

Decision making under Safeguarding Enquires

How we make decisions in Safeguarding Adults does not greatly differ from general decision-making in the general context of social work in Adult Social Care. ASC aims to promote people's wellbeing working with people who have been disempowered and disadvantaged. Safeguarding goes a step further to prevent adults from abuse or neglect.

Good decision-making takes place within the context of limited time, uncertainty, balancing rights and protection, conflicting viewpoints, limited resources and pressure due to a number of reasons ranging from volume of work, managing complexities in people and a lack of support. Pressures to get things right also arise from demand for care and support and expectations from the public in terms of scrutiny and criticism; systems structures, inadequate supervisions, challenging targets, teams becoming territorial and focussing on issues of its own - All these issues bring pressure and could lead to barriers in making good decisions in relation to Safeguarding Adults. In such uncertain and pressurised circumstances, especially with the lack of time required to equip and keep up to date with changing world of social work

This short write-up aims to look at things to know and consider in attempting to make good decisions in making safeguarding enquiries

1) The principles of safeguarding

The first thing to know and which underlies the principles of safeguarding is the centrality of the person whom this safeguarding is about. In other words there is an emphasis on the person as the decision maker in their own lives. A working consciousness of this directs the responsibility for decision making to the adult at risk, with the worker supporting the person as far as possible to communicate their views and outline their outcomes. Ongoing work with the adult helps them to reorganise and re-prioritise their outcomes as time goes on. A working knowledge of the policy context of safeguarding as well as the elements and principles that underpin safeguarding with Adults go a long way to support the worker in making good decisions that result in better outcomes for the people who are being safeguarded.

Working in the consciousness of the principles of Safeguarding go far beyond the ability to just quote them as required. Just as the principles which relate to assessing a person's mental capacity to make specific decisions have now become engrained in us, so do the principles of the Care Act and specifically statutory safeguarding provide a useful tool in making good decisions on behalf of people affected by one form of abuse and neglect or the other.

The Principles

Prevention- Strategies are developed to prevent abuse and neglect that promotes resilience and self- determination.

Protection-Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.

Partnership working - Accountability and transparency in delivering a safeguarding response.

Proportionality - A proportionate and least intrusive response is made balanced with the level of risk

Accountability- Local solutions through services working together within their communities.

Empowerment- Adults are encouraged to make their own decisions and are provided with support and information.

According to RiPFA, The elements that underpin good decision-making in Safeguarding include:

Establishing Need

Establishing Eligibility

Establishing level of risk (predicting the future)

Establishing/ determining capacity (where necessary)

Identifying outcomes

Deciding on intervention – ultimately to good decision-making.

The three-fold determination of eligibility (Exclusive of capacity to make decisions, managing own care, officially below the threshold, Self –funder, young people)

- 2) The Wellbeing principle- Wellbeing is at the heart of the care and support as evidenced in the care Act 2014. In safeguarding Adults work processes this includes safeguarding activities in the wider form not only confined to formal 's.42 Enquiries. A move away from being too process and form-led, we must

prescribe a process that must be followed when a safeguarding concern is raised. Safeguarding can therefore be outside the scope of a formal safeguarding s.42 enquiry and can be non-statutory. Safeguarding process must therefore be outcome-focussed, person-led, evidence based and strengths-based (paragraph 14.14, Care and Support Guidance).

Best interests' principle on behalf of those who lack the mental capacity to make their own decisions come in here as well especially in relation to finding out from relatives, carers or persons close to them what outcomes they would have chosen for themselves had they had the mental capacity to choose.

(See s.4 Mental Capacity Act, 2005)

RiPFA suggests that evidence-informed decision making involves working through the following questions:

What is the decision for?

What evidence do we have?

What does this mean?

What needs to happen?

How will we know we are making progress?

The SMART principle enables us to know if we achieved the outcome we wanted

S-specific

M-measurable

A-attainable

R-realistic

T-time-bound

Informed-decisions are made through gathering of facts and information that may be relevant to the decision, interpreting these through critical analysis and utilising relevant sources of information and experience.

- 3) Values- action should begin with the assumption that the adult at risk is best-placed to judge their own situation and know best the goals and outcomes that are paramount for their wellbeing (Pan London document-1:3) Decision-making on behalf of people who lack the mental capacity to act or who have other reasons for being unable to make their own decisions should be evidence-based and strengths based, supporting people to make use of their innate qualities and strengths to make their own decisions.

Individual values affect how we think and act and can influence our judgements, leading to failed decision making and ultimately resulting in poor outcomes for people. However, by giving the power back to the person, enabling them to express their views and outcomes by directing the course of

their own lives, ultimately supports us in making good decisions on their behalf and unconsciously enables us to direct the pressure of having to make 'correct' decisions away from ourselves. Good decisions do not necessarily have to be the 'right' or decisions. "What good is it making someone safer if it merely makes them miserable?" –Lord Munby, J. The Adult at risk should therefore "be the central focus of decision making, determining what outcomes they want in place and be provided with options so that they maintain choice and control". (Pan London document-1:3).

Summary

- Putting people's opinion views, opinions and outcomes at the forefront of decision making
- In terms of incapacity to act, involve carers, friends, legal reps and people expressed by the person lacking capacity
- Positive risk taking (good vs right)
- Move from over-protection to empowerment
- Applying Legal literacy
- Be evidence informed- Informed-decisions are made through gathering of facts and information that may be relevant to the decision, interpreting these through critical analysis and utilising relevant sources of information and experience.
- Be outcome focused- Utilising the SMART principle
- Apply strengths –based practice

References

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Nikki Owonaiye