A question of specialism? Adult safeguarding and models of social work practice in England.

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Adult safeguarding – choose your own model - let a 1000 flowers bloom?

'*Across government, localism is central to our reforms. We believe that to gain maximum local benefits you need to have maximum local flexibility. When everything is determined from the centre, however well intentioned something may be, it stifles innovation, undermines accountability and makes it harder to sustain performance*'.

Minister, Paul Burstow, 21 Feb 2012, **Capita Safeguarding Conference**.

Care Act (2014) puts adult safeguarding on a statutory footing.
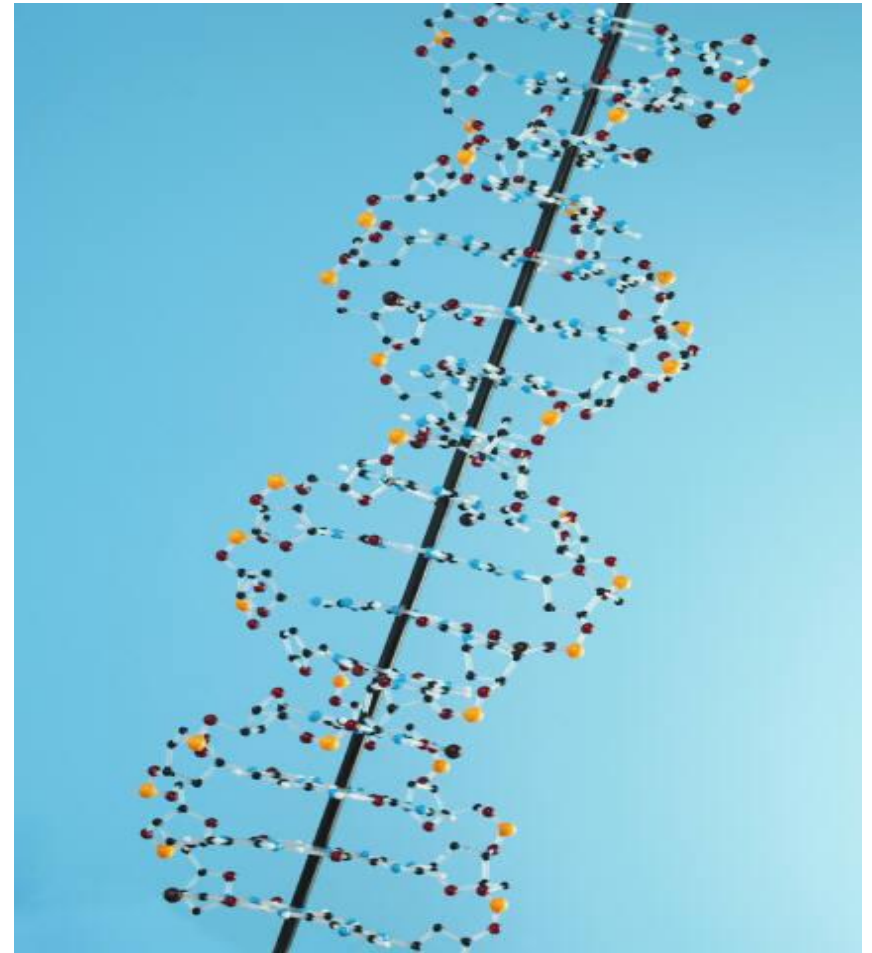
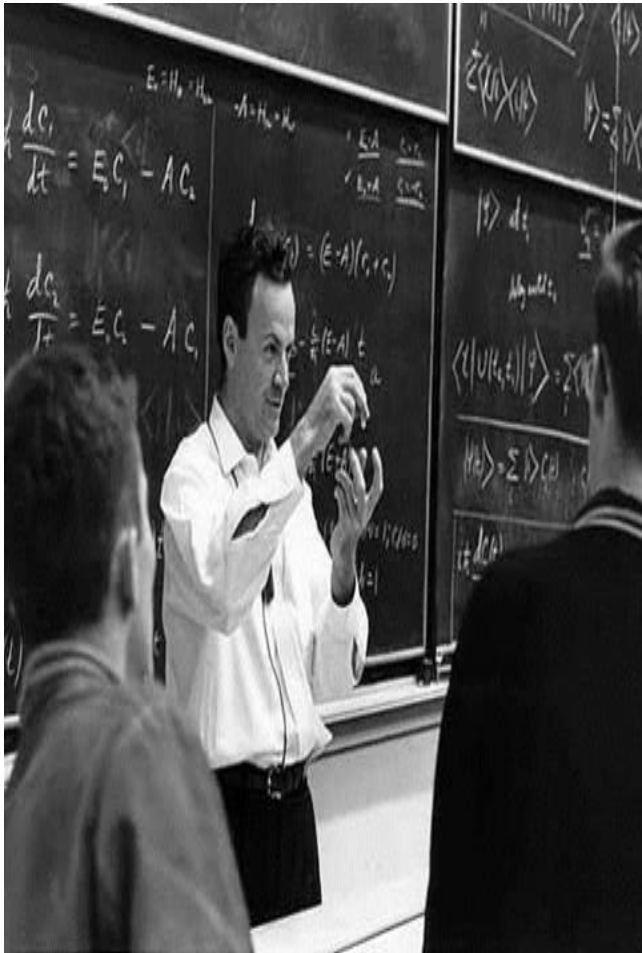# Models of safeguarding practice – what is happening now?

This is a mixed methods study – starting with a proof of concept as recommended in MRC complex interventions evaluations (Evans et al. 2013)

Next phase:

What works well in organising adult safeguarding in the local authority?

How do you do it?

- We asked 24 adult safeguarding managers to describe their own practices of safeguarding – implementation, development, current practices and outcomes ...
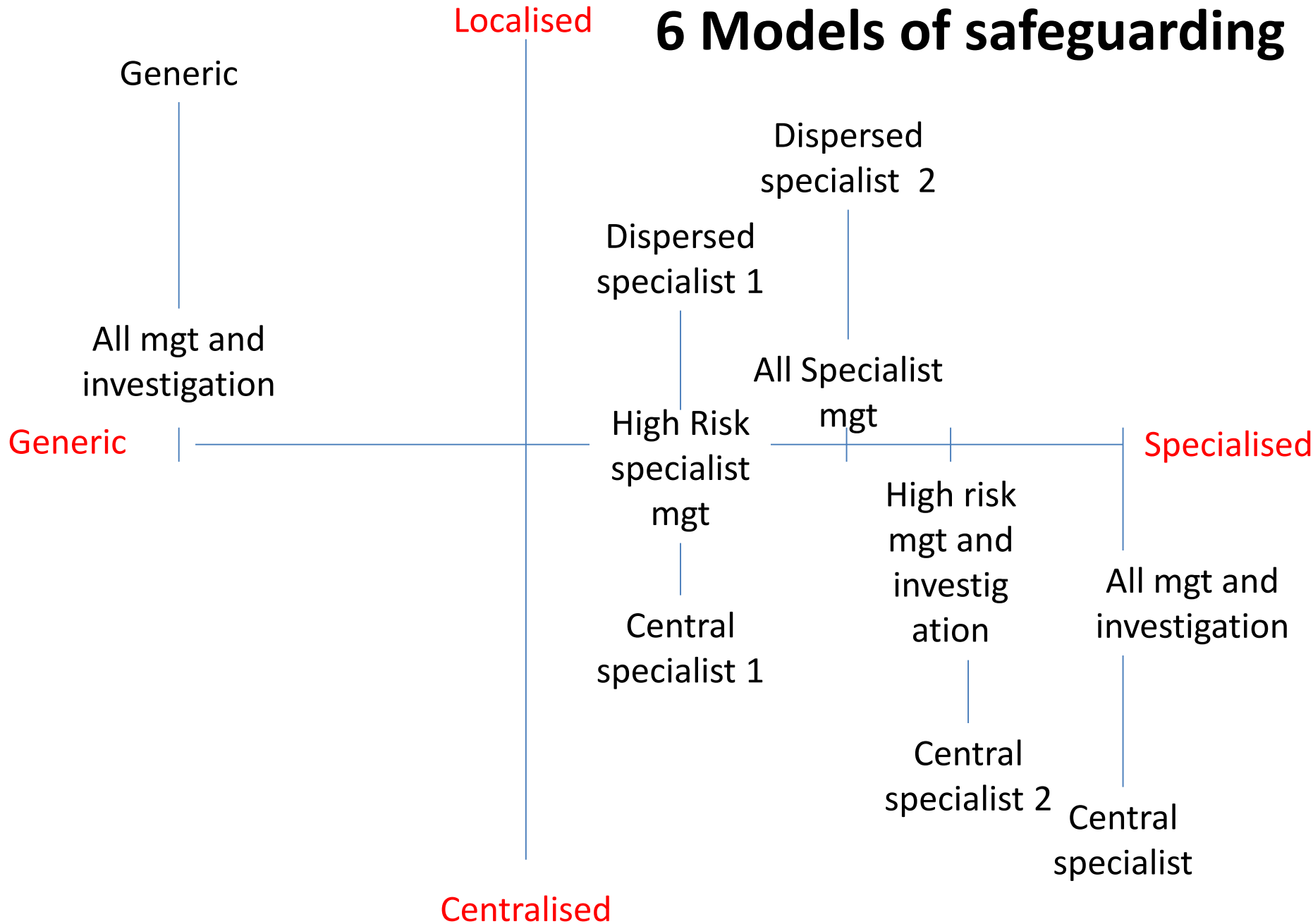
- Reviewed available literature

Themes from literature –

143 articles retrieved – read and categorised (2 on the topic)

- **Decision making** – where and how are decisions about safeguarding made?
- **Thresholds** – how have local authorities defined 'risk of significant harm'?
- **Multi-agency working** – how is this organised? MASH?
- **Outcomes** – what factors influence outcomes? Completion of investigation rates?
- **Survivor experience** – levels of post abuse work? Monitoring? Involvement in process? Process driven?

6 Models of safeguarding

Localised

Generic

Generic — All mgt and investigation

Dispersed specialist 2

Dispersed specialist 1

All Specialist mgt

High Risk specialist mgt

Specialised

High risk mgt and investigation

All mgt and investigation

Central specialist 1

Central specialist 2

Central specialist

Centralised

A Generic Model – 5 sites

Characteristics

- Limited or no specialist involvement in response to safeguarding concerns.
- Safeguarding is regarded as a core part of social work activity.
- Strategic safeguarding team likely to be involved in investigations relating to multiple concerns within a particular setting such as a care home.

Rationale

- Safeguarding is everybody's business
- Maintaining skills throughout social work as a profession
- Consistency of worker for the person perceived to be at risk

B Dispersed Specialist models:

Specialist safeguarding social workers are based in operational teams rather than a central safeguarding team. Two variations of this model were identified:

Characteristics

B1 – Dispersed specialist - coordination for high risk referrals (2 sites)

- Specialists based in local operational teams manage 'high risk' investigations.
- 'Low risk' investigations are managed by locality team managers alongside normal duties.
- Allocated or duty social workers undertake all investigations alongside normal duties.

B2 – Dispersed specialist coordination for all referrals (2 sites)

- Specialists manage all safeguarding investigations.
- Locality social workers investigate, alongside normal duties.
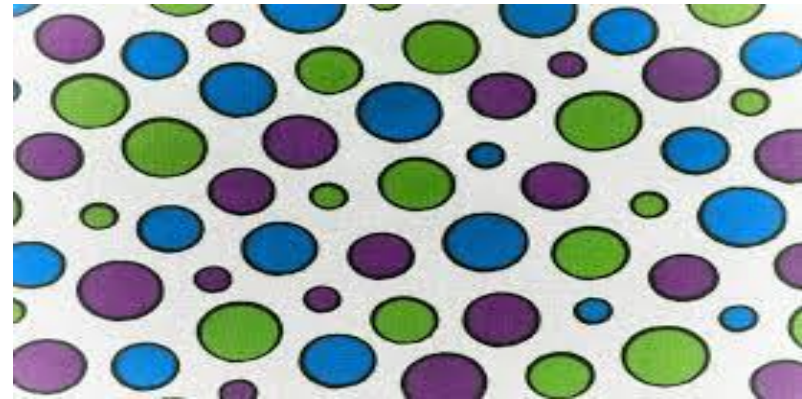
Rationale

- Specialists offer consistency in approach
- Experts in policies and process
- Experienced social workers & other professionals
- Strong links with mainstream social work practice
- Independence and objectivity

Centralised Specialist models:

Three types of centralised models were prominent. In these sites, centralised specialist teams took varying roles in coordinating and investigating safeguarding concerns – 14 sites.

Characteristics

C1 – Semi-centralised (5 sites)

- Central specialist safeguarding team manage all 'high risk' referrals
- Senior practitioners or team managers manage 'low risk' referrals
- Allocated or duty social workers investigate all referrals alongside their normal duties.

C2 – Semi-centralised (6 sites)

- 'High risk' referrals are managed and investigated by the central specialist safeguarding team.
- 'Low risk' referrals managed by team managers/senior practitioners and investigated by social workers alongside normal duties

C3 – Centralised (3 sites)

- All safeguarding alerts managed and investigated by central safeguarding team

Rationale

- Consistent approach to decision-making
- Effective multi-agency working
- Development of expertise
- Objectivity

Additional factors influencing adult safeguarding organisation

- Constructions of "high risk", "seriousness" and "complexity"
  - Location - institutions,
  - whole home/institutional
  - complex cases,
  - multi-agency responses,
- Position of SG within LA management structure (Commissioning or Directors of care)
- Defining an alert as a safeguarding referral
- Multi-agency working approaches
- Independent chairs?

Conclusions

- The level of Specialism is important feature of safeguarding practice
- Definitions of specialism are complex
- Assumed benefits of specialism
  - Consistency
  - Objectivity
  - Better relationships with providers
- Assumed benefits of a genericism
  - Safeguarding is everyone's business
  - Mainstream social workers skilled
  - Continuity of worker
- What are the implications for practice and outcomes?

Next phase: Implications of different models of practice

- In-depth study of six different models of adult safeguarding, involving:

- Comparison of Abuse of Vulnerable Adults/ Safeguarding Adults Returns;

- Cost data analysis;

- Staff survey;

- Interviews with adults at risk, staff, care home managers.

Thank you for listening. Your views and questions?

Disclaimer and acknowledgments

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