Making Safeguarding Personal and social work practice with older adults: Findings from Local Authority survey data in England

Abstract

This article presents the results of a survey of English Local Authorities undertaken in 2016 about the implementation of Making Safeguarding Personal (MSP) in adult social care services. MSP is an approach to adult safeguarding practice that prioritises the needs and outcomes identified by the person being supported. The key findings from a survey of Local Authorities are described, emphasising issues for safeguarding older adults, who are the largest group of people who experience adult safeguarding enquiries. The survey showed that social workers are enthusiastic about MSP and suggests that this approach results in a more efficient use of resources. However, implementation and culture change are affected by different factors, including: austerity; local authority systems and structures; the support of leaders, managers and partners in implementing MSP; service capacity; and input to develop skills and knowledge in local authorities and partner organisations. There are specific challenges for social workers in using MSP with older adults, particularly regarding mental capacity issues for service users, communication skills with older people, family and carers, and the need to combat ageism in service delivery. Organisational blocks affecting local authorities developing this 'risk enabling' approach to adult safeguarding are discussed.

Keywords: Adult abuse, Adult Protection, Ageing and older people, making safeguarding personal, safeguarding adults

Introduction

Making Safeguarding Personal (MSP) is an ongoing national programme in England that began in 2009/10, developed and led by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). Its aim is to promote a shift in the culture and practice of adult safeguarding (Lawson et al 2014; Preston-Shoot & Cooper, 2015) by ensuring that safeguarding work focuses on the wishes of the person involved. The Care Act 2014 placed adult safeguarding on a statutory footing in England. It introduced different ways of working in adult safeguarding practice, including promoting the MSP approach (Department of Health (DH) 2017a).

In 2016 a national 'temperature check' or review of MSP Implementation took place, based on survey data collected from 76% (115 of 152) of English Local Authorities. This paper reports on the findings and explores how this approach is relevant to social workers and their safeguarding practice with older adults.

Adult Safeguarding Policy and Practice Context in England

The publication of the 'No Secrets' (DH and Home Office, 2000) was the first time that adult safeguarding was directly addressed in national government guidance. It gave formal recognition to abuse experienced by 'vulnerable' adults and set out expectations for how agencies needed to work together to protect 'vulnerable' adults

from harm, with local authorities identified as the lead agency. This guidance underpinned safeguarding practice for more than a decade.

Over this time several key influences affected the context for safeguarding practice. Firstly, the service user movement shifted policy towards co-production and person-centred rights-based engagement (Hall, 2012). Secondly, the neo-liberal agenda of care management resulted in de-professionalisation and bureaucratisation of social work and process orientated, market led assessment and provision (Cocker & Hafford-Letchfield, 2014). The effect of austerity on discourses of entitlement and rights was significant (Lymbery, 2014). Thirdly, specialisation in social work had an impact on the organisation of safeguarding services (Norrie et al, 2017). Consequently, safeguarding adults' activity became driven by process and performance management, focused on finding out whether abuse allegations could be substantiated or not (Cooper & Bruin, 2017). People experienced safeguarding as a process 'done to' rather than 'done with' them (Williams 2013; Pritchard, 2013) and safety achieved at the cost of other qualities of life (Penhale & Young, 2015). One research study that examined elder abuse found that safeguarding intervention could increase, rather than decrease the likelihood of recurrence (Ploeg et al, 2009, cited in Ash, 2015).

MSP aimed to increase the involvement of people in all aspects of their safety, especially their control of the adult safeguarding process (LGA/ADASS, 2013). It developed in response to criticisms of previous practice and in the context of the broader personalisation agenda. This was driven by national government policy, which continued despite changes in political leadership (DH, 2007, 2012). Personalisation means putting the person at the centre of the way in which their care is planned and delivered (Think Local Act Personal, 2016). This agenda had limited impact on safeguarding practice prior to the development of the MSP programme (Manthorpe et al, 2015).

The underlying principles of personalisation, 'choice' and 'control', were enshrined in the Care Act 2014 through personal budgets. In safeguarding, this is reflected in the six safeguarding principles (empowerment; prevention; proportionality; protection; partnership; accountability), along with a focus on the individuals' wellbeing and safety, when undertaking safeguarding enquiries (DH, 2017a). The Care Act 2014 specifically includes MSP in the statutory guidance (DH, 2017a). However, it was not seen as a 'new burden' so this change was not specifically funded. Further, Care Act 2014 definitions changed from labelling the person as 'vulnerable,' to considering their ability (or not) to protect themselves due to their care and support needs (Cooper & Bruin, 2017). It also shifted safeguarding language, from 'alerts' to 'concerns', from 'investigations' to 'enquiries' and terminology such as 'elder abuse' was no longer used (DH 2017a).

Critics of personalisation have challenged the mantra of 'choice, control and independence' as a 'distaste for dependency' in social policy, particularly when applied to older people who are in need of support and care (Ash, 2015, p.66). Additionally, there have been concerns about whether delivery of personalisation in a period of on-going austerity is realistic (Lymbery, 2014). Adopting a person-centred

approach to practice has prompted reflection on the power dynamics between the professional and the service user, and adult safeguarding is a key locus for these power relations (Johnson, 2011). Discourses on power have been debated across social work (Cocker & Hafford-Letchfield, 2014). In adult safeguarding, MSP has provided a framework for understanding power dynamics, which challenges the 'professional gift' model of social work practice (Cooper et al, 2015). Further it enables recognition of the diversity of older people and challenges ageist assumptions (see case studies in LGA 2014; Preston-Shoot & Cooper, 2015).

Despite significant policy and practice developments in adult safeguarding since 2000, there has been a 'weak evidence base regarding effective interventions' with older people (Ash, 2015, p.44) and an overall lack of a robust evidence base on the effectiveness of social work practice in this area (Moriaty & Manthorpe, 2016). There are studies which examine a variety of issues relating to adult safeguarding, for example: organisational and structural forms of local authority adult safeguarding services (Graham et al 2016; 2017; Norrie et al, 2017); Safeguarding Adults Reviews (Manthorpe & Martineau, 2016); self-neglect (Braye et al 2015); and scamming (Fenge, 2017). Given the multi-disciplinary nature of safeguarding work, a small number of studies conducted by various health professionals examine adult safeguarding practice, including GPs (Gibson et al, 2016) and community pharmacists (Chui et al, 2013). However, the lack of cross cutting, whole systems research and analysis of the effectiveness of adult safeguarding which evidences a lack of investment in this area.

In this absence, 'sector led improvement' has driven organisational and practice change in safeguarding adults. Sector led improvement is a local government driven alternative to the inspection and regulation approach to improving services (Manthorpe et al, 2014). MSP emerged from this improvement strategy and can be considered as action research in this context (Preston-Shoot &Cooper, 2015). Proponents of MSP believe that it has brought about a culture change in how adults are safeguarded: it has focused on improving front line practice in order to transform the experiences of people who are risk of abuse or neglect (Cooper et al, 2015; Lawson, 2017). The MSP approach asks a service user during an assessment, what they want to change in their lives to be safe. The resulting conversation with the service user then addresses, 'how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as, improving quality of life, wellbeing and safety' (DH. 2017, para. 14.15). Using a range of approaches, practitioners work with people experiencing or at risk of abuse, to achieve resolution and recovery (see Cooper & White, 2017; Preston-Shoot & Cooper, 2015; LGA, 2014; LGA, 2015).

MSP is one of a number of strengths-based approaches currently promoted in adult social work in England by the Chief Social Worker for Adults in England (DH, 2017b; Romeo, 2017). It challenges risk averse cultures of practice (Lawson, 2017) by supporting the person and their networks to manage risks effectively and realistically. Safeguarding older people requires social workers to apply 'ethical and critical thinking' (Ash, 2015, p.22). These expectations are reinforced through MSP, whilst

acknowledging the increasing complexity of safeguarding work with adults (Romeo, 2015).

Strengths-based practice is supported in the Care Act 2014 guidance (DH, 2017a) and promoted as integral to delivery of its objectives and the requisite transformation of adult social care with examples of good practice with older people, such as Leeds Neighbourhood Networks (DH, 2017b). Strength-based work with adults and communities has a considerable legacy (Saleeby, 2005), however it is being revisited within a very different policy framework and austerity environment. Critics identify the risks of these approaches being used as an excuse for cutting services and blaming communities and individuals for structural disadvantage and argue that there is a lack of empirical support showing their effectiveness (Gray, 2011; DH, 2017b).

Despite the lack of independent research, there are data indicating the effectiveness of the MSP approach to practice. Since 2015/16, Making Safeguarding Personal outcome data have been collected voluntarily at a national level about the experiences of people going through safeguarding enquiries (NHS Digital 2016b, 2017). This asks if people achieve their identified outcomes at the end of the enquiry (NHS Digital, 2016b). The 2016/17 sample (61% of Councils) showed that most people were able to fully (69%), or partially (26%), achieve their desired outcomes, and some (5%) weren't met (NHS Digital 2016b, 2017). Performance is uneven across England inviting criticisms of those Councils not reporting MSP data. (Action on Elder Abuse, 2017).

The evaluation of MSP in 2014/15 found that there was improving understanding about the outcomes people sought: to feel safer; to maintain key relationships; to gain or maintain control over their situation; and to know it wouldn't happen to others (Pike & Walsh, 2015).

The Safeguarding Adult Return data showed that safeguarding enquiries become increasingly prevalent in older age groups:117 per 100,00 in 16-64 age group; 249 per 100,000 in 65-74 age group; 764 per 100,000 in 75-84 age group and 2,384 per 100,000 in 85+ age group, i.e. 20 times higher (NHS Digital 2017; Action on Elder Abuse, 2017). Therefore, MSP practice is highly relevant for safeguarding older adults.

Annual MSP evaluations had provided evidence that safeguarding practice was changing (Lawson et al, 2014, Pike & Walsh, 2015). However, others argue that the changes required by the Care Act 2014 have not been implemented, Local Authorities are failing to provide information on implementation of MSP, and where it is implemented there is ''a postcode lottery' and 'a very sketchy picture of success' (Action on Elder Abuse, 2017, p.16). The MSP 'temperature check' was undertaken to understand the degree of progress in implementation across England in 2016 (Cooper et al, 2016).

Methodology

The ‘temperature check’ was commissioned by ADASS to: measure progress towards full implementation of MSP; gather information to shape the 2016/17 MSP development programme; and offer reflective coaching and expert advice to safeguarding leads in local authorities (Cooper et al, 2016). ADASS commissioned the ‘temperature check’ as an evaluation to inform future policy implementation. We use the term ‘temperature check’ to describe this work. The sample comprised of 117 local authorities (of 152) across nine regions in England. These were randomly selected; local authority names were listed by region in alphabetical order and three out of every four were then selected. The list of selected local authorities for each region was then checked to ensure it gave a fair representation of the different types and locations of local authorities. Additionally, the East Midlands region commissioned interviews for all local authorities in their region. All local authorities who were contacted responded, except two (N=115); 115 interviews were conducted.

Telephone interviews were conducted with a representative(s) nominated by each local authority's Director of Adult Social Services (DASS) for between one and two hours. The majority of respondents were heads of adult safeguarding social work teams (52%), a further 20% were senior managers and a similar proportion were middle managers. 8% of the remaining respondents comprised of people in various strategic safeguarding positions. Respondents were not necessarily working directly with service users, however they were responsible for quality assuring safeguarding practice. Respondents used a range of information on which they based their responses, including local data from case file audits, feedback from social workers and questionnaires from service users. Although there was potential for bias in reporting, the quality assurance processes cited by respondents provided social worker and service user voices, which mitigated against this bias.

A team of five interviewers conducted the interviews. Each interviewer had considerable experience of adult safeguarding, MSP, and was a practising independent chair of a Safeguarding Adults Board (SAB). Interviewers were allocated different regions and if the local authority of their SAB was in their allocated sample then an alternative interviewer conducted the interview to eliminate bias.

Semi-structured interviews were used to cover the respondent's perception of progress towards implementation of MSP within their own local authority area. The interview schedule included questions on: SAB partners’ commitment to MSP at strategic and operational levels; measuring and evaluation of outcomes and performance monitoring; perception of the impact on service users; developing and supporting staff; and barriers to implementation. Two closed questions, asked in the MSP evaluation conducted the previous year (Pike & Walsh, 2015), were included in the interview schedule, to identify trends. The schedule was designed to provide a mixture of open and closed questions along with graded responses from set checklists designed by the interview team and the University partner. Interviewers asked them how they were implementing MSP and what would help support them in a future national programme.

The interviewers recorded their results directly onto an online survey tool and detailed notes were taken, which were submitted to a database developed and coordinated by University colleagues. The responses to open questions were collated thematically (Braun and Clarke, 2006), with quotations and best practice examples included in the report. Ethical approval was not sought for the 'temperature check', as it was an evaluation of progress in implementing policy. Relevant ethical issues, such as confidentiality and consent, were addressed through the ADASS procurement process. The team regularly discussed any issues that arose and consulted with ADASS, through the adult safeguarding policy lead DASS, as project sponsor. The interviews took place during May and June 2016.

Findings

The overall findings from the 'temperature check' showed that MSP was being implemented across England, but local authorities were at different stages of development. Across the 115 local authorities, all had started rolling out MSP, with 83% (n=96) of local authorities moving beyond developing and planning for MSP implementation. However only 6% (n=7) were described as having fully implemented MSP, and over one-third were in early stages of implementation (37%) ;17% were still 'developing and planning', 8% were piloting and testing and 12% had 'stalled'. (Cooper et al, 2016, pp.40-41). Key findings of the 'temperature check' are described in detail in the published report. In this article, the findings that relate to changes in social work practice are highlighted and implications for working with older people are discussed.

Social workers' enthusiasm for MSP

The 2014-15 evaluation had already identified the popularity of MSP amongst social workers, however, this had increased significantly in the 'temperature check' with 97% of social workers reported to reacting positively to adopting MSP compared to 74% in the previous year (Pike and Walsh, 2016). This enthusiasm for MSP by social workers was because it enabled them to undertake direct work with all adults, focussing on what was important to the person, which marked a shift away from the process-led culture of care management. This shifted the focus of safeguarding work from substantiating claims of abuse to meeting the desired outcomes of the person. Respondents illustrated this shift in approach to practice:

> *'It's putting the human touch back into safeguarding.'*
>
> *'We have restored the valuing of social work and put the person at the heart of the whole system.'*

However, respondents reported that social workers' enthusiasm appeared to be moderated by staff shortages, systems that were not suited to a person-centred approach, and organisational inertia. Lack of staff capacity featured heavily in responses, and these included both staff shortages and lack of time, which appeared

to affect the roll-out from specialist safeguarding teams to adult social care teams, such as older adults' services, or from pilots to the whole service. Some respondents reported a lack of confidence by management in supporting front line staff to move to a higher risk approach of actively involving service users in decisions about their lives. Underlying this was a fear of legal challenge from providers or relatives. However, despite these barriers, there were reports of areas where social workers were finding new solutions and ways of implementing MSP at practice level.

'The main changes to social work practice included:

- *A move from process-led to user focused practice.*
- *Involvement of people all the way through the intervention.*
- *An increase in workers going out to visit people in their own homes.*
- *Active involvement of people in meetings about them.*
- *Less meetings of professionals.*
- *Processes and systems reviewed and changed to ensure service users were listened to, involved and informed.*
- *Timescale targets loosened to allow the intervention to progress at a pace that suits the person.*
- *More reflective supervision.*
- *The use of family meetings was on the increase.'*

(Cooper et al 2016, p.18)

Examples of practice change included:

'*Safeguarding was very process driven - but because we had fairly robust processes they were filling in forms and not listening to people. This has changed, no question.'*

'We *were given some staggering messages e.g. people didn't want more services, and 50% just wanted an apology and assurance it wouldn't happen to someone else*.'

'One thing MSP has really brought to the table is learning to have those difficult conversations with service users.'

'*It (MSP) gives older people with assertive relatives, who find it difficult to speak up for themselves, a voice.'*

'We got rid of the term 'strategy meeting' and stopped having meetings before we engaged with the customer - we now go out to the customer to plan an investigation with them.'

'*Workers now look at the level of risk that the person will allow.'*

The change in practice involved people being asked to identify what outcomes they sought in their personal circumstances in order to be safe. Local authorities were developing mechanisms to record this information. 69% of local authorities reported that all people involved in safeguarding enquiries were asked what outcomes they wanted; and 28% said this was asked some of the time. One respondent commented:

> *'People are more involved in the process right from the start and they have developed an expectation that people will be asked from the beginning about what they want.'*

Additionally, in moving from a defined process to what people want, the approach raised issues for social workers about the complexities of their responsibilities, for example:

> *'Staff fear of legal challenge when we support the individuals' allegation of neglect.'*

However, these were perceived as surmountable issues by the respondents.

Outcomes

Given that 97% of local authorities reported that their social workers asked people what outcomes they want at the beginning of an enquiry, (although 28% said this was partial), 85% had changed their recording systems when implementing MSP to acknowledge this. Respondents said that even though including specific questions about peoples' outcomes had helped to embed MSP, they were still struggling to evidence how much difference they were making to peoples' lives. Local authorities reported introducing case file audit, quality assurance mechanisms, output data or follow-up questionnaires to evidence the impact of the MSP approach.

The changes to front line practice were reported to be supported by managers, who acknowledged the utility of social workers' professional skills underpinning this successful cultural change in safeguarding adult practice.

> *'We have given permission to practitioners to work in the way that works best for the person and to use their professional judgement'*

Most (c. 75%) respondents reported that intuitively they thought that MSP was having an impact and based this on evidence, such as case file audit. However, there was a range of confidence in ability to measure the impact of MSP on practice, with only 5% being totally confident and 25% not confident or not measuring impact at all.

There was evidence that adopting MSP resulted in a more efficient use of resources, as MSP did not involve more time commitment than other safeguarding approaches. Involving people in managing their own safety appears to have had additional benefits for local authorities. Respondents reported: a reduction in formal meetings; shorter practitioner time spent in administration; more referrals concluded at an earlier stage; and less 'revolving door' or repeated investigations.

Where there were reports of resistance to implementing MSP, this was said to be due to: an attachment to pre-Care Act 2014 ways of working; concerns about the time it takes to engage people in conversations about what they want from safeguarding activity; risk averse attitudes; and reluctance to ask people for feedback on the services. For example,

> '*The staff culture of "I know best" still exists'.*

This illustrated the variation in implementation of culture change in local authorities.

Organisational support for social workers delivering MSP

The delivery of MSP was affected by the organisational structures and systems in each local authority. Where there were specialist adult safeguarding teams leading on MSP, they were extending this approach to their generic (locality and/or client group) teams. Other local authorities were piloting MSP in particular teams or locations prior to roll-out (8%). Others delivered this approach across all their services. Respondents commented on the impact of these various processes:

> '*We focused too long on the safeguarding team but it would have been better to have rolled MSP out to other teams sooner.'*

> *'MSP was seen as an 'add on 'so has suffered because it was not mandatory in the process.'*

Management leadership and ownership were found to be key factors in the successful implementation of MSP. Support at a senior level was critical:

> '*MSP has been owned and backed by senior management since the start. They see it at the right thing to do'.*

However, respondents reported a difference in engagement between levels of management: 39% of middle managers were reported to be fully engaged with MSP compared with 50% of senior managers. This suggested that the enthusiastic take-up of MSP by social workers was not consistently supported. Where there was supportive political leadership, this also had a positive impact:

> *'There has been strong support from councillors who have protected the services from some of the local authority cuts'.*

Implementing MSP involved training social workers and reinforcing the changes in practice through supervision, and ongoing professional support mechanisms such as staff forums, peer groups, risk management and complex case groups. For example,

> '*There is now an emphasis on asking in supervision "how good are you at having difficult conversations?"*

Respondents reported that policies and procedures had been re-written to embed and reinforce the changes in practice. In many places (70%), IT systems had been updated, others were in the process of completing changes (15%) and others were just starting (15%). Systems prompted social workers to record that they were talking

to people about what they wanted out of safeguarding, to enable more effective outcome monitoring and information gathering, supporting people to achieve their outcomes and there was evidence of a retreat from 'fixed time' targets to completed interventions.

Pressures from increased numbers of safeguarding referrals, staff shortages and applications for Deprivation of Liberty Safeguards were reported to be affecting the pace of MSP implementation. This had an impact on front line staff:

> *'As social workers, this is what we are all aiming to do but we do get stressed about risk and capacity.'*

Respondents reported that MSP had been included in nearly all local authority staff training programmes and the skills and values underpinning MSP were an integral aspect of continuing professional development. SABs had incorporated MSP into their multi-agency training plans and programmes.

Issues were reported regarding the responsiveness of front line staff from partner organisations towards this change in safeguarding practice. Whilst champions were emerging from local authorities who were taking the MSP message out to practitioners in partner organisations, they were met with a mixed response; for example:

> '*The safeguarding team are fully on board but only about 50% of other professional staff are really engaged with MSP'*.

Respondents emphasised the need for all partners involved in safeguarding to adopt the MSP approach.

Although these findings apply across all adult groups, in the following section we discuss specific issues that affect safeguarding work with older people.

Discussion

Our intention in this paper was to draw out the extent to which MSP has been implemented and to identify any enablers and blocks to its progress, particularly when working with older people. We now reflect on what this means for the safeguarding practices of social workers with older people using MSP. This is important given that older people are the largest group of adults experiencing abuse and neglect. In 2015/16, 63% of adults who were subject to safeguarding enquiries were over 65; and this pattern has remained consistent in England for three consecutive years (NHS Digital, 2016b, 2017). Research further suggests a legacy of under-reporting of elder abuse (O'Keefe et al 2007) with ongoing inhibitors, such as shamefulness, preventing reporting of abuse, such as scamming, where the average age of victims is 75 (Fenge, 2017). Whilst MSP reports did not routinely specify the client group profile of people who were worked with, older people are prevalent in adult safeguarding work. Older people feature in case studies collected to illustrate implementing MSP (LGA, 2014; Butler & Manthorpe, 2016).

Using MSP with older people highlights four challenges: working with people who lack mental capacity, which becomes more prevalent with aging; communication skills; ageism; and dependency. Therefore, social workers need to develop specialist expertise to address challenges and achieve improved outcomes. Finally, the organisational context also influences practice. These are explored below.

Firstly, social workers should explore mental capacity at the beginning of any safeguarding work with older people, through identifying their views and wishes. This involves social workers understanding what people might want but also their ability to define this, the risks to their situation, and their ability and appetite to manage those risks and live their lives as they want to (Lawson, 2017; Baker, 2017). Given the complexity of various aspects of knowledge (e.g. legal, technical, procedural and ethical), it is understandable why the 'professional gift' model dominates practice, as time and capacity constraints put pressure on staff. However, the principles of the Mental Capacity Act 2005 rightly provide a useful counterweight (Baker, 2017; Braye et al, 2017a).

The change in approach required by MSP is for the social worker to be able to: assess the mental capacity of the older person when describing their circumstances specific to the safeguarding issue; discuss the issues and risks with them, consider the protection plan; and ensure that they have understood the choices they are making; support their decision-making; and establish that they have the executive mental capacity and ability to keep themselves safe, even if this means making unwise decisions (Lawson, 2017; Baker, 2017). Depending on the level of mental incapacity, the Best Interests Assessor role and duties under the Mental Capacity Act (2005) apply. Even when the person doesn't have the ability to make the specific informed decisions and choices, the social worker must encourage participation. The person's wishes and views, and what is important to them can inform the safeguarding work (Baker, 2017). Confidence and competence in social work knowledge and skills about mental capacity, older people and safeguarding, are fundamental. Notably, weakness in this area of practice is a consistent message from Safeguarding Adult Reviews and recommendations for improvement in this area continue to be made (Braye & Preston-Shoot, 2017b).

Secondly, communications skills are needed to navigate 'difficult conversations'; this is a phrase used to encompass a range of complex safeguarding circumstances, including situations with relatives, informal (unpaid) and formal (paid) carers where their roles can range from abuser to abused (see DH, 2017a). This is linked to the earlier discussion about the complexities regarding mental capacity, skills in communication with the older person, their families, friends and carers to navigate different and sometimes opposing views for example between protection and independence. Models for enabling resolution and recovery, such as 'family meetings' or 'Family Group Conferences' are encouraged by MSP (Lawson, 2017). Evidence from the 'temperature check' showed that local authorities are using these and other strengths-based approaches in their work.

In the 'temperature check', social workers both welcomed MSP as drawing on their knowledge and skills, but also found it challenging to apply this to their practice. This

is consistent with previous evaluations of MSP in 2012/13, 2013/14, 2014/15 (Manthorpe, 2014; Cooper et al 2015; Pike & Walsh, 2015). However, when training, supervision and peer support mechanisms were provided to support social workers to develop their skills and confidence in this area, it was successfully implemented.

Thirdly, MSP works well alongside policy priorities regarding older adults, including the dignity agenda, which challenges institutional ageism. Treating older people with dignity and respect is now a key requirement for those providing health and social care. 'Choice and control', is one of the eight key factors included in the dignity agenda (SCIE, 2013), which was an important driver in improving the way in which people receiving health, social care and support were being treated, particularly in institutional settings. The underlying principles involve being compassionate and respectful at all times and understanding the impact that all interventions have on the lives of people who use care services.

Fourthly, assumptions about dependency are made about older people due to increasing physical and mental health needs, reduced metal capacity and changes in ideas of selfhood, alongside changes in familial relationships and interdependencies (Hall, 2012), Discourses about ageing held by social workers, their organisations, those of the older person, their family, and society, affects the way in which the older person is perceived and supported (McDonald, 2010). Therefore, MSP reinforces the value driven approach of the 'continuity' theory of aging (Atchley, 1989). The 'temperature check' showed an ongoing recognition that MSP led to better experience and outcomes in safeguarding for people and their families, including older adults: with people increasingly being asked what outcomes they want (NHS Digital 2016b, Walsh & Pike, 2016). Views of service users may still be moderated by the assessing professional (Gough, 2016), but this evidences progress.

Social workers can support older people by listening and working with them throughout all safeguarding work, identifying their assets and abilities to keep themselves safe. The underlying commonality between the dignity agenda and MSP is that they are both rooted in human rights and ethics-based practice in social care and social work. Tronto (1993) identified attentiveness, responsibility, competence and responsiveness as fundamental to ethics-based care (Ash 2015). These are also encouraged in MSP through listening to the person's voice in seeking to understand their views; developing the ability to respond to them and their needs; evidencing commitment through competent practice; and being responsive in recognising the vulnerability of the person with care needs. Through implementing MSP social workers have reported benefits from developing skills and improving their practice, becoming more confident in safeguarding work and managing risk (Butler & Manthorpe 2016).

Finally, the 'temperature check illustrates how organisational factors can influence practice. Norrie et al (2017) describe a repeated dissonance between the values of social workers and the realities of service contexts, including a lack of resources. The organisational context is critical, as it provides systems, structures, processes and procedures for safeguarding practice. This will affect safeguarding practice, depending on how safeguarding is provided and managed through the services,

whether specialist or generic (Graham et al, 2017; Norrie et al, 2017). 'Generic' in this context means locality based teams working to a specified area or client group, such as older adults. Where safeguarding responsibilities are dispersed throughout the teams, there is more likelihood of consistency of the practitioner relationship with the person. Where there are specialist centralised safeguarding services, these staff can champion MSP and be a resource for all social workers. Both structures were identified within the local authorities included in the 'temperature check'.

Whatever the organisational structure, the information systems used to record information and capture data seem to be a determining factor in prompting social workers to apply MSP consistently in their practice, and this was reported as being a major barrier or enabler.

The 'temperature check' reiterated the importance of leadership and senior management support for front line staff to achieve the shift in practice that previous evaluations had mentioned (Lawson et al, 2015; Pike & Walsh 2015) This had been critical before the statutory guidance incorporated MSP but 'permission' to work in this way continues to be relevant, particularly given the shift in culture towards risk enabling. The 'temperature check' finding that the MSP approach appears to be more cost effective should incentivise further implementation. The 'temperature check' identified different levels of management support, in particular middle management, as a potential barrier to progressing implementation, which may be connected to it 'stalling' in the future. Pressing priorities such as financial management during austerity, integration with health, impact of Brexit and responsibilities for balancing risks to individuals with risks to the organisation could impact on MSP implementation. Further, in the climate of austerity, middle managers have significant role in resource decision-making. Further work is necessary to identify the stresses and tensions at this level in organisations and its impact on MSP implementation and practice. Local Authorities face increasing pressures of increased demand and decreasing resources (ADASS, 2017); this will impact on the implementation of MSP.

Conclusion

Making Safeguarding Personal is a long-term culture change programme which should improve how older people are supported to manage risks in their lives. Taking it forward in the current austerity environment is challenging. Focusing on the quality of the inter-relationship between practitioners and older people provides opportunities for social workers to improve their own practice, validate the voices of services users and utilise their professional skills.

The 'temperature check' showed that social workers were enthusiastic about MSP, but implementation and culture change were affected by a variety of different factors, including: local authority systems and structures; the support of leaders, managers and partners in implementing MSP; service capacity; and input to develop the skills and knowledge necessary to improve social work safeguarding practices. There are

specific challenges in using MSP for social work with older adults, particularly regarding mental capacity issues for service users, communication skills, and the need to combat ageism in service delivery.

As MSP continues to become embedded in local authorities, practice challenges will need to be continually explored and addressed, and MSP will change though this iterative process. The 'temperature check' proposed 20 recommendations; taking forward these recommendations will support further implementing and embedding MSP. How it changes with new policy and practice requirements will determine its longevity as a model supporting safeguarding intervention; the most important factor is that the outcomes identified by service users remains its primary focus.

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