Making safeguarding personal:
A toolkit for responses

Fourth Edition
January 2015

Contents

Background

This toolkit was originally developed in 2010 following the "Review of literature on safeguarding adults supporting 'vulnerable' people who have experienced abuse with difficult decision making" (Deborah Klee, 2009) which highlighted the shortage of research, literature and practice responses providing appropriate and effective support.

Since 2010, the national programme Making Safeguarding Personal has aimed to promote 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. Making Safeguarding Personal is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. 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 is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

The Care Act (2014) statutory guidance 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.*" Safeguarding "*should be person-led and outcome-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.*"

Taking a more creative approach to responding to safeguarding situations may help to resolve situations more satisfactorily and possibly more cost effectively. The objective of this toolkit is to provide a resource that encourages councils and their partners to develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered and their outcomes are improved.

How does it work?

The toolkit is set out in a modular format with a summary of key areas. These areas range from models, theories and approaches to skills and areas of specialism that safeguarding practitioners need to be aware of. It can be used as a practitioner guide for pointers on how to respond to individual cases, or as a starting point resource for service development.

It has been designed as a resource that will develop over time and allow up-dates and amendments to be made as development takes place or innovative and effective practice comes to light.

Each section contains

a) an overview explanation of what the area is and why it is included

b) suggestions of the circumstances in which the response is or might be useful

c) suggestions for further development and/or potential piloting and research opportunities

Ongoing development

Some of the resources and suggestions in the toolkit are:

o already in existence in most Council areas but may not be extensively used in the safeguarding context
o established in just a small number of pioneering council areas
o well used in other fields of work but development work to customise them to adult safeguarding work has potential to improve outcomes for people.

This toolkit is a forward facing resource meant to stimulate and encourage innovative responses and person centred approaches to safeguarding circumstances. These responses may be developed within specialist safeguarding staff and teams or may be commissioned from independent organisations. Many of the responses fall within the social work domain. There is considerable scope for further development and piloting of work within adult safeguarding for progressive services who want to make a difference.

A range of councils, voluntary organisations and academics have engaged in developing and evaluating these responses through Making Safeguarding Personal. You can find out more by requesting membership of the MSP knowledge hub at:

https://knowledgehub.local.gov.uk/web/makingsafeguardingpersonal

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.

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 are two outcomes measures:

1. The number and percentage of people referred for services who define the outcomes they want (or outcomes that are defined through a Best Interest decision making process or with representatives or advocates if people lack capacity)

2. The number and percentage of people whose expressed outcomes are fully or partly met.

These measures are not without their challenges in terms of implementation. Consideration needs to be given as to how this information is gathered, their use as potential indicators of "good" or "poor", the impact of benchmarking, and other unintended consequences.

Other potential measures are outlined below:

Desired Outcomes
What difference is wanted or desired?
o People are safe from continuing harm and / or abuse   o People feel that they have recovered from the abuse or neglect   o People are empowered and able to manage their situations   o People are aware of services and options to meet their needs.   o People have their stated objectives and desired results met.   o People have access to independent advice and support   o The person believes that their views, worries and wishes are taken seriously   o The person reports that they haven't had to compromise their safety and wellbeing at the cost of having relationships with other people   o The person develops stronger networks that are also protective   o The person knows how to take precautions against harm and how to keep safe   o The person knows who to contact to find out information   o The person feels in control and not driven or controlled by the adult safeguarding process   o The person can get help from someone who is independent

Desired Outcomes
What difference is wanted or desired?
Methods of Enquiry
How will you know you have made a difference?

- Increase in % of people who reported their outcomes were met (survey question, review).
- An increase in the number / proportion of people who have been through a safeguarding process and are living safely and independently
- An increase in the number / proportion of safeguarding plans that include responses that result in the person reporting they feel safe and in control of their lives
- A reduction in the proportion of safeguarding plans that involve additional services or care management monitoring after (say) six months
- Reduction in number of repeat safeguarding referrals
- Increased satisfaction/effectiveness scores in survey results
- Increased demand for and use of information
- Increase in people who have enhanced supportive networks and social contact
- Increase in the number of people confident to ask for the help and support they need
- Increase in the number / proportion of people who report that they feel supported and understood (survey question, review).
- Increase in the number / proportion of people who report that they feel safe (survey question, review).
- Increase in the number / proportion of people who report they are better able to make informed choices that suit their situation and lifestyle (survey question, review).
- Increase in the number / proportion of people who report that the safeguarding process moved at a pace that was right for them and that they knew what was happening at every stage (survey question, review).
- Increase in the number of people who feel that they have recovered from the abuse or neglect
- Increase in the number / proportion of people who report they had access to an advocate who helped them make decisions and access the services they needed (survey question, review).

1. Personalised information and advice

Overview

Adult safeguarding needs to be as empowering as possible. It is vital that people have as much control and choice as possible, that 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 to know what options are open to them. It is also important in terms of understanding the safeguarding process and 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 have had the chance to really consider them. They can feel disempowered (and possibly damaged) by the safeguarding process unless they know what is happening and the choices they have. 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.

Gaps and development opportunities

Research demonstrates that there is far more information available than people are aware of but that it is not always readily available or in the form that people need.

Some councils have run excellent public awareness campaigns as have Women's Aid, Action Against Elder Abuse and others. Some councils have good accessible information and advice about keeping yourself safe, safeguarding, complaints and quality improvement activities.

There is much less personalised information and advice available for individuals about the specific options available to them. The options open to people will increase as councils implement the Care Act and are able to develop or commission some or all of the responses (and others) outlined in this toolkit.

More can be done to raise awareness and ensure sexual assault centres, rape crisis advice and guidance, and domestic abuse services are accessible to all. Councils are encouraged to develop this area of work and to share examples of personalised information and advice.

2. Mental Capacity and Best Interests

Overview

The Mental Capacity Act 2005 is about empowering people in two different ways. First, it is about not jumping to premature conclusions that a person lacks capacity, but recognising that they may require support to make decisions. Second, when a person lacks capacity, the Act states that people must be encouraged to participate in the decision and their past and present wishes taken into account. Although these wishes do not have to be followed, they still carry significant legal weight (Mental Capacity Act 2005, Section 1).

The principle of proportionality in safeguarding is explicit in the Human Rights Act 1998 and the Mental Capacity Act 2005. For instance, under Article 8 of the European Convention on Human Rights, there is a 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, whom they should see or what they should do – it must first consider the less restrictive options before a decision is taken in the person's best interests. Best Interests decisions need to incorporate the following principles: not making assumptions; whether the person is likely to regain capacity; participation of the person; their past and present wishes, beliefs and values; and consultation with others.

When might this be helpful?

In all safeguarding activity due regard must be given to the Mental Capacity Act 2005. In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made. A balance sheet approach may be helpful in order to determine where a person's best interests lie. This is about weighing up the factors in favour and against a particular decision or course of action. For practitioners, this should be both a useful and essential exercise. Only to weigh up one set of risks (for example, in preserving the status quo) without weighing up alternative risks (of changing the status quo) will not give the full picture necessary for a best interests decision.

Gaps and development opportunities

Valuing every voice, respecting every right: Making the case for the Mental Capacity Act; June 2014; the Government's response to the House of Lords Select Committee Report on the Mental Capacity Act 2005 reasserts concern at the lack of awareness and implementation of the Act. The Code of Practice for the Mental Capacity Act 2005 includes a best interest's checklist. This list is not exhaustive and Councils are encouraged to develop tools to support practitioners in coordinating a best interest's decision process and adopting a balance sheet approach.

3. Supported decision making and freedom from undue influence

Overview

The Mental Capacity Act (2005) and the UN Convention on the Rights of Persons with Disabilities (2006) Article 12 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 an individual with a disability requires total 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.

A person might decline an intervention because of undue influence or coercion, 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.

When might this be helpful?

All stages of safeguarding activity. Supported decision making focuses on the outcomes the person wishes to achieve, what is working in their lives and what is not. 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 special language and sensory needs.

Gaps and development opportunities

There are several tools and guidance documents that have been developed to support decision making, which can be applied to safeguarding work. Councils are encouraged to develop frameworks and the piloting of approaches with people with a range of needs and strengths.

4. Advocacy and buddying

Overview

Advocacy is used in supporting people to make difficult decisions and 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 and links strongly to section 7 of this toolkit. People first groups represent both self-advocacy and collective advocacy and link strongly to the peer support section of this toolkit.

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 and peer advocacy are all useful in preventing abuse 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.

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 IMHA.

Gaps and development opportunities

Councils are encouraged to pilot or develop peer advocacy or buddying arrangements, and development of professional advocacy services in prevention work such as training in "keeping safe".

5. Achieving Best Evidence skills

Overview

Achieving Best Evidence in Criminal Proceedings (March 2011) describes good practice in interviewing victims and witnesses, and in preparing them to give their best evidence in court. Section 16(2) of the Youth Justice and Criminal Evidence Act 1999 defines when people over the age of 18 are able to be defined as a vulnerable witness and therefore eligible for special measures to assist them in court.

Achieving Best Evidence in Criminal Proceedings includes guidance on:

Planning and preparation – taking account of all the information available about the person at the time and identifying the key issues and objectives

Establishing rapport – in order to reduce anxiety and assist recollection

Using free narrative accounts – initiation and prompting of an uninterrupted free narrative account of the incident/event

Approaches to questioning – Including Open-Ended, Specific-Closed, Forced-Choice, Multiple and Leading Questions

Closing an interview – including summarising, checking for accuracy and prompting further recall

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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.

Gaps and development opportunities

Not all councils consider skills based training for their safeguarding adults' activity, instead focusing only on processes. Councils are encouraged to develop Achieving Best Evidence or interviewing skills training for all practitioners who will be undertaking safeguarding adults' enquiries.

6. Signs of Wellbeing & Safety Practice Framework

Overview

The development of *Signs of Safety* practice began in the 1990's drawing on the direct experience of effective practice by social workers and the experiences of families. Originating in child and family social work, the practice framework is a strengths and asset based approach, now adapted for use in adult social care with an emphasis on professional judgements about need and wellbeing. The framework encourages a person centred approach by involving the service user, their networks – social and professional – in developing intervention plans that aim to improve wellbeing. Each case is mapped out in the framework and practice tools guide questioning and analysis toward forming a professional judgment.

Signs of Wellbeing & Safety is an integrated practice framework for how to do adult social care work – it contains the principles to guide practice; tools for assessment and person centred planning, decision making and engaging adults and their families/ networks, including community and third sector partners. Goals of empowerment, person centred assessment and planning, and an improvement to wellbeing through a rigorous analysis process, is supported by an appreciative inquiry approach.

When might this be helpful?

In our assessment practice, intervention planning and case reviews. By mapping out the case situation, the social worker and service user can see how wellbeing is defined and signs of improvement are found through a range of informal and formalised methods.

Gaps and development opportunities

Councils are encouraged to develop a practice framework that reinforces person centred practice. Supported by group and individual supervision, a practice framework encourages reflective and rigorous practice.

> A practice framework 'integrates empirical research, practice theories, ethical principles and experiential knowledge in a compact and convenient format that helps practitioners to use the knowledge and principles to inform their everyday work'.
> (Connolly & Healy 2009)

7. Dealing with risk in particular relationships, including when employing personal assistants

Overview

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. Research on identifying and reducing elder abuse has shown that 'if a carer and the individual who is being cared for do not get sufficient support from service providers, such as regular contact meetings to discuss any issues they may have with the care, identification of any abuse ... is more likely to be undetected' (Mustafa, 2008, p 40). Working to reduce potential isolation and dependency on one person is helpful in preventing and responding to high risk in caring situations. Risk assessment models such as Signs of Safety, which look at danger, safety and strengths, could be considered, as could a 'circle of support', peer and volunteer support (see section 10). Informed choice is seen as vital for empowering approaches to safeguarding, with people having access to information and advice about safeguarding, employment, legal aspects, reporting, peer support and accredited people and organisations.

When might this be helpful?

People receiving a personal budget or direct payment often use it to employ a personal assistant (PA). Other people may receive care from a member of their family or a friend. Some people in these paid or unpaid roles may harm or abuse the person who they care for. The person who is being harmed or abused is in a difficult legal and/or emotional situation. Whilst perhaps dependent on their abuser for their personal care and/ or social and emotional support, and fearful of this person, they may also be the abuser's employer and expected to act in ways consistent with employment law. People may also be reluctant to disclose problems or abuse as they are fearful of losing an important personal or family relationship, or of having their direct payment suspended and losing necessary support. The fear of losing their independence and choice can leave the person even more vulnerable.

Gaps and development opportunities

While there are a lot of toolkits and support available in relation to employing PAs and people taking control of their services and supports, there is little that empowers them to address serious concerns should they arise. There is an opportunity for Councils to develop this aspect more widely for inclusion in current resources.

8. Building resilience, confidence, assertiveness, self-esteem and respect

Overview

Support and interventions which build someone's self esteem and sense of self worth to empower them to have the confidence to make decisions and take control of the situation underlie all safeguarding work. The consequences of experiencing abuse or neglect vary from person to person depending on their resilience. Resilience is a quality which helps people withstand adversity better. How resilient people are depends on a number of factors: personal attributes, history, and what supports are available. Taking a "strengths" perspective to assessment in safeguarding assists the practitioner to recognise the person's skills and capacity to manage stress, and influences practitioners to provide or impart the coping skills necessary for a person to manage problem situations.

> **Cowger & Snively (2001) propose the following guidelines for a strength assessment:**
> Pre-eminence should be given to the person's understanding of the facts
> The person should be believed
> It should be discovered what the person wants
> The person's words should be used
> Assessment should be a joint activity between the practitioner and the person concerned
> A mutual agreement on assessment should be reached
> Blame should be avoided
> Cause-and-effect thinking should be avoided
> An assessment of the situation should be considered, not a diagnosis

When might this be helpful?

At all stages in adult safeguarding, from public awareness and zero tolerance campaigns, through response to referrals, planning and decision making with people, and post abuse support. Being harmed or abused significantly impacts on people's self esteem and self respect both in personal relationships and those with paid assistants or carers. Building confidence and assertiveness is critical to the process of decision making and recovery.

Gaps and development opportunities

There is an opportunity for development activities that explicitly incorporate building self esteem, worth and assertiveness into all safeguarding interactions. Suggestions include: assertiveness work with individuals or groups; peer support; therapeutic counselling; drama, art and music therapies. These are not mutually exclusive and may be of particular benefit to those who have been subject to repeated abuse or allegations.

9. 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 personality development in the context of close relationships. The quality of early social relationships has a deep bearing on psychological and social development; adversity in childhood can lead to adult relationships that may be difficult and distressing and mental states such as learned helplessness. Practitioners working in adult safeguarding would find it beneficial to develop skills in understanding and assessing the nature and origins of some harmful social relationships.

Professor Patricia Crittenden's work identifies three adult survival strategies that, at their extreme expression, will undermine trust and well-being and even lead to harmful behaviour. These manifestations relate to the 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, 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. This is linked to the strengths –based approach described above. Clark Baim offers a methodology for structured conversations around attachment experiences, in, *Attachment-based practice with adults,* which looks at assessment, intervention and supervision.

When might this be helpful?

Use of 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 of risk and support plans.

Gaps and development opportunities

The use of and training in attachment theory and approaches is common in children's services. Some Councils have developed training in attachment based working for adult social workers, and have received positive feedback from practitioners attending. Attachment-based approaches could be utilised to encourage a cultural shift away from the allocation of resources and services to meet assessed need, towards less risk-averse and more person centred practice.

10. Motivational interviewing and cycles of change

Overview

Motivational interviewing was proposed as an alternative model to direct persuasion for facilitating behaviour change. It is commonly used in working with people with substance misuse problems. Social work behaviour change interventions have traditionally focused on increasing skills and reducing barriers. More recent recommendations tend to encourage practitioners to explore a broad range of issues, including but not limited to skills and barriers. It utilises the skills of reflective listening and summarising, and assessing readiness of 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.
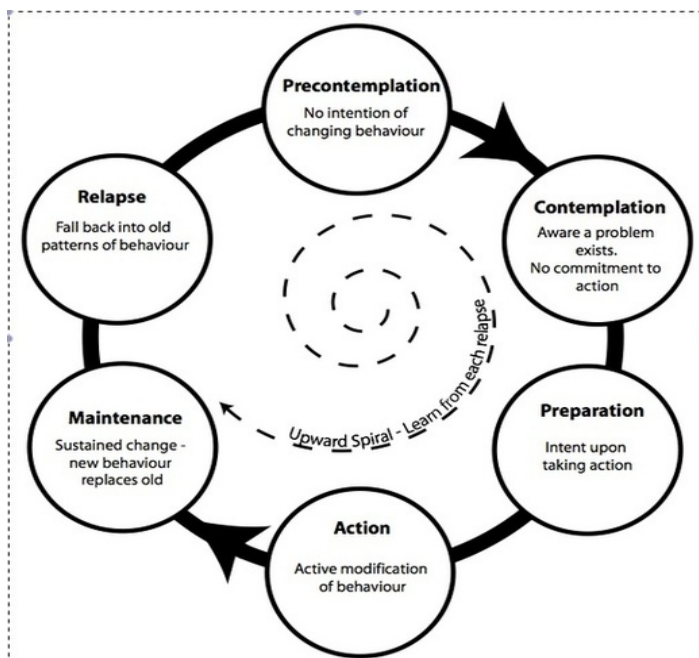
Prochaska & DiClementi's model (1983) indicates the stages a person is in at any given time during the process of change. It is a way of thinking about how someone goes about changing his or her behaviour. The model assumes that change takes time, that there are common tasks in each stage, and that by tailoring an intervention to match the stage of change, practitioners will be more successful in helping a person to make lasting change.

When might this be helpful?

In safeguarding work where a person's behaviours lead them into safeguarding situations, particularly where the person appears to want support but struggles to engage with practitioners, because it encourages positive engagement and acknowledges and works with their resistance, and may encourage taking action such as leaving an abusive relationship.

Gaps and development opportunities

Councils are encouraged to consider training on motivational interviewing and cycles of change to support practitioners in developing these skills.

11. Peer support, survivors networks, and circles of support

Overview

At its simplest level peer support is about 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 problems and issues they are dealing with on a daily basis within a safe and supportive environment. Peer support takes many different forms and can emerge in a number of different contexts. It can be seen in organisations and activities such as survivors groups, organisations of disabled people, online topic forums and social networking, buddying, "Anonymous" groups and their equivalent "Anon" groups for people who live with addicts. It can be formally or informally organised.

Circles of support are a group of people who come together to give support and friendship to a person. They help them do the things they would like to do and support in planning for new things in their life. Circles of support can be particularly helpful at a time of change. The Circle acts 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 abusive circumstances 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 abused. Adults who are vulnerable, at risk, or have experienced harm may be dependent upon their abuser for critical care and support. The support of peers therefore is likely to be helpful in preventing harm, encouraging disclosure and in being supported during and after any safeguarding adults' process and interventions. This approach has also been used with offenders.

Gaps and development opportunities

There are a wide range of peer support activities in most parts of the country but they may not be accessible to people who have been abused or neglected. Suggestions and opportunities for Councils include: identifying which voluntary organisations within local areas are able to provide peer support services; peer advocacy groups in care home settings; developing virtual support networks; enabling survivor's stories to be told and heard.

12. Family and networks, including group conferences

Overview

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.

When might this be helpful?

Feedback from the No Secrets Consultation in 2009 is that many want to retain the support of their families, and where possible seek reconciliation with an abusive relative.

> **Family conference or network meetings could be used:**
> where there is a potential for families to engage and support each other, particularly if they haven't been aware of the harm or abuse that a family member is experiencing
> when there have been instances of abuse or violence within the family and there is a desire to resolve the harm this has caused
> where someone is in an institutional setting and does not want to move but welcomes a circle of support (where the institution is also dealing with the safeguarding concerns)
> where there are specific cultural considerations
> when there are multiple problems to address

Women's Aid advise against the use of this model in cases where there is domestic violence. Membership of the network needs careful consideration.

Gaps and development opportunities

Family group conferences have been piloted and evaluated widely in children's services. Suggestions for Councils include using the routine offer of work with families with recommendations in local safeguarding adults' policy and procedures.

13. Therapeutic and counselling support

Overview

Counselling or other forms of person centred therapy can be very helpful for people who have experienced abuse. The harm of abuse may be coupled with post traumatic stress disorder, depression, trauma bonding, anxiety and a range of other impacts. Client centred practitioners aim to help the client come to terms with their emotional issues and the harm they have experienced and realise their ability to take control of their lives. Strong emphasis is placed on personal empowerment. Group therapy is also helpful for some individuals in enabling them to realise that their experience is not unusual or unique, and that in sharing they can benefit both themselves and others.

There is a danger that managing the safeguarding process can take precedence over assisting and enabling the people who have been abused to come to terms with what has happened to them. An important part of recovery from trauma requires the need to make sense of what has happened so it can be set within a context where there is some resolution or healing.

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 fairly immediately, many people may not wish to do so straight away and should be offered the chance again in the months, even years, ahead. There is therefore a need for people to have access to relevant information about where to find out about such services and resources should they want to access them in the future.

Tailored counselling and therapeutic approaches can be used with everyone, including people with dementia or other cognitive impairments. People often appreciate individual sessions before risking a group setting, others may want to be with peers and find individual work uncomfortable.

Gaps and development opportunities

Counselling can be provided via the NHS. However, limited resources and ageism mean that older people in particular may not get access to counselling or psychology from either their GP or other agencies and it is a rare output of safeguarding plans. With the developments in GP Commissioning there may be an opportunity to address this gap.

14. Brief interventions and micro skills

Overview

Brief interventions aim to equip people with tools to change attitudes and handle underlying problems. As part of a range of methods, brief interventions may contain brief advice and may use a motivational interviewing approach in the delivery. They have been extensively used in the fields of alcohol and other substance misuse and in other fields including trauma and bereavement. There are some developments in relation to brief cognitive and behaviour therapy (CBT) support in relation to trauma.

The FRAMES method of brief advice is recommended by NICE for alcohol interventions. This is based on Feedback about personal risk, a focus on their Responsibility, Advice, a Menu of potential strategies, Empathy, and the Self-efficacy or Strengths of the person.

The use of Micro-skills 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 or relationship with the person, and the quality of information about the safeguarding incident.

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

When might this be helpful?

These interventions may be of help with individuals who are making capacitated but 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 help them to change their circumstances. The provision of advice may be helpful in ensuring the person knows where to go when they do decide to seek support or wish to change their circumstances.

Gaps and development opportunities

There is limited specific practice, research or evaluation of the use of brief interventions in the adult safeguarding field. There is scope to develop this and pilot work in specific areas.

15. Mediation and conflict resolution

Overview

In general situations mediation and conflict resolution often provides a means of resolving disputes without going to court. The parties concerned rather than a judge will decide the outcome. The dispute resolution process involves an impartial mediator who assists those involved to reach their own decisions for arrangements. Parties discuss their issues and concerns in a safe neutral environment and have the opportunity to improve their communication and chances of long-term cooperation. The mediator controls the process but the parties involved retain control of the decisions made. Mediation can lead to a less acrimonious, less stressful, quicker and possibly cheaper method of resolving disputes.

When might this be helpful?

This form of intervention and support 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.

Gaps and development opportunities

Councils are encouraged to increase the awareness of existing mediation services so that there can be early referrals, as well as developing services with an understanding of its use within adult safeguarding.

There has been very little empirical research on the effectiveness of general community mediation in practice, let alone work that is being targeted within adult safeguarding so there is considerable scope for development.

16. Support for people who have caused harm

Overview

There are some contexts where work with people who have caused harm or abused someone else is relevant to adult safeguarding. There are a number of fields where safeguarding organisations already provide a range of support, including services for carers, for people who are causing harm or abuse and who also have difficulties in relation to substance misuse or mental health or capacity and in relation to probation services. Support may be needed where the person who causes harm to others is vulnerable.

There are a number of models used within the criminal justice system to assist with the rehabilitation or transition of offenders. These include the Good Lives Model, which is concerned with the enhancement of offenders' well-being and reduction of their risk of further offending, the theory being that the best way to create a safer society is to assist offenders to adopt more fulfilling and socially integrated lifestyles. Some Councils, through their Community Safety Partnerships, have provided a focussed programme of counselling and rehabilitation for perpetrators of domestic abuse, and there are a number of national programmes.

When might this be helpful?

o someone wants the abuse to stop, not the relationship

o the person who is causing the harm is willing to address the impact of and change their behaviours

o there has been a family history of intergenerational abuse

o there are linked substance misuse, mental health or mental capacity issues in relation to the person who is causing the harm or abuse

o carers are under stress or the person causing harm is vulnerable

o an institution identifies harmful behaviours that may be subject to change in their staff group (alongside supervision, appraisal, disciplinary)

o through the criminal justice system to prevent continued harmful or abusive behaviours

Gaps and development opportunities

There are significant opportunities to more systematically explore this field of work and undertake pilots and evaluations, potentially working with the probation service. Council's adults and children's safeguarding and Community Safety Partnerships are encouraged to work alongside each other to explore available options.

17. Restorative justice

Overview

Restorative justice gives victims the chance to meet or communicate with their offenders to explain the real impact of the crime - it empowers victims by giving them a voice. It also holds offenders to account for what they have done and helps them to take responsibility and make amends. Government research demonstrates that restorative justice provides an 85% victim satisfaction rate and a 14% reduction in the frequency of reoffending. Restorative justice is about victims and offenders communicating within a controlled environment to talk about the harm that has been caused and finding a way to repair that harm. For victims, meeting the person who has harmed them can be a huge step in moving forward and recovering from the crime.

Restorative justice conferences, where a victim meets their offender, are led by a facilitator who supports and prepares the people taking part and makes sure that the process is safe. Sometimes, when a face to face meeting is not the best way forward, the facilitator will arrange for the victim and offender to communicate via letters, recorded interviews or video. For any kind of communication to take place, the offender must have admitted to the crime, and both victim and offender must be willing to participate. Restorative justice can be used for any type of crime and at any stage of the criminal justice system, including alongside a prison sentence. The Restorative Justice Council advocates the use of safe, high quality restorative justice wherever and whenever it is needed.

When might this be helpful?

Restorative justice is increasingly being used outside of the criminal justice system, where it is referred to as restorative practice. Restorative practice is effective in building strong relationships and can help prevent and manage conflict in schools, children's services, workplaces, hospitals, prisons and communities. The principles are applicable in adult safeguarding where both parties are express a desire to participate and gain from the experience.

Gaps and development opportunities

The use of restorative justice principles and practice in the area of safeguarding is currently under-developed. There are significant opportunities to pilot its use and evaluate its effectiveness.

As a first step, approaches might be made to the Restorative Justice Council and to Councils or voluntary organisations who might be interested in developing and evaluating pilots.

18. Domestic abuse

Overview

The cross-government definition of domestic violence and abuse 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". This includes psychological, physical, sexual, financial and emotional abuse, stalking and so-called 'honour'-based or 'honour' violence

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 and depriving them of the means needed for independence, for example through financial abuse. 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. Abusers who are guilty of psychological and emotional abuse can be prosecuted under new legislation on 'coercive control'.

Domestic abuse is a complex issue and may coexist with other health or social problems, for example, poverty, drug and alcohol misuse, disability or mental health problems.

The Coordinated Community Response (CCRM) 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

When might this be helpful?

There are a range of support services and legal actions for domestic abuse which are becoming increasingly recognised in the safeguarding context. Intervening agencies collaborate with each other and the victim to coordinate their actions, focusing on victim safety and abuser's accountability.

Gaps and development opportunities

Domestic abuse is a real risk to the lives of people who come into contact with adult social care services. Staff must be trained to identify domestic abuse, and understand the referral pathways for support for IDVAs (independent domestic violence advisers) and the MARAC (multi agency risk assessment conference), as well as police powers to respond to domestic abuse. Council adult's and children's safeguarding and Community Safety Partnerships must work together to explore the available options.

19. Additional specific guides

Overview

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Female Genital Mutilation

Female genital mutilation (FGM) is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this. FGM is any procedure that's designed to alter or injure a girl's (or woman's) genital organs for non-medical reasons. It's sometimes known as 'female circumcision' or 'female genital cutting'.

Modern Slavery

There is no typical victim of slavery – victims can be men, women and children of all ages and cut across the population. But it is normally more prevalent amongst the most vulnerable, minority or socially excluded groups. Slavery can include trafficking, forced labour, sexual exploitation, domestic servitude and criminal exploitation. Signs may include poor physical appearance, isolation, poor living conditions, few personal effects, restricted freedom of movement or unusual travel, and reluctance to seek help.

When might this be helpful?

As with domestic abuse, many of these areas require specialist responses and staff working in adult safeguarding need to be aware of the relevant referral pathways or where to go to seek help.

Gaps and development opportunities

Councils with specialist teams or practitioners are well placed to act as single points of contact for staff who believe they have identified a particular form of abuse such as those outlined above. Councils should consider the use of "champions" who know where to access resources, can ask the right questions, and offer signposting for support. Good communication and working relationships with children's services, the Community Safety Partnership and the police are essential.

Appendix A

Index of resources

Links to information and examples of developing practice which relate to each section in the toolkit.

1. Personalised information and advice

[Chapter 14 of the Care Act Statutory Guidance](#)
Chapter 15 of the Care Act Statutory Guidance outlines Councils responsibilities with respect to safeguarding adults.

[Chapter 3 of the Care Act Statutory Guidance](#)
Chapter 3 of the Care Act statutory guidance outlines Councils responsibilities with respect to information and advice.

[SCIE report 41: Prevention in adult safeguarding](#)
Includes a section on information, advice and advocacy.

[Disability Rights UK – reporting Hate Crime](#)
Links to different websites giving information and advice about disability related hate crime

[Get Safe Online](#)
Government website detailing how to keep safe on the internet and advice on [Cyberstalking](#)

[The needs of older women: services for victims of elder abuse and other abuse](#)
Historically research about the abuse of older people has focused on definition, prevalence and incidence, with little research into how to work with those affected by the abuse. This is a summary of a project aimed to identify older women who had been victims of abuse, review their life experiences and give expression to their past and present needs. Although dated the findings have practical and organisational implications for all agencies involved in service provision to older people.

[The Ann Craft Trust](#)
An example of an organisation working with staff (through training and research) in the statutory, independent and voluntary sectors to safeguard disabled children and adults at risk from abuse. ACT can also provide advice and information to professionals, parents and carers who may have concerns about someone that they are supporting.

[Respond](#)
An example of a service that could be developed to respond to local needs. Respond works with children and adults with learning disabilities who have experienced abuse or trauma, as well as those who have abused others. Their services include a telephone helpline and an Independent Sexual Violence Advisor for people with learning disabilities from inner London who have experienced sexual violence.

Keep safe

An easy read guide to personal safety produced by the Home Office

Action Fraud

A service run by the National Fraud Authority, the government agency that helps to coordinate the fight against fraud in the UK, providing a central point of contact.

2. Mental Capacity and Best Interests

Valuing every voice, respecting every right: Making the case for the Mental Capacity Act

The Government's response to the House of Lords Select Committee Report on the Mental Capacity Act 2005

Mental Capacity Act: Making decisions

The Government's website includes the MCA Code of Practice, guidance for Advice workers, Health and care workers, Independent Mental Capacity Advocate services and making decisions under the Mental Capacity Act.

AMCAT

This website has been developed by the Mental Health Foundation and the Foundation for People with Learning Disabilities to help staff working in health and social care (including those in the private and voluntary sectors) as well as unpaid carers, to improve the way they assess mental capacity. The Assessment of Mental Capacity Audit Tool (AMCAT) is a simple online tool to help staff and others evaluate, reflect and learn about an assessment of mental capacity they have done. There are also practice case studies.

Best Interests: Guidance on determining the best interests of adults who lack the capacity to make a decision (or decisions) for themselves [England and Wales]

This is a report published by the Professional Practice Board of the British Psychological Society. The guidance has been written in order to give additional information and support to people who may have to participate in making decisions on behalf of adults who lack the capacity to do so for themselves. This includes staff working in health or social care (such as doctors, nurses, dentists, psychologists, therapists, social workers, residential and care home managers, care staff, support workers) and carers, families and advocates.

SCIE Mental Capacity Act Resource

This website begins with the basics in terms of introductory knowledge and key messages, and builds up through stages, with links to guidance targeted at specific audiences, such as health and social care professions and independent mental capacity advocates (IMCAs). It includes the five principles of the MCA; helping with decision making; assessing capacity; record keeping; best interests principle; MCA audit tools, resources and links

The Human Rights Act Guidance from the Equality and Human Rights Commission

The Human Rights Act 1998 (also known as the Act or the HRA) came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK

law. All public bodies (such as courts, police, local governments, hospitals, publicly funded schools, and others) and other bodies carrying out public functions have to comply with the Convention rights.

3. Supported decision making and freedom from undue influence

The UN Convention on the Rights of Persons with Disabilities
Article 12 deals with supported decision making

SCIE Report 50: Safeguarding adults at risk of harm: A legal guide for practitioners
This guide is aimed primarily at practitioners working in various settings for organisations involved in safeguarding. But it may also be useful for volunteers, family. It aims to equip practitioners with information about how to assist and safeguard people. Knowing about the legal basis is fundamental, because the law defines the extent and limits of what can be done to help people and to enable people to keep themselves safe. This guide is intended to serve as a pointer to the law and to how it can be used. It tries to explain the law in reasonably simple terms, so it is selective and does not set out full details of each area of law covered. When it comes to the law, further advice will often be needed, but an awareness of it can help practitioners ask the right sort of question and explore possible solutions.

Understanding the dynamics of decision making and choice
A paper from the Social Policy Research Unit, University of York which provides an overview of some of the main psychological models of decision-making and choice and assesses their relevance to disabled and chronically ill young people and adults, older people and carers, and to the choices they make about social care and related support services.

A review of the research evidence
A review of the research evidence on the perceptions and management of risk amongst adult social care service users conducted by researchers at the Social Policy Research Unit, University of York for the Department of Health.

Independence, choice and risk: a guide to best practice in supported decision making
A guide produced by the Department of Health to support the principle of empowerment through managing choice and risk transparently in order to enable fair appraisal of the decision process.

SCIE Report 36
Enabling risk, ensuring safety: Self-directed support and personal budgets. Guidance and links to key resources to support self-directed support and planning

Making Decisions
Guidance produced by the Office of the Public Guardian on the Independent Mental Capacity Advocate (IMCA) service

4. Advocacy and Buddying

Chapter 7 of the Care Act Statutory Guidance

Chapter 7 of the Care Act statutory guidance outlines Councils responsibilities with respect to advocacy.

OPAAL / Action on Elder Abuse

"Speaking up to safeguard", a report on a joint project between Action on Elder Abuse and the Older People's Advocacy Alliance (OPAAL). The purpose of the project was to gather data which helps understanding of the impact of advocacy when working with victims of elder abuse, learn more about the relationships between advocacy schemes and Safeguarding Adults teams and processes, and explore the potential for advocacy schemes to benchmark best practice in working with victims of elder abuse

SCIE Guide 32

Practice guidance on the involvement of independent mental capacity advocates (IMCAs) in safeguarding adults. This good practice guide is primarily aimed at professionals who have responsibilities in relation to safeguarding adults and may be involved in safeguarding adults' proceedings. It covers who can be represented by an IMCA; Who can instruct an IMCA; the decision making process for instructing an IMCA; The role of the IMCA and their contact with the person at risk; Information sharing and access to information; The IMCA's contact with alleged perpetrators, family, friends and others: The appropriate adult role; IMCAs challenging decisions; and when the IMCA will stop working with the person.

People First – self-advocacy for people with learning difficulties

An example of self-advocacy for people with learning difficulties to assist them in speaking up for themselves. Self-advocacy has taken forward the idea that people with learning difficulties need to be listened to. It draws the attention of professionals and carers who run services for people with learning difficulties to the importance of being person centred and asking those they care for what they want.

Older Peoples Citizen Advocacy in York (OCAY)

An example of a successful citizen advocacy service, OCAY help people find out what choices are available and assist them in making appropriate choices either as individuals or as a group. They support people to engage in the democratic processes for change and facilitate access to local activities or services. Their ethos is that all older citizens should have access, if they so wish, to an independent advocate to assist them to achieve their aims.

5. Achieving Best Evidence skills

Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures

This Ministry of Justice guidance document considers preparing and planning for interviews with witnesses, decisions about whether or not to conduct an interview, and decisions about whether the interview should be video-recorded or whether it would be more appropriate for a written statement to be taken following the interview. It covers the interviewing of witnesses both for the purposes of making a video-recorded statement and also for taking a written statement, their preparation for court and the subsequent court appearance. It applies to both prosecution and defence witnesses and is intended for all

persons involved in relevant investigations, including the police, adults and children's social care workers, and members of the legal profession.

[The Advocate's Gateway](#)

This website includes a list of publications and other resources relevant to responses to vulnerable witnesses and defendants. Items under each subheading are listed in date order, most recent first.

6. Signs of Safety

The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework. The model of its approach was created in Western Australia by Andrew Turnell and Steve Edwards, who worked with over 150 front-line statutory practitioners and based it on what those practitioners know works well with difficult cases.

[Tony Stanley & Rob Mills , Practice (2014): 'Signs of Safety' Practice at the Health and Children's Social Care Interface, Practice: Social Work in Action](#)

[Signs of Safety website](#)

7. Dealing with risk in particular relationships, including when employing personal assistants

[Joseph Rowntree Foundation: Risk Trust and Relationships](#)

This programme builds on a scoping programme exploring the connected themes of rights, responsibilities, risk and regulation in the lives of (younger and older) adults who use care and support. There are a number of published articles and blogs dealing with improving decision-making in the care and support of older people; risk and relationships in care homes; risk in caring relationships, and a review of the research.

[SCIE Report 36: Enabling risk, ensuring safety: Self-directed support and personal budgets](#)

This report contains an outline of some of the most recent research and emerging documented practice on risk enablement and frontline practice in the context of self-directed support and personal budgets.

[Sanderson, H et al (2008) A Positive Approach to Risk Requires Person Centred Thinking](#)

This article looks at the issue of risk in the lives of people who are supported by human services. It looks at how the issue of risk, as it has traditionally been approached by these services, imposes a barrier to social inclusion and to an interesting and productive life. It proposed an alternative risk process.

[Practical approaches to safeguarding and personalisation](#)
Department of Health briefing paper which illustrates how by incorporating critical checks and balances into person centred approaches the management of risks and the benefits from taking considered risks can be improved. It also encourages change and innovation in processes and practice to support and drive increased choice and control while helping people to be safe within their communities.

[Toolkit to help people employ their own personal assistants – Skills for Care](#)
Skills for Care, together with Association for Real Change (ARC), have developed a toolkit to support people to employ their own personal assistants. The toolkit helps small employers deal with the basic issues and legalities of employing their own staff, such as: Employing a personal assistant; Being a good employer; Getting started; Keeping your personal assistant; and sorting out problems

[Supporting safely: a guide for individuals receiving support and their families and friends.](#)
A guide by 'In Control' designed to provide support and guidance to anyone who is organising their own support, or anyone who is doing so on behalf of someone else.

[Independence, choice and risk: a guide to best practice in supported decision making](#)
A guide produced by the Department of Health to support the principle of empowerment through managing choice and risk transparently in order to enable fair appraisal of the decision process.

Carers and carer stress

[Putting people first without putting carers second](#)
Report from the Princess Royal Trust for Carers and Crossroads Caring for Carers. Whilst describing how personalisation can be a reality for carers as well as the people they are caring for, this resource describes innovative approaches being taken around the UK to meet some of the challenges in mitigating carer stress.

8. Building resilience, confidence, assertiveness, self-esteem and respect

[SCIE adult safeguarding resource: promoting resilience](#)

This is part of the SCIE adult safeguarding study area.

[Beyond Existing](#)
Example of an organisation who provide: peer support groups; practical advice; telephone support; emotional help; and training to promote self esteem and a sense of well being e.g. assertiveness training for vulnerable adults who have been abused either in childhood or adulthood.

[Intergenerational practice: a toolkit for community associations](#)
A tool kit from Hampshire outlining the benefits of adopting an intergenerational approach. Benefits include: Reducing fear of crime and risky behaviour; Improved self esteem and confidence; Reducing feelings of isolation; Increase in Social Capital; Helping to break down the barriers between the generations and groups within communities; Building an active community; Promoting citizenship; Promoting mutual understanding within communities; Regenerating neighbourhoods; Active participation in lifelong learning for all; Increase in the well-being of individuals and communities; Addressing inequality within communities; Better cultural understanding

[SupportLine](#)
An example of a confidential telephone helpline offering emotional support to any individual on any issue. The Helpline is primarily a preventative service and aims to support people before they reach the point of crisis. It is particularly aimed at those who are socially isolated, vulnerable, at risk groups and victims of any form of abuse. Support

Line aims to empower and encourage callers to be responsible for their own choices, decisions and actions, thereby regaining some control and enabling them to develop or improve their sense of self worth and self esteem and an inner feelings of strength.

[Health, wellbeing and social inclusion: therapeutic horticulture in the UK](#)
An example of a project which helps to build self esteem and confidence using social and therapeutic horticulture projects. The link provides the executive summary for the final report of the three year research project *Growing Together – Promoting Social Inclusion, Health and Well-being for Vulnerable Adults through the use of Horticulture and Gardening*

For strengths-based assessment skills:

COWGER, C.D. & SNIVELY, C.A.2001. Assessing client strengths: individual, family and community empowerment. (In Saleebey, D. 2001. red. The strengths perspective in social work practice 3rd ed. Boston: Allyn & Bacon. pp. 106 - 122)

[The Institute for Research and Innovation in Social Services (IRISS)](#)

An overview of the research evidence on effective strengths based approaches for working with individuals and presents selected illustrative examples

9. Attachment based approaches

Baim, C and Morrison, T, (2011) Attachment-based Practice with Adults; Understanding strategies and promoting positive change, Pavilion Publishing and Media

This resource offers a theoretically coherent, practice-based model for the application of attachment theory in working with any adults, including those who pose a risk to themselves or to other adults or children.

Crittenden, P and Landini, A, (2011) Assessing Adult Attachment: A Dynamic-Maturational Approach to Discourse Analysis

The book presents a method for identifying the psychological and interpersonal self-protective attachment strategies of adults. This book focuses upon new methods of analysis for adult attachment texts. The authors' introduce a highly nuanced model—the Dynamic-Maturational Model (DMM)—providing clinicians with a finely-tuned tool for helping patients examine past relationships.

10. Motivational interviewing and cycles of change

Cummings Sherry M., Cooper R. Lyle, Cassie Kim McClure, Motivational interviewing to affect behavioural change in older adults, Research on Social Work Practice, 19(2), March 2009, pp.195-204

This article reviews and assesses the existing research literature on the efficacy of motivational interviewing (MI) to promote lifestyle changes and improve functioning among older adults confronting serious health challenges. A comprehensive literature review was

conducted of intervention studies that tested the use of MI to achieve behavioural change among older adults with acute and chronic illnesses.

Rollnick Stephen, et al, Motivational Interviewing, British Medical Journal, 5.6.10, 2010, pp.1242-1245, British Medical Association

Motivational interviewing has been shown to promote behaviour change in a wide range of settings. This article provides a practical overview of how to conduct motivational interviewing from a health perspective. It covers the three core skills of asking, listening and informing and how to respond to patients' language.

University of Bedfordshire; Social Work, Alcohol and Drugs: How to Assess

Practical guidance on questions to consider when preparing for an assessment and use of the Cycle of Change model

11. Peer support, survivors networks, forums and circles of support

Foundation for people with learning disabilities – circles of support

This website explains circles of support and offers examples, information and advice.

Circles of Support and Personalisation

Max Neill and Helen Sanderson describe how to give real attention and sustenance to the structures that support people, going beyond traditional rigid formal structures toward more natural, flexible structures where the person is in far more control of their situation

Review of peer support activity in the context of self-directed support and the personalisation of adult social care

A report prepared for the Department of Health by the National Centre for Independent Living providing recommendations to promote the further development of peer support in relation to self-directed support and the personalisation of adult social care.

Women's Aid Survivors Forum

A moderated forum for women who have been affected by domestic abuse to share their experiences and to offer support to one another.

Men's Advice Line

A confidential helpline for all men experiencing domestic violence by a current or ex-partner, offering emotional support, practical advice and information on a wide range of services for further help and support.

An evaluation of a young disabled people's peer mentoring/support project

A summary of a good practice guide based on the evaluation of an action research project designed to support young disabled people move into independent adulthood. It draws on the Young Disabled People's Peer Mentoring Project based within Greater Manchester Coalition of Disabled People (GMCDP). It is based on the views and experiences of young disabled people, their friends, families and the professionals, organisations and services who support them.

Improving support for black disabled people: Lessons from community organisations on making change happen

A review of four community organisations providing support to black disabled people. The report sets out the learning that emerged from the four development projects. It includes: overviews of the four development projects; learning and common themes from the projects; detailed case studies from two of the projects; practical pointers and suggestions for voluntary and community organisations wishing to improve support to black and minority ethnic disabled people; and some questions for funders and service providers to consider.

12. Family and networks, including group conferences

SCIE safeguarding adults' mediation and family group conferences
For mediation and FGCs to work, local authorities need to promote choice and control at the same time as fulfilling their statutory obligations to protect people from risk of abuse and harm. SCIE's report looks at research evidence about what works in mediation and family group conferencing.

Family group conferences: principles and practice guidance
Guidance for use within Children's Services to ensure that everyone involved knows what service they can expect when they attend a family group conference and that organisations providing or offering are aware of the standards of service they should be seeking to provide.

Daybreak Bluebird Project
The Bluebird Project was set up in 2007 with three years funding from Comic Relief to explore the use of FGCs in situations of Elder Abuse. The project team are working closely with Adult Services in the field of Safeguarding and in Hampshire's Personalisation programme to increase choice for families in situations where important decisions need to be made about someone's welfare.

Family group conference toolkit - a practice guide for setting up and running an FGC service
A practical guide which aims to assist agencies to set up, sustain and develop effective family group conference (FGC) services. It is for: senior managers in local authorities and other agencies interested in involving children and families in decisions about their lives; FGC service staff and managers; social workers, family support workers, teachers and other practitioners who may refer children and families to an FGC service, or who can inform children and families about an FGC service in their area; social care academics and trainers; and children, young people and families who are interested in, have been invited to or have experienced an FGC.

13. Therapeutic and counselling Support

Beyond Existing
Example of an organisation who provide: peer support groups; practical advice; telephone support; emotional help; and training to promote self esteem and a sense of well being e.g. assertiveness training for vulnerable adults who have been abused either in childhood or adulthood.

British Association for Counselling and Psychotherapy

[Respond](#)
An example of an organisation offering psychotherapy and counselling services for people with learning disabilities. There has been a long standing view that psychotherapy cannot help people with learning disabilities. Over the past decade opinions on this have shifted enormously. One common misconception is that to use therapy you have to have a certain IQ level and good verbal and receptive skills. The work of Respond has found this is not the case and people with severe learning disabilities as well as people who do not communicate verbally have benefited from psychotherapy.

[Broken Rainbow](#)
An example of a registered charity offering advice, support and a referral services to Lesbian, Gay, Bisexual and Transgender (LGBT) people experiencing homophobic, transphobic and same sex domestic violence. They also provide information, advice and training to people who are responsible for domestic violence policy and practice in mainstream and specialist organisations, or who are otherwise involved with the survivors and perpetrators of those suffering from domestic violence.

14. Brief interventions and Micro skills

[Commissioning training for behaviour change interventions: guidelines for best practice; North West NHS](#)
Guidelines providing a tool to help those responsible for commissioning training on health behaviour change as well as those responsible for developing and delivering such training.

[Reducing child abuse potential in families identified by social services: implications for assessment and treatment.](#)

"Improving the functioning of families at high risk of child maltreatment poses considerable challenges. One issue is the dilemma of how and when it is appropriate to provide an intervention designed to improve family functioning when the level of risk of the family to the child has not been fully established. A recently reported proposal is to assess the family's capacity to change by assessing the family's response to a brief intervention. This proposed model for assessing capacity to change rests on the assumption that brief interventions can achieve meaningful short-term change in high risk families"

[The feasibility and effectiveness of brief interventions to prevent depression in older subjects: a systematic review.](#)

Research undertaken by Martin G Cole and Nandini, Dendukuri, published in the International Journal of Geriatric Psychiatry, 19(11), November 2004, pp.1019-1025.

[Handbook of brief cognitive behaviour therapy](#)
A handbook, edited by Frank Bond and Windy Dryden who have brought together a prominent cast of authors, to discuss issues concerning the definition, assessment and, in particular, the practice of brief Cognitive Behaviour Therapy (CBT)

15. Mediation and conflict resolution

[SCIE safeguarding adults' mediation and family group conferences](#)
For mediation and FGCs to work, local authorities need to promote choice and control at the same time as fulfilling their statutory obligations to protect people from risk of abuse

and harm. SCIE's report looks at research evidence about what works in mediation and family group conferencing.

Mediation Works

An example of a community interest company managed by a board of non executive and executive directors providing an independent, confidential and safe process which brings people together to reach a settlement based on a greater understanding of rights and differences.

Family Mediation Helpline

An example of a helpline service staffed by specially trained operators who provide: general information on family mediation; advice on whether your case may be suitable for mediation; information about eligibility for public funding; and contact details for mediation services in local areas

SCIE mediation and conflict resolution bibliography

2012 updated list of articles and resources

16. Support for people who have caused harm

The Good Lives Model in Practice: Offence Pathways and Case Management

Mayumi Purvis, University of Melbourne, Tony Ward and Gwenda Willis, Deakin University, present the theory of the GLM, explaining its conceptual underpinnings and present the results of recent GLM empirical research that found two pathways to offending: direct and indirect. They describe how the GLM conceptual underpinnings, together with the empirical research findings, translate into a structured and meaningful case management approach for community corrections.

Abusive relationships

The Women's Aid report on older women and domestic violence

An overview of all the research on this topic, including the dynamics of elder abuse, exacerbating factors and the extent of abuse in older women

People who perpetrate domestic abuse

The National Association for Domestic Violence Perpetrator Programmes and Associated Support Services.

Example of a London based voluntary sector project and registered charity set up in 1991. DVIP's main aim is to increase the safety of women and children who experience domestic violence by providing a range of diverse services challenging men, supporting women, working in partnership, influencing policy and campaigning for change.

RESPECT

The UK membership association for domestic violence perpetrator programmes and associated support services.

Anger management

Anger management teaches alternative ways of coping with situations which cause anger and a loss of control. Person centred strategies can help control this emotion, however these will not address the dynamics of abuse including domestic violence.

The British Association of Anger Management
Courses and further information

Substance Misuse
ADFAM
Example of a support group for people and families with alcohol and drug addiction which has developed and evolved into an umbrella organisation to provide advice and practical guidance to other groups and individuals working in the sector. Includes a good range of resources and research.

UK rehab
National Addiction Treatment & Rehabilitation Directory providing a comprehensive overview of current alcohol and drug resources in the UK.

Alcohol Concern
Example of a Helpline run for people concerned about their own or others drinking

SCIE Guide 3: Assessing the mental health needs of older people: Drug and alcohol problems
Explores the incidence and impact of substance misuse in older people.

Royal College of Psychiatrists - Let Wisdom Guide
Leaflet for older people or their families/friends concerned about problem alcohol consumption, includes links to other resources

17. Restorative justice

The Ministry of Justice
Ministry of Justice actions plans and promotional materials.

The Restorative Justice Council
Link to The Restorative Justice Council, a registered charity who promote the development and use of Restorative Justice and provide information about Restorative Justice to the public and to their members who deliver Restorative Justice. They work with Ministers, political parties, and government to ensure the best use of restorative practices in all appropriate settings. They also work with the media to promote public awareness and understanding of restorative justice.

Restorative justice, mediation and relational conflict resolution in work with young people in residential care
An example of the use of restorative justice within children's services, this article examines the advantages and disadvantages of using restorative justice and mediation approaches, particularly in group care settings where conflict and abuse have been noted as key problem areas

Domestic violence and restorative justice: advancing the dialogue
A paper exploring some of the benefits and concerns in relation to using restorative justice in domestic violence cases

Woman's Aid consultation response on restorative justice
The view from Women's Aid that restorative justice is never appropriate in cases where there is domestic abuse

Restorative justice and violence against women
Times Higher Educational review of a book edited by James Ptacek published November 2009 which explores academic and political analyses of the issues and practical examples of new ways of approaching justice.

Best practice guidance for restorative practitioners and their case supervisors and line managers
The first part of this document reports on the conclusions and recommendations of the training and accreditation policy group tasked to look at how high quality of practice in restorative justice could be achieved and maintained through training and accreditation. Part two provides useful best practice guidance which set out the skills and knowledge that restorative practitioners need in order to practise safely and to a standard that participants should expect.

18. Domestic abuse

Adult safeguarding and domestic abuse

This document published by the LGA looks at how to make the connections between adult safeguarding and domestic abuse. This landmark guide is for practitioners and managers in councils and partner agencies engaged in working directly or indirectly with people who have care and support needs, whose circumstances make them vulnerable, and who may also be victims of domestic abuse. Its purpose is to help staff to give better informed and more effective support to people who need an adult safeguarding service because of domestic abuse. It addresses situations where an adult who has care and support needs is being harmed or abused by an intimate partner or close family member in a way which could also be defined as domestic abuse. It does not seek to replace existing safeguarding procedures and it is anticipated that it be read and used in the context of local procedures and protocols.

The Coordinated Community Response Model
The Coordinated Community Response to domestic violence (CCRM) was designed as a blueprint against which local services could map their provision for domestic violence services in order to assess their current response and identify any gaps.
Designed for strategic planners, this toolkit will provide guidance, research and examples of projects and initiatives to assist in creating a more comprehensive and stronger interagency response.

The Power and Control Wheel
Many women's groups use the Power and Control Wheel. Abused women can point to each of the tactics on the wheel and clearly explain how these behaviours were used against them. They are able to see that they are not alone in their experience and more fully understand how their abuser could exert control over them.

Coercive Control
An overview of the new domestic abuse offence of coercive and controlling behaviour.

The Freedom Programme

A programme based on the Duluth model of power & control to break the pattern of domestic abuse and violence. The programme examines the roles played by attitudes and belief on actions and responses of both male perpetrators and women survivors. It aims to provide an opportunity for women to develop ways of thinking and behaving, increasing their ability to take control of their lives and make positive choices to protect themselves and their children. The model can be used with individuals or as part of a group work programme.

The survivor's handbook

Women's Aid have produced this handbook which includes a wealth of practical information and advice for women experiencing domestic violence, with simple guidance on every aspect of seeking support relevant to a wide range of people.

The power to change

A practical guide to running support groups and self-help groups with victims and survivors of domestic violence.

Safety in numbers

Summary of Findings and Recommendations from a multi-site evaluation of independent domestic violence advisors (IDVAs). IDVAs work intensively with high risk victims suffering ongoing abuse, with a focus on keeping them safe in their homes rather than being obliged to move to temporary accommodation

Domestic abuse directory

Link to the Woman's Aid resource providing a facility to search for local domestic violence service by region

The Daphne Toolkit

The Daphne Toolkit is both an archive of projects supported by the European Commission's Daphne Programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk and an active resource for those planning new projects in this field.

St Mary's Sexual Assault Centre Manchester

An early example of a service which offers high quality, comprehensive and co-ordinated forensic, counselling, and medical services to males and females in Greater Manchester who have experienced rape or sexual assault, and their supporters. They have developed a programme for older women and are reviewing this approach with a view to extending it to all vulnerable adults. Similar services are now being set up in other areas of the country.

19. Additional specific guides

Forced Marriage

This home office website provides information and practice guidelines for professionals protecting, advising and supporting victims.

Female Genital Mutilation

FORWARD (Foundation for Women's Health Research and Development)

An African Diaspora women led UK-registered campaign and support charity dedicated to advancing and safeguarding the sexual and reproductive health and rights of African girls and women. Their website has information on FGM.

NHS Choices

Provides information and resources about FGM

Modern Slavery

This home office website brings together the documents and promotional material related to the awareness campaign on modern slavery.