toolkit.aspx>

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 6: When you can't make your own decisions

Practice tool 7: Promoting less restrictive practice: reducing restrictions tool

Practice tool 8: Providing information about the Human Rights Act

Practice tool 9: Anti-oppressive practice

## Case examples and reflection <https://www.local.gov.uk/msp-toolkit-case-examples>

Case example 5: Working with LGBT+ older people

Case example 6: Best Interests decisions

## 2.2 Risk enablement

### Overview

"Life without risk would be life without living. It is only through accepting a level of risk in our daily lives that we are able to do anything at all."

(Sorensen 2015)

The RiPfa Briefing on 'Risk enablement' outlines the principles and objectives of positive risk-taking, emphasising that "the 'positive' in positive risk-taking refers to the outcome *not* the risk" (McNamara and Morgan, 2016: 2).

[http://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/ripfa\\_frontline\\_briefing\\_risk\\_enablement\\_web\\_feb2016.pdf](http://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/ripfa_frontline_briefing_risk_enablement_web_feb2016.pdf).

In promoting wellbeing, it is important to understand the relationship between risk and enablement. Risk enablement should not be misinterpreted as working 'to enable risk to happen' but rather working 'to enable individuals through carefully considered risk-taking.

Positive risk-taking is a person-centred and strengths-based approach to risk which supports enablement. Understanding the individual, their support networks and socio-economic circumstances has been found to be an effective way of understanding risk. The emphasis is on getting to know the person well enough to understand their family situation, their friends and social contacts as well as their community in order to assess the strength of

wider support networks. Risk assessment models such as Signs of Safety [section 3.2](#) emphasise a focus on safety and strengths as well as risks, alongside building 'Circles of Support' [section 1.2](#) around the person to prevent the need for safeguarding.

Informed choice is seen as vital for empowering approaches to safeguarding, with people having access to information and support in weighing up the potential benefits and harms of exercising one choice over another (Morgan, 2013) and support to exercise their right to make unwise decisions if they choose [Section 2.1](#).

'What good is it making someone safer if it merely makes them miserable?' (Local Authority X v MM & Anor judgement).

<https://thesmallplaces.wordpress.com/2014/11/14/what-good-is-it-making-someone-safer-if-it-merely-makes-them-miserable/>

### When might this be helpful?

Making Safeguarding Personal supports the growing practice shift from risk averse cultures towards more collaborative, strengths-based and person-centred cultures, enabling positive risk-taking by individuals and supporting the rights of people to make their own decisions in relation to safeguarding.

As Rachel Griffiths (2018: 38) points out:

*"it can be a significant challenge for practitioners to weigh up thresholds of risk, considerations of capacity and a human rights approach, all within the parameters of the MCA."*

She identifies two factors that complicate how this works in practice:

- organisational cultures that prioritise safety over 'risky' decision-making
- the family may want the person to take the least risky option whereas the ethos of the MCA is to enable the least restrictive option.

Griffiths also points to reflective supervision as central to unpacking these situations, strengthening practitioners' ability to work in an enabling positive risk and promoting human rights.

People may also be reluctant to disclose problems or abuse for fear of having their direct payment suspended and losing necessary support. Those receiving a personal budget or direct payment often use it to employ someone privately to care for them. Some people in these paid (or unpaid) roles may harm or abuse the person who they care for or there may be an element of coercive control in the relationship, sometimes requiring immediate intervention ([Section 2.3](#)). The person who is being harmed is in a difficult legal and/or emotional situation, dependent on their abuser for their personal care and/or social and emotional support, and fearful of this person. The person causing harm may be the person at risk's employer, expected to act in ways consistent with employment law who is coercing the person into domestic or other forms of servitude (Gangmasters and Labour Abuse Authority, undated).

## Useful resources

Department of Health (2007) Independence, choice and risk: a guide to best practice in supported decision-making

[https://webarchive.nationalarchives.gov.uk/20130105035347/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_074775.pdf](https://webarchive.nationalarchives.gov.uk/20130105035347/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074775.pdf)

Faulkner A (2012) The right to take risks: service users' views of risk in adult social care. Joseph Rowntree Foundation

<https://www.jrf.org.uk/report/right-take-risks-service-users-views-risk-adult-social-care>

Ford, D (Ed) (2018) Working with complexity Dartington: Research in Practice for Adults.

Gilhooly M et al (2012) Risk, trust and relationships in an aging society. Joseph Rowntree Foundation

<https://www.jrf.org.uk/report/risk-trust-and-relationships-ageing-society>

Gangmasters and Labour Abuse Authority (undated) Labour Exploitation: Spot the signs. Nottingham: GLAA

[www.gla.gov.uk/media/3178/spot-the-signs-glaa.pdf](http://www.gla.gov.uk/media/3178/spot-the-signs-glaa.pdf)

McNamara R and Morgan S (2016) Risk enablement: Frontline Briefing. Dartington: Research in Practice for Adults

[https://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/ripfa\\_frontline\\_briefing\\_risk\\_enablement\\_web\\_feb2016.pdf](https://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/ripfa_frontline_briefing_risk_enablement_web_feb2016.pdf)

Morgan S (2013) Risk decision-making: Working with risk and implementing positive risk-taking. Brighton: Pavilion Publishing.

Neill M, Allen J, Woodhead N, Reid S, Irwin L and Sanderson H (2008) A Positive Approach To Risk Requires Person Centred Thinking. TLAP.

[https://www.thinklocalactpersonal.org.uk/assets/Resources/Personalisation/Personalisation\\_advice/A\\_Person\\_Centred\\_Approach\\_to\\_Risk.pdf](https://www.thinklocalactpersonal.org.uk/assets/Resources/Personalisation/Personalisation_advice/A_Person_Centred_Approach_to_Risk.pdf)

SCIE video on Personal budgets: risk enablement and mental health

<https://www.scie.org.uk/socialcaretv/video-player.asp?v=riskenablement>

Skills for Care: Toolkit - Employing Personal Assistants

<http://www.employingpersonalassistants.co.uk/>

Skills for Care (2018) A guide to adult safeguarding for adult social care providers

<https://www.skillsforcare.org.uk/Documents/Topics/Safeguarding/A-guide-to-adult-safeguarding-for-social-care-providers.pdf>

Think Local Act Personal (2015) Risks, safeguarding and personal budgets – a study

<https://www.thinklocalactpersonal.org.uk/News/Risks-safeguarding-and-personal-budgets-a-study/>

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 10: Risk enablement chart

Practice tool 11: Supervision using the Ethical Dilemmas tool – Upholding the right to make an unwise decision



## 2.3 Coercive control

### Overview

Coercive control is a pattern of behaviour which seeks to take away the victim's sense of self, minimising their freedom of action and violating their human rights.

[www.coercivecontrol.ripfa.org.uk](http://www.coercivecontrol.ripfa.org.uk)

*“Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behavior.”*

(Home Office 2015, p.3).

*Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”*

(Home Office 2015, p.3).

Home Office (2015) Controlling or Coercive Behaviour in an Intimate or Family Relationship: Statutory Guidance Framework available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482528/Controlling\\_or\\_coercive\\_behaviour\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf)

### Coercive control and the law: domestic abuse

Coercive control is now recognised as the behaviour that underpins domestic abuse.

The cross-government definition of domestic abuse in the statutory guidance on the Care Act (2014), is:

*“any incident or pattern of incidents of controlling, coercive threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”*

(DH 2016, s.14.20).

This can include, but is not limited to, abuse which is:

- psychological
- sexual
- financial
- emotional

Coercive and controlling behaviour in intimate or familial relationships is recognised within the *Serious Crime Act (2015)* which created a new offence of controlling or coercive behavior (s.76).

This includes offences in relation to:

- Female Genital Mutilation (FGM) also referred to as Female Genital Cutting (FGC).
- Forced marriage and so-called honour-based violence ('so-called' because violence is not 'honourable').

Domestic abuse is a complex issue and may coexist with other care and support needs, for example, learning disability, drug and alcohol dependency, mental health issues, poverty.

The microsite ([www.coercivecontrol.ripfa.org.uk](http://www.coercivecontrol.ripfa.org.uk)) produced by Women's Aid and RiPfa offers a range

of resources and case studies to support practitioners to develop their knowledge and skills in working with situations of coercive control.

Health and social care professionals must be trained to identify domestic abuse, undertake assessments using the Domestic Abuse, Stalking and Harassment (DASH) checklist, and understand the referral pathways for support from Independent Domestic Violence Advisers (IDVAs) and Multi Agency Risk Assessment Conferences (MARACs), as well as police powers to respond to domestic abuse.

The Coordinated Community Response to domestic abuse acknowledges all agencies involved must work together in a coordinated way:

- to achieve an increase in the safety of domestic abuse victims
- to signpost victims to safety planning and risk management
- to hold abusers accountable for their actions
- to set up effective prevention strategies.

The Domestic Violence Disclosure Scheme (DVDS), often called 'Clare's Law' after the landmark case that led to it, gives any member of the public the right to ask the police if their partner may pose a risk to them. Under Clare's Law, a member of the public can also make enquiries into the partner of a close friend or family member.

<https://www.met.police.uk/advice/advice-and-information/daa/domestic-abuse/af/clares-law/>

### Female Genital Mutilation (FGM)/Female Genital Cutting (FGC)

It is essential that safeguarding interventions remain person-centred rather than becoming issue-led.

There is currently little evidence to inform safeguarding in relation to the practice of FGM in the UK, with one conviction (at the time of writing in February 2019) since its inclusion in the Serious Crime Act 2015. Concerns have been raised about interventions based on racial profiling and the stigmatisation of communities, as opposed to working to the six principles of Making Safeguarding Personal. A summary account of ongoing learning can be found on the Forum for Race Equality and Diversity Awareness website

<https://www.plymouth.ac.uk/schools/school-of-health-professions/freda/fgm> which signposts to concerns raised by a local community organisation in Bristol – Somali Parents Against Stigmatisation (SPAS). SPAS advocate for more community involvement and consultation, with positive outcomes resulting from improved communication between local statutory services and the Somali community, building on a shared commitment to ending the practice of FGM.

Eleanor Tomlinson, project manager of the Manor Gardens Health Advocacy Project has described how training on human rights has been useful to their work in tackling FGC, by exploring how to relate human rights to women's own experiences of the issues they face (BIHR, 2013:17).

### Forced marriage and so-called honour-based violence

Forced marriage can take place in the UK or in another country and usually involves girls or women (82%) being forced to marry someone by their parents or wider family (Forced Marriage Unit statistics, 2012).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/141823/Stats\\_2012.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/141823/Stats_2012.pdf)

Forced marriage is different to arranged marriage (which is where families are involved in selecting a partner but the individuals decide whether or not to enter the marriage).

Often forced marriage and honour-based violence or abuse are seen as synonymous, but there are differences.

‘Honour’ based violence is a reaction to what is perceived as immoral behaviour that brings shame (izzat/namous/sharaf) on the family or community, and which may include emotional, psychological, sexual and physical abuse. ‘Honour’ based killings are murders “within the framework of collective family structures, in which predominantly women are mutilated, imprisoned, forced to commit suicide and killed for actual or perceived immoral behaviour, which is deemed to have breached the honour codes of a household or community, causing shame.”

(Iranian and Kurdish Women's Rights Organisation) <http://ikwro.org.uk/>

Forced marriage is frequently portrayed as an issue which only affects South Asian women and girls, however, this is not correct. Forced marriage affects a wide range of communities, including Irish Traveller, Turkish, Roma, Afghan, South Asian, Kurdish, Iranian, Arab and African communities. There are no religions which support or advocate the practice of forced marriage. Forced marriage can happen to anyone from any background, regardless of social class, financial status and sexuality; which include people who identify as lesbian, bisexual, gay and transgender, or are perceived as such. In a UK context, the needs and experiences of some affected groups are often less visible, and only specific groups are highlighted.

(Rights of Women: helping women through the law)

<https://rightsofwomen.org.uk/get-information/family-law/forced-marriage-law/>

Children and adults with learning disabilities are particularly at risk of forced marriage although this can differ from the way in which forced marriage presents generally. See Government guidelines on ‘Multi-agency Practice: Forced marriage and Learning Disabilities, 2010’ <https://arcuk.org.uk/safetynet/files/2012/08/Forced-Marriage-Guidelines.pdf>

The ‘One chance’ and ‘Clear the schedule’ principles: In the prevention of forced marriage, and similarly human trafficking and FGC, practitioners are advised to follow the ‘one chance rule’ (HM Government, 2014) meaning that they may only get one opportunity to help the potential victim. If the practitioner is not alert to what is occurring and is not aware of his or her options that opportunity can be lost. Workers will need the flexibility to ‘clear their schedules’ to enable them to dedicate that time to helping the potential victim (Botting, Elliott and Olivier, 2017: 234).

## Modern slavery and human trafficking

“Modern slavery is a severe infringement of human rights where, through physical means or threat of penalty, the perpetrator secures compliance in order to hold the victim captive and benefit from the victim’s suffering. Slavery does not necessarily involve the forced movement of people, although many cases do involve some form of human trafficking.

Human trafficking is generally described in terms of three stages: recruitment, transportation and exploitation. It may or may not mean the crossing of borders - a victim may be moved from one town to another or even from one street to the next.”

(Botting, Elliott and Olivier, 2017:221)

The Modern Slavery Act (2015) consolidates previous offences relating to trafficking and slavery. It offers a statutory defence for victims of modern slavery to prevent their criminalisation and strengthen their protection.

The Care Act (2014 s.42) places a responsibility on local authority social workers to enquire into allegations of abuse and neglect that now specifically include modern slavery. The Act allows this enquiry task to be delegated by the local authority to partner agencies who may act as 'first responders' and make decisions about the referral of victims into the National Referral Mechanism, which is a framework for identifying victims of human trafficking or modern slavery, and ensuring they receive the appropriate support.

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

Practitioners may need to apply the '*One chance*' and '*Clear the schedule*' principles (as described with regard to forced marriage). Such cases will likely require intense work, and the National Referral Mechanism can take several days to produce a decision, therefore workers will need the flexibility to clear their schedules to enable them to dedicate that time to helping the person and to immediately taking action - there may only be one chance to intervene.

### Support for people who have caused harm

There are a range of contexts where work with people who have caused harm is relevant to safeguarding, for example, it is important for safeguarding organisations to provide support where the person who causes harm to others has care and support needs themselves.

There are models used within the criminal justice system to assist with the rehabilitation or transition of offenders. These include the Good Lives Model (<https://www.goodlivesmodel.com/information.shtml#General>) concerned with the enhancement of offenders' wellbeing and reduction of the risk, assisting offenders to adopt more fulfilling and socially integrated lifestyles. Some councils through their Community Safety Partnerships have provided a focused programme of counselling and rehabilitation for perpetrators of domestic abuse and there are a number of national programmes.

### When might this be helpful?

- the person is at risk of exploitation because of their care and support needs
- the person wants the abuse to stop, though not the relationship
- the person causing harm has care and support needs
- the person who is causing harm is willing to address the impact of and change their behaviours
- there has been a family history of intergenerational abuse
- there are linked concerns about drug or alcohol dependency, mental health or mental capacity issues
- carers are under stress
- an institution identifies harmful behaviours that may be subject to change in their staff group (alongside supervision, appraisal, disciplinary action)
- through the criminal justice system to prevent continued harmful or abusive behaviour.

## Useful resources

*Coercive Control website* commissioned by the Chief Social Worker's Office at the Department of Health and produced by Research in Practice for Adults & Women's Aid  
<https://coercivecontrol.ripfa.org.uk/>

### Domestic abuse

Home Office (2015) *Controlling or Coercive Behaviour in an Intimate or Family Relationship. Statutory Guidance Framework.*  
<https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship>

LGA and ADASS Guide (2015) *Adult safeguarding and domestic abuse: a guide to support practitioners and managers. Second Edition.*  
<https://www.local.gov.uk/adult-safeguarding-and-domestic-abuse-guide-support-practitioners-and-managers-second-edition>

Pike L and Norman N (2017) 'Domestic Abuse and Adult Safeguarding' in Cooper A and White E (Eds) *Safeguarding Adults under the Care Act 2014: Understanding Good Practice.* London & Philadelphia: Jessica Kingsley

### Forced marriage and so called honour-based violence

Forced Marriage Unit  
<https://www.gov.uk/stop-forced-marriage>

Forced Marriage Unit *Forced Marriage: A survivor's handbook* London. Foreign and Commonwealth Office  
<https://www.gov.uk/government/publications/survivors-handbook>

HM Government (2010) *Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines.* London. Cabinet Office

HM Government (2014) *The Right to Choose: Multi Agency Statutory Guidance for dealing with Forced Marriage.* London. Cabinet Office  
<https://arcuk.org.uk/safetynet/files/2012/08/Forced-Marriage-Guidelines.pdf>

Karma Nirvana: Supporting victims of honour-based abuse and forced marriage  
<https://karmanirvana.org.uk/>

Rights of Women: helping women through the law  
<https://rightsofwomen.org.uk/get-information/family-law/forced-marriage-law/>

Jasvinder Sanghera  
<https://www.jasvindersanghera.com/videos/>

### Female genital cutting

Forum for Race Equality and Diversity Awareness (FREDA) website: FGM  
<https://www.plymouth.ac.uk/schools/school-of-health-professions/freda/fgm>

Government guidance on FGM  
<https://www.gov.uk/female-genital-mutilation-help-advice>

King S and Parry-Crooke G (2018) *Towards an understanding of the current debates on the Dahwoodi Bohra tradition of Female Genital Cutting: A synthesis of key issues.* London. Tavistock Institute of Human Relations. <http://www.tavistock.org/wp-content/uploads/2018/08/TIHRsynthesisDB2018.pdf>

## Useful resources (contd.)

### Responding to Female Genital Mutilation

<https://www.forwarduk.org.uk/wp-content/uploads/2019/06/CHANGE-Responding-to-FGM-A-Guide-for-Key-Professionals.pdf>

### Modern slavery

Botting A, Elliott T and Olivier S (2017) "Palermo to Croydon: Modern slavery and Human trafficking - Seeking best practice on a new frontier of safeguarding" in Cooper and White (Eds) *Safeguarding Adults under the Care Act 2014: Understanding Good Practice*. London & Philadelphia: Jessica Kingsley

### Gangmasters and Labour Abuse Authority

<http://www.gla.gov.uk/who-we-are/our-aims-and-objectives/the-gangmasters-and-labour-abuse-authority/>

Haughey C (2016) *The Modern Slavery Act 2015 review: one year on*. London. Home Office.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/542047/2016\\_07\\_31\\_Haughey\\_Review\\_of\\_Modern\\_Slavery\\_Act\\_-\\_final\\_1.0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542047/2016_07_31_Haughey_Review_of_Modern_Slavery_Act_-_final_1.0.pdf)

Home Office (2016) *Duty to Notify the Home Office of Potential Victims of Modern Slavery Guidance for Specified Public Authorities*. London. Home Office

[www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery](http://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery)

### National Referral Mechanism

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

### Criminal exploitation

[www.ripfa.org.uk/resources/webinar-recordings/criminal-exploitation-county-lines-and-the-impact-on-adults/](http://www.ripfa.org.uk/resources/webinar-recordings/criminal-exploitation-county-lines-and-the-impact-on-adults/)

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 12: What to do if you suspect domestic abuse or a pattern of coercive control

Practice tool 13: Power and control wheel

Practice tool 14: Responding to Female Genital Mutilation

Practice tool 15: Anti-racist practice – critical self-reflection

## Case examples and reflection <https://www.local.gov.uk/msp-toolkit-case-examples>

Case example 5: Working with LGBT+ older people

Case example 6: Best Interests decisions

Case example 7: Keeping me safe and well

Case example 8: Making a safe enquiry

Case example 9: Financial abuse

Case example 10: Forced marriage and honour-based abuse

Case example 11: Domestic abuse, trafficking and slavery

## Toolkit Section 3: resolution and recovery

### Achieving resolution and recovery in safeguarding

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This section outlines practice frameworks, skills development tools, models and methods which can be used in different combinations to tailor support in achieving resolution and recovery in safeguarding. It includes:

- Signs of Safety and wellbeing
- Achieving best evidence skills
- Attachment-based approaches
- Brief interventions, motivational interviewing and solution-focused communication
- Family group conferencing, mediation and restorative practice
- Approaches to building resilience, self-esteem and confidence

Each sub-section will conclude with Practice Tools to support practice.

#### 3.1 Signs of Safety and wellbeing

##### Overview

The development of *Signs of Safety* practice began in the 1990's as an evidence-informed approach built on practitioners' expertise and knowledge of what works in practice. Originating in child and family social work, it is a strengths and asset-based approach which is safety-focused. It seeks to form partnerships with people to work together in safeguarding situations, whilst still dealing rigorously with protection issues.

The model was developed by Andrew Turnell and Steve Edwards, who worked with over 150 front-line statutory practitioners and based it on those practitioners' knowledge of what works well in complex child protection situations in Western Australia (Turnell and Edwards, 1999, cited in Stanley, 2017). Stanley (2017) describes how it was adapted for use in adult safeguarding with an emphasis on professional judgements about wellbeing; he provides a useful summary of the approach as a way of working more reflexively with risk which includes two case studies to illustrate application to practice.

The framework encourages a person-centred approach by fully involving the person and their networks (social and professional) in developing intervention plans to improve and promote wellbeing. The situation is mapped out in the framework and practice tools guide questioning and analysis toward forming a professional judgment about what needs to happen next. Once identified, Signs of Safety can be built on to stabilise and strengthen the person's situation.

In this way the goals of empowerment and improvement to wellbeing are promoted through a rigorous analysis process which is supported by 'appreciative inquiry'.

## Appreciative Inquiry

Appreciative inquiry is a participative action research process that focuses on 'what works'. It involves three stages:

- Exploring essential features of people's experience of existing best practice
- Collectively developing a shared vision of most desirable practice for the future
- Working together to develop, design and create this, with changes occurring from the very first question asked.

(Rose and Barnes, 2008)

The process welcomes and promotes people's own experience, strengths and wisdom. Using appreciative inquiry questioning and working collaboratively with a 'Signs of Safety and Wellbeing' approach helps develop a shared understanding of where the person wants to be, grounded in their own lived experience and strengths in overcoming adversity. Keeping the focus on 'what works', protective factors are identified that might offset danger or harm and these strengths are built upon, based on the belief that what we focus on becomes our reality (Hammond, 1996).

The RiPFA Practice Tool: Appreciative Inquiry in Safeguarding Adults

([https://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/ripfa\\_practice\\_tool\\_AI\\_web10y.pdf](https://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/ripfa_practice_tool_AI_web10y.pdf)) provides a summary of appreciative inquiry along with five tools to support the application of these ideas as a strengths-based approach in safeguarding practice.

You may also find this audio podcast of an appreciative inquiry conversation in supervision helpful. It includes critical reflection at the end of the 13 minute conversation:

[https://www.ripfa.org.uk/assets/userfiles/videos/downloads/resources/supervision\\_podcast\\_1-Appreciative-inquiry-final.mp3](https://www.ripfa.org.uk/assets/userfiles/videos/downloads/resources/supervision_podcast_1-Appreciative-inquiry-final.mp3)

## Solution-focused communication

Skills in solution-focused communication ([Section 3.4](#)) are helpful when identifying what a successful outcome might look like from the person's point of view. In conversations using Appreciative inquiry as an approach, solution-focused communication facilitates what is called the 'dreaming' stage or 'imagining what things would look like if they were the best they could be'. Scaling questions then help the person to identify their next steps or goals towards this success.

## When might this be helpful?

In safeguarding assessment, outcomes-focused intervention planning, and in safeguarding reviews. By mapping out the situation, the social worker and service user can see how wellbeing is defined and identify what will promote wellbeing. Next steps are decided upon based on what has worked previously. Signs of improvement are identified in a range of informal and formalised ways so these can be built upon.



## Useful resources

Signs of Safety website

[www.signsofsafety.net](http://www.signsofsafety.net)

Elliott T. (2015) *Appreciative Inquiry in Safeguarding Adults: Practice Tool*. Dartington: Research in Practice for Adults

[https://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/ripfa\\_practice\\_tool\\_AI\\_web10y.pdf](https://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/ripfa_practice_tool_AI_web10y.pdf)

Hammond S.A (1998) *The Thin Book of Appreciative Inquiry*, 2<sup>nd</sup> Edition. Bend. Thin Book Publishing Company

Romeo L (2017) *Strengths-based social work practice with adults. Roundtable report*. London: Department of Health

Saleebey, D. (ed) (2006) *The strengths perspective in social work practice*. (4e) Boston: Allyn and Bacon.

SCIE (2015) *Key messages on a strengths-based approach for assessment and eligibility under the Care Act 2014*. London. SCIE

[www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/keymessages.asp](http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/keymessages.asp)

Stanley T (2017) 'Working more reflexively with risk: Holding 'Signs of Safety and Wellbeing' in Mind' in Cooper A and White E (eds) (2017) *Safeguarding Adults under the Care Act 2014: Understanding Good Practice*. London & Philadelphia: Jessica Kingsley

**Practice tools** <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 16: Signs of Safety and Wellbeing Practice Framework

Practice tool 17: Supervision using Appreciative Inquiry as a tool – audio podcast

## 3.2 Achieving best evidence skills

### Overview

The Crown Prosecution Service document "Achieving Best Evidence in Criminal Proceedings" (CPS, 2011) describes good practice in interviewing victims and witnesses, and in preparing them to give them best evidence in court:

[https://www.cps.gov.uk/sites/default/files/documents/legal\\_guidance/best\\_evidence\\_in\\_criminal\\_proceedings.pdf](https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf)

It is a useful resource for consideration in all cases where the police are leading the safeguarding enquiry.

As well as considering the Achieving Best Evidence document, this section will look at good recording skills and legal literacy as key areas of skills and knowledge to ensure that evidence is gathered and recorded effectively. This will enable those practitioners who are required to write for court to feel confident, and also for supervisors supporting those writing for court to understand how they can support practitioners.

## When might this be helpful?

In all cases where the police are leading the safeguarding enquiry because a crime has been alleged. Practitioners may be asked to support the police in a formal Achieving Best Evidence (ABE) interview. An understanding of this process will help practitioners advocate for the right approach and treatment of the person they are supporting through safeguarding. Sometimes practitioners begin a safeguarding enquiry before the police become involved. An understanding of criminal investigatory processes will help in ensuring potential criminal investigations are not jeopardised.

In cases where there is not a criminal investigation, the principles within the guidance described above are invaluable in working with a person who may have been abused. They can be used in all safeguarding situations to help the person describe what has happened to them. Good quality information directly from the person concerned will improve supported decision making and help in defining what outcomes the person wants from the safeguarding work.

Gathering good quality information from the person supports decision making, and understanding outcomes is important. Recording that conversation so that it reflects the wishes and aspirations of the individual is also critical.

A clear understanding of relevant legislation would also assist practitioners in this area.

### Useful resources

“Achieving Best Evidence in Criminal Proceedings” (CPS, 2011)

[https://www.cps.gov.uk/sites/default/files/documents/legal\\_guidance/best\\_evidence\\_in\\_criminal\\_proceedings.pdf](https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf)

The Advocate’s Gateway – Responding to communication needs in the Justice system

<https://www.theadvocatesgateway.org/>

LGA MSP resource. MSP: What good might look like for the police (2017)

<https://www.local.gov.uk/making-safeguarding-personal-what-might-good-look-police>

Example of a short film explains what to expect with animations (MoJ)

<https://www.youtube.com/watch?v=aUOc0Sa1WMM&feature=youtu.be>

Supporting outcomes-focused practice

<https://outcomes.ripfa.org.uk/>

Legal literacy in adult social care: strategic briefing 2016

<https://www.ripfa.org.uk/resources/publications/strategic-briefings/legal-literacy-in-adult-social-care-strategic-briefing-2016/>

### Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 18: Characteristics of good recording

Practice tool 19: Legal literacy

### 3.3 Attachment based approaches

#### Overview

John Bowlby first outlined his theory of attachment and its central role in child development more than 50 years ago. Attachment theory is a theory of how people behave based on their development in the context of close relationships. It explains how children develop particular strategies to help them survive which can have an impact on how they behave throughout their life. Bowlby identified four needs that humans have in order to survive and develop:

- Safety – when in danger
- Comfort – when distressed
- Proximity – when isolated
- Predictability – when in chaos

Brennan et al (1998) identified two important dimensions in adult attachment styles: how anxious someone is about attachment: and how far someone avoids reliance on others.



Source: RiPFA Frontline Briefing (2015)  
 Adult attachment: Implications for adult social care practice

Crittenden and Landini (2011) identify three adult survival strategies that, at their extreme, undermine trust and wellbeing and may lead to harmful behaviour. These relate to the person's experiences of predictability, safety and responsiveness from early attachment figures. Predictable but frightening parenting on the one hand, or that which is inconsistent or unreliable on the other, can result in adult strategies that are, respectively, very guarded and undemonstrative, or conversely, excessively expressive and focused on a sense of personal hurt, abandonment and betrayal. The way people tell their personal history offers a rich insight into how self-image and world view are constructed and rooted in early experiences of safety.

Social care practitioners can use careful observation and active listening to identify patterns of attachment behaviour, however as Nosowska (2015) cautions, it is important not to make assumptions about your own and others' attachment history:

“Attachment-based therapy requires a high level of skill and ethics, as well as sufficient time, space and support to work well. Social care practitioners may be in a position where their work sheds light on someone’s experience. They need to be sensitive to this and know when to seek additional support.”

(Nosowska, 2015: 12)

Blood and Guthrie (2018) emphasise using attachment theory and strengths-based approaches to support older people with useful chapters on working with people in care homes and on positive risk-taking.

### When might this be helpful?

Used sensitively and with caution, attachment-based practice can result in a more thorough assessment and assist the practitioner in understanding the motivations and behaviours of a person within an abusive relationship. This in turn can lead to more comprehensive assessments and support plans. Specific expertise in adult attachment may need to be sought.

### Useful resources

Blood I and Guthrie L (2018) Supporting Older People using Attachment-informed and Strengths-based Approaches. London and Philadelphia: Jessica Kingsley

Crittenden P and Landini A, (2011) *Assessing Adult Attachment: A Dynamic-Maturational Approach to Discourse Analysis*. London: W W Norton & Company Ltd.

RiPFA blog Why attachment matters in adult social care

<https://www.ripfa.org.uk/blog/blog-why-attachment-matters-in-adult-social-care/>

Nosowska G (2015) Adult attachment: Implications for adult social care practice  
Dartington: Research in Practice for Adults

<https://www.ripfa.org.uk/resources/publications/frontline-resources/adult-attachment--implications-for-adult-social-care-practice-frontline-briefing-2015-/>

Research articles and summaries

[https://gallery.mailchimp.com/88dc07a14d45a57ba3140ab9a/files/RPU\\_RIPFA\\_October\\_108.pdf](https://gallery.mailchimp.com/88dc07a14d45a57ba3140ab9a/files/RPU_RIPFA_October_108.pdf)

Larson, F V, Alim, N and Tsakanikos E (2011) Attachment style and mental health in adults with intellectual disability: self-reports and reports by carers. *Advances in Mental Health and Intellectual Disabilities* 5(3): 15-23.

Ansbro, M (2008), Using Attachment theory with offenders *The Journal of Community and Criminal Justice* Vol 55 (3):231-244

Maxwell, J., Spielmann, S., Joel, S. and MacDonald, G. (2013) Attachment Theory as a Framework for Understanding Responses to Social Exclusion.

<http://dx.doi.org/10.1111/spc3.12037>

Bucci, Sandra, Nicola H. Roberts, Adam N. Danquah, and Katherine Berry. "Using attachment theory to inform the design and delivery of mental health services: A systematic review of the literature." *Psychology and Psychotherapy: Theory, Research and Practice*

<http://dx.doi.org/10.1111/papt.12029>

**Practice tools** <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 20: Support to change attachment behaviour

**Case examples and reflection** <https://www.local.gov.uk/msp-toolkit-case-examples>

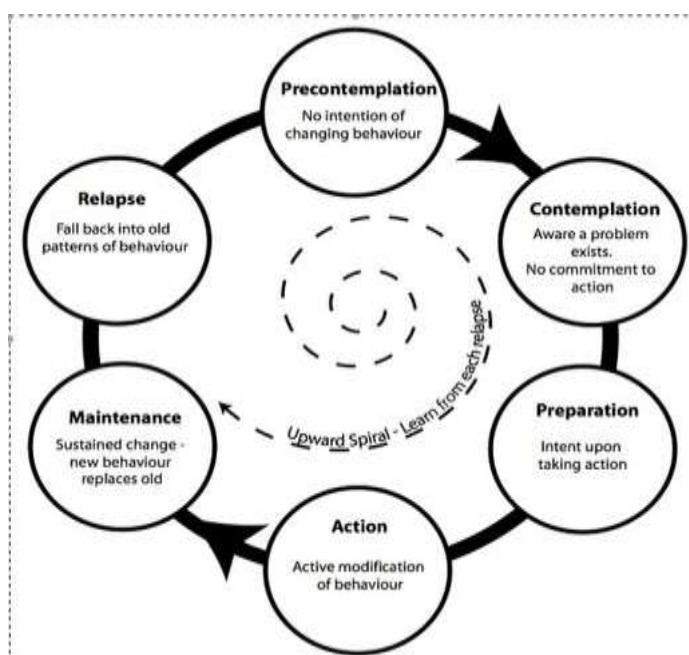
Case example 12: Supporting Michael to change attachment behaviour

### 3.4 Brief interventions, motivational interviewing and solution-focused communication

#### Overview

Behavioural change interventions in social work have traditionally focused on increasing skills and reducing ‘the problem’. More recent interventions tend to encourage practitioners to build skills in assessing ‘readiness for change’. These skills include asking open questions, seeking permission, emphasising the person’s control and choice, reflecting on what has been said and seeking to highlight potential ambiguity regarding the possibility of change.

Prochaska and DiClementi’s ‘cycle of change’ model (1983) indicates the stages a person is in at any given time during the process of change. It is a way of thinking about how someone goes about changing his or her behaviour. The model assumes that change takes time, that there are common tasks in each stage, and that by tailoring an intervention to match the stage of change, practitioners will be more successful in helping a person to make lasting change. <http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente/>.



Motivational interviewing was introduced as a more directive approach to creating changes in behaviour than former therapeutic models. It is commonly used in working with people

who have drug or alcohol dependency support needs. Whilst being directive it is still congruent with the principles of Making Safeguarding Personal – it recognises people as the experts in their own lives and focuses on strengths, what resources people have, the changes that they have been able to make, their value base and their identity. In this way it embeds the Making Safeguarding Personal principles of empowerment, prevention and partnership.

Lydia Guthrie gives a succinct guide to motivational interviewing in social work in Community Care (<https://www.communitycare.co.uk/2018/06/27/motivational-interviewing-can-use-social-work/>) which signposts to a podcast of scenarios showing Motivational Interviewing in action. <https://soundcloud.com/user-583610833-79340369>

Brief interventions such as Solution-Focused Brief Therapy aim to equip people with tools to change attitudes and behaviour by keeping the focus on solutions rather than problems. It was developed in America in the 1980s by Steve de Shazer and Insoo Kim Berg. The approach is again congruent with a strengths-based rather than ‘deficit’ model. Brief interventions have been used in the field of drug and alcohol dependency as well as in coping with trauma and bereavement.

The Centre for Solution Focused Practice (BRIEF, 2018) describes Solution-Focused Brief Therapy (SFBT) as “*a simple idea but not easy to put into practice*”. <https://www.brief.org.uk/therapy-and-coaching/what-happens-in-solution-focused-counselling>

It outlines three basic questions (and possibly a fourth) underpinning SFBT as:

- What are your best hopes from SFBT?
- What would your day to day life look like if these hopes were realised?
- What are you already doing or have done in the past that might contribute to these hopes being realised?

The practitioner aims to ask the questions in a way that the person themselves finds the answer.

Questions that help this process of self-discovery include:

- Exception questions
- Miracle questions
- Scaling questions

These solution-focused questions help to construct a clear picture of the ‘solution state’ – what would be happening if a miracle happened and the person had achieved their desired outcomes - and then the steps to achieving these goals through the use of scaling questions.

BRIEF (2018) describe how “every session, including the first, is seen as potentially the last, the average number of sessions is between four and five, the most common number of sessions is one and 80% of [their] clients report lasting improvement”.

Hence solution-focused approaches are referred to as brief interventions. They refer to a possible follow up question as the fourth question to be asked when (if) the person returns for subsequent sessions:

- What’s better?

This question then leads on to a conversation noting all the improvements, what the person did to achieve them, what difference these improvements are making in other areas of their life and how they will know that things are continuing to improve.

## Extended brief interventions

NICE refers to motivational interviewing as an 'extended brief intervention' where:

“the aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change.”

<https://www.nice.org.uk/guidance/ph24/chapter/8-glossary#frames>

They describe the **FRAMES** method for working with people who are alcohol dependent, which is an acronym for the components of brief intervention based on:

**Feedback** to the person on the risks involved in alcohol dependency

**Responsibility** for change lying with the person

**Advice** being offered clearly when requested

**Menu** of options for change

**Empathy** conveying understanding, warmth and reflection

**Self-efficacy** focused on optimism about behaviour change and the person's strengths in achieving this.

The use of micro-skills in safeguarding provides the foundation for engaging with the person concerned and helping them tell their story. Conscious awareness of micro-skills and their purposeful application will improve the quality of the brief intervention in relationship with the person:

- Attending behaviour
- Open and closed questions
- Observation
- Encouraging, paraphrasing, and summarisation
- Reflection of feeling

## When might this be helpful?

Motivational interviewing can be a useful approach when a person's behaviour repeatedly leads them into safeguarding situations, particularly where the person appears to want support but struggles to engage with practitioners. It encourages positive engagement, acknowledging and working with resistance, and may encourage taking action such as leaving an abusive relationship. It may be of help with individuals who are making high risk choices at various stages of safeguarding or who appear to be reluctant at a particular point in time to engage in processes that may help them to change their circumstances. Brief interventions keep the focus on the future and possibilities for change, supporting the person to be in control of change and make choices. Provision of advice can help to ensure the person knows where to go when they do decide to seek support or wish to change their circumstances.

## Useful resources

BRIEF: The Centre for Solution Focused Practice (2018) Solution-Focused Counselling  
<https://www.brief.org.uk/therapy-and-coaching/what-happens-in-solution-focused-counselling>

Forrester D (2016) Motivational interviewing: how to use it in social work practice. The Guardian online  
<https://www.theguardian.com/social-care-network/2016/mar/08/motivational-interviewing-quick-guide-social-work>

Guthrie L (2018) in Hardy R *Motivational interviewing: what it is and how you can use it in social work*  
<https://www.communitycare.co.uk/2018/06/27/motivational-interviewing-can-use-social-work/>

National Institute for Health and Care Excellence (NICE, 2010) *Alcohol-use disorders: Prevention*  
<https://www.nice.org.uk/guidance/ph24/chapter/8-glossary#frames>

Prochaska & Diclementi's cycle of change model  
<http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente/>

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 21: Motivational interviewing

Practice tool 22: Solution-focused communication

## Case examples and reflection <https://www.local.gov.uk/msp-toolkit-case-examples>

Case example 13: Motivational interviewing

## 3.5 Family group conferencing, mediation and restorative practice

### Overview

This section explores family group conferencing, mediation and restorative practice as approaches for families, and social support networks to come together to reach a consensus. The consensus may be about a shared decision-making process about what might support the person who has care and support needs to move forward. It may be about achieving resolution and agreement where there has been, or remains, conflict.

The family group conference or network meeting model is based on empowering the network of extended family members and friends to participate in support for individuals. The principles include the belief that any plan made by those chosen by the person concerned is more likely to be successful than one been imposed by outsiders or professionals.

The conference or meeting puts the person at the centre of decision making and they choose who attends. It can bring in people other than the immediate family or carers to share the problem and offer solutions. These can include the extended family network and the local community. It builds on the strengths of families and communities rather than leaving individual family members to struggle on their own. For some people the immediate family may not exist, may not have the capacity to be supportive or may be caught up in a



cycle of abusive relationships. For others, a circle of supportive friends or a church group may be more appropriate than family.

The purpose of the conference or meeting is to identify how the network will support the person in an ongoing way, and/or to decide what form of support they want from others.

Mediation is more usually used where there is disagreement between people, and where trust may need to be rebuilt. John Gunner (writing in Cooper and White 2018) advocates for using mediation before using other more formal processes, he highlights how this is in line with the safeguarding principles in the Care Act (2014), in particular that of proportionality and also of empowerment.

Restorative practice has its roots in restorative justice. Where family group conferencing explores a problem that we are seeking to solve, Restorative practice recognises that there is a harm and seeks to repair that harm (Pereira and Quin RiPFA 2019). Restorative practice recognises that those who have 'the problem' have the solution, and it considers the needs of all involved.

### When might this be helpful?

Family group conferencing works best when everyone involved genuinely wants to find a way to solve the problem. It has been found to be beneficial in community settings where there are neighbourhood problems and concerns about anti-social behaviour. It is sometimes also useful to address family disputes, particularly during times of difficulty and stress. It may be a means of supporting individuals in institutional environments.

SCIE has published a report looking at mediation and family conferencing. The two approaches have some differences, for example mediation helps participants to settle a dispute whereas family conferences are concerned with planning ahead.

Mediation and family conferencing are not mutually exclusive, and may be used separately or together to achieve the most effective outcomes. For example, where the specific aim is to reduce conflict, rebuild trust or improve communication between family members, mediation may be more suitable. A family conference could then be used to develop a long-term care plan that reduces demands on the family by making full use of all appropriate support services.

Restorative practice is helpful where there has been a harm, and people are seeking to resolve that harm, because all parties would like to do so. It is very linked to the Empowerment principal of the Care Act. It enables people to make decisions about their situations. There are a core set of questions that support restorative practice which are in practice tool 25.

### Useful resources

What is a family group conference for adults? Brief Guide (2017)

[https://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/what\\_is\\_a\\_family\\_group\\_conference\\_brief\\_guide\\_web.pdf](https://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/what_is_a_family_group_conference_brief_guide_web.pdf)

Safeguarding adults: mediation and family group conferences

<https://www.scie.org.uk/publications/mediation/>

## Useful resources (contd.)

Ch 3 “Participative Practice and Family Group Conferencing” in Cooper A and White E (2017) Safeguarding Adults under the Care Act 2014: Understanding Good Practice.

References and further reading: Social Care Institute for Excellence

<https://www.scie.org.uk/publications/mediation/files/bibliography.pdf?res=true>

Restorative Practice FAQs

<https://www.gloucestershire.gov.uk/media/13884/restorative-practice-faqs-v1.pdf>

## Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 23: Family group conferencing

Practice tool 24: Mediation stages

Practice tool 25: The restorative questions

## 3.6 Approaches to building resilience, self-esteem and confidence

### Overview

Underpinning safeguarding practice is the provision of support to help build the person’s self-esteem and sense of self-worth, enabling them to have confidence to make decisions and take control of their situation.

Taking a strengths approach in safeguarding identifies the person’s skills and capacity to manage stress, building on their existing coping skills and, with support, to build resilience in moving their situation towards where they want to be.

Saleebey (2006), in explaining a strengths perspective, refers to the ‘CPR approach’ – with CPR you breathe for someone until they can breathe for themselves, with the strengths approach you believe in someone until they can believe in themselves:

**CPR** helps us to explore the person’s strengths:

- **C** – capacities, competencies, courage, and character
- **P** – promise, positive expectations, purpose, and potential
- **R** – resources, resilience, relationships, resolve, and reserves.

All three elements must be attended to in promoting strengths and resilience.

The strengths perspective also involves identifying the strengths and assets for local groups and communities and supporting people to access these.

Resilience has been described as the ability to bounce back from adversity. It comes from using our capabilities to respond in constructive ways, and then learning from this for the next adverse situation (Fox, Leech and Roberts, 2014). Emotional resilience is sometimes described as ‘inner strength’ – the ability to withstand and rebound from disruptive life challenges, emerging strengthened and more resourceful (Walsh, 2008).

Fox et al (2015) emphasise that resilience is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone. They refer to various factors which contribute to resilience, most significantly the person having strong and supportive links with others who offer reassurance and encouragement to enable a person to build their resilience.

The Social Care Institute for Excellence (SCIE) offers a range of resources including some short videos to help people to protect themselves and look out for each other.

<https://www.scie.org.uk/safeguarding/adults/preventing-abuse-neglect>

The Institute for Research and Innovation in Social Services (IRISS) website offers some useful resources for social work and social care workers.

<https://www.iriss.org.uk/resources/reports/resilience-resources>

Practice development tools refer to practitioners building their own emotional resilience in order to develop and maintain their ability support others:

RiPfa Practice Tool (2015) Supporting emotional resilience within social care practitioners

<https://www.ripfa.org.uk/resources/publications/practice-tools-and-guides/supporting-emotional-resilience-within-the-social-care-workforce-practice-tool-2015>

RiP/RiPfa Strategic Briefing (2018) “Transitional safeguarding – adolescence to adulthood” provides a useful resource that bridges binary notions of childhood and adulthood

[https://www.ripfa.org.uk/assets/userfiles/files/Publications\\_resources/msp\\_toolkit/JOINT\\_sb\\_transitional\\_safeguarding\\_aug18\\_web3.pdf](https://www.ripfa.org.uk/assets/userfiles/files/Publications_resources/msp_toolkit/JOINT_sb_transitional_safeguarding_aug18_web3.pdf)

## Counselling and group therapy to help build self-esteem and resilience

The safeguarding process itself can be traumatic. An important part of recovery from trauma requires making sense of what has happened in order to move towards some sense of resolution or healing. Tailored counselling and therapeutic approaches can be used with people including those with cognitive support needs – people living with dementia, brain injury, and learning disability.

The consequences of experiencing abuse or neglect vary from person to person. Counselling or other forms of person-centred therapy can offer emotional support and a route to recovery for people. Strong emphasis is placed on personal empowerment and supporting the person to take control of their lives by building self-belief, confidence and resilience.

A safe therapeutic relationship can promote self-determination and positive thinking, providing help with depression, anxiety, Post-Traumatic Stress Disorder, and trauma bonding that can result from abuse. Individual or group therapy can help people to come to terms with their experiences and understand the emotional impact, re-building self-esteem, confidence and resilience.

Group therapy can enable people to build confidence from sharing similar experiences with others, giving and receiving emotional and practical support. These can include assertiveness training, drama, art and music therapies.

Some people prefer individual sessions before risking a group setting, others may want to only be with peers and find individual counselling uncomfortable.

## When might this be helpful?

There is an argument that anyone who has experienced abuse should be offered the option of counselling to assist with the process of recovery. Whilst some may choose to take this up, others may not wish to do so, or not straight away, though should be offered the chance again in the months, even years, ahead. It is important to provide information about therapeutic services and signpost to such sources of help should the person wish to access this in future.

### Useful resources

British Association for Counselling and Psychotherapy gives information on therapy and details of therapists

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

Fox J, Leech J, Roberts E and Nosowska (2015)

Supporting emotional resilience within social care practitioners: Practice Tool. Dartington: Research in Practice for Adults

<https://www.ripfa.org.uk/resources/publications/practice-tools-and-guides/supporting-emotional-resilience-within-the-social-care-workforce-practice-tool-2015>

Holmes D and Smale E (2018)

Strategic Briefing: Transitional safeguarding: adolescence to adulthood

Dartington: Research in Practice. Research in Practice for Adults

<https://www.ripfa.org.uk/resources/publications/strategic-briefings/transitional-safeguarding--adolescence-to-adulthood-strategic-briefing-2018>

Institute for Research and Innovation in Social Services (IRISS) website

<https://www.iriss.org.uk/resources/reports/resilience-resources>

Intergenerational practice: a toolkit for community associations, a toolkit from Hampshire outlining the benefits of adopting an intergenerational approach.

<http://www.hants.gov.uk/rh/comm/intergenerational-toolkit.pdf>

Respond works with children and adults with learning disabilities who have experienced abuse or trauma, as well as those who have abused others, through psychotherapy, advocacy, campaigning and other support.

[www.respond.org.uk](http://www.respond.org.uk)

SupportLine a preventative service providing a confidential telephone helpline offering emotional support to any individual on any issue. It is particularly aimed at those who are socially isolated, vulnerable, at risk groups and victims of any form of abuse.

[www.supportline.org.uk](http://www.supportline.org.uk)

### Practice tools <https://www.local.gov.uk/making-safeguarding-personal-toolkits>

Practice tool 25: Building confidence to say no

### Case examples and reflection <https://www.local.gov.uk/msp-toolkit-case-examples>

Case example 14: Achieving resolution in safeguarding: assessing and responding to risk

Case example 15: Transitional safeguarding – adolescence to adulthood

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