Investigating the feasibility of introducing an outcome measure (survey) in England for older people who have been through a safeguarding investigation

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Adult safeguarding duties apply in England to any adult who:

... has care and support needs and is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of their care and support needs ...(includes older people, people with learning disabilities, people with sensory impairment, people with mental health difficulties (and so forth...)

Are adults at risk satisfied with how their case has been dealt with?
Background 2
Currently no national measures to gauge opinions of adults at risk (and carers) about their experiences of adult safeguarding.

Lack of data means:-

• Not possible to compare Local Authorities (LAs).
• Hard to identify best practice in a systematic way - or to share it across LAs and partners.
• Commissioners can’t compare how well/badly their LAs is performing and whether more money/resource is needed.
• Hard to evidence, justify or change law, guidance, policy or ethics of interventions.
Background 3

- The Adult Social Care Outcome Framework (ASCOF) is a national collection of social care outcomes performance indicators collected from the perspective of people receiving partial or total funding from a LA for care services. Available at: [http://ascof.hscic.gov.uk/Outcome/107/4A](http://ascof.hscic.gov.uk/Outcome/107/4A)

- Safeguarding is one of the domains in ASCOF.

- Currently two Safeguarding outcomes

  Do you feel safe?

  Do the services you use make you feel safe and secure?

  Proportion of completed safeguarding referrals where people report they feel safe?
Development Work

Steering group = Department of Health, CQC, Health and Social Care Information Centre (HSCIC), Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA) and Social Care Workforce Research Unit (SCWRU).

- Aim to interview 10% of completed cases annually
- A ‘survey’ - face to face interview
- After case conclusion within the past 4 weeks
- ‘safer’ rather than ‘outcome’
- Where inappropriate to interview the adult at risk (e.g. lacks capacity to consent to the interview) - relative, friend, carer or Independent mental capacity advocate (IMCA) approached
Cognitive Testing the survey in 3 Local Authorities (with Natcen)

10 adults at risk and 20 relatives of adults at risk in 3 LAs interviewed in 2014. Also 10 staff for feedback on the staff guidance.

Lessons learned:

• Identifying adults at risk with capacity to consent = challenging
• Time period extended to 8 weeks after case conclusion
• Interviewers needed alerting prior to interview when an adult at risk had died and/or distressing cases
• Telephone interviews appropriate for a service user’s relative living outside the area, and IMCAs
• Who should undertake interviews? (Not the investigating social worker) eg Healthwatch?
• Existential question – when someone NOT safer, but happier or opposite?

Guidance changes eg to terminology, simplification, 2 page summary
Cognitive Testing – survey changes – Q6 - Do you feel that you are safer now because of the help from people dealing with your concern?

1. To what extent did you feel listened to during meetings and conversations?
2. To what extent did you feel satisfied with how the safeguarding investigation was carried out?
3. To what extent were you able to understand the information given to you during the safeguarding investigation?
4. To what extent were you given the information you needed at the right time during the safeguarding investigation?
5. To what extent are you satisfied with the outcome of the safeguarding investigation?
6. Do you feel that you are safer now as a result of the safeguarding investigation?

I feel that I am **not at all** safer now
I feel that I am **not much** safer now
I feel that I am **quite a bit** safer now
I feel that I am **completely safe** now
Pilot Study - Aims

To test feasibility –

1) Could we recruit a statistically representative sample?

2) Could responses to the survey questions potentially be used as an ASCOF safeguarding outcome?

3) What do LA staff think of this approach?

4) What would be the impact or additional costs for LAs if implemented as a national survey?
Pilot Study - Methods

152 LAs approached and asked:-

- to survey approximately **20 adults at risk** or their relatives/friends/carers/IMCAs over a period of 12 weeks (May to August 2014).

- to recruit approximately 3-4 adults at risk from each primary support group (physical, sensory, memory and cognition, mental health, learning disability, social support) and across the **seven categories of alleged abuse** (physical, sexual, psychological/emotional, financial, neglect, discriminatory and institutional).

- to select approximately 15 adults at risk and 5 ‘proxies’ (relatives, friends, carers or IMCAs).

- to provide information on costs of set up and running the survey.
Out of 152 LAs, **40 LAs agreed to take part**
- starting population = **3457 adults at risk**.

Information not on record or not supplied for **1290 adults at risk (37%)**

Of the **2167 adults at risk where info supplied** - **564 (26%)** were deemed eligible to take part in the interview themselves while **1603 adults at risk (74%)** were assessed as not eligible (i.e. lacked decision making capacity for instance, had severe dementia or profound learning disabilities (36%), had died subsequent to the investigation (17%), or concerns around risk (7%).
Pilot Study Population (n=3457)

- **F**: 2123
- **M**: 1312
- **Not recorded**: 22
- **18-64**: 1294
- **65-74**: 411
- **75-84**: 724
- **85-94**: 871
- **95+**: 135
- **Not recorded**: 22

63% of adults at risk were over 65 years old
Pilot Study - Findings

384 adults at risk approached
224 adults at risk agree to be interviewed
Adult at risk response rate = 58%
(of these 61% were over 65)

265 relatives, friends and IMCAs approached
158 relatives, friends, IMCAs agree to be interviewed.
Relatives, friends, IMCAs response rate = 60%
Findings - the most robust data collected on older people for whom a safeguarding investigation has been conducted

1) Overall the survey results met statistical confidence however individual results for adults at risk did not because a high proportion of relatives and carers (59%) (‘proxies’) responded in place of the adults at risk sampled (41%) (eg for reasons of adult at risk having severe dementia).

2) Survey question 6 could be used as ASCOF measure......but reservations.

3) LA staff positive.

Most (72%) participants considered the support they received had made them/the person they support feel ‘quite a bit’ or ‘a lot safer’.
What did it cost?

- LAs estimated the cost to their LA of conducting the survey for two years, interviewing at least 15% of their completed safeguarding cases each year.

- Extrapolating cost findings to the full 152 LAs in England gives an estimated total cost of implementing the survey of approximately £3 million in Year 1 and £2.1 million in Year 2.

- Set-up costs for the survey estimated at around £900,000.

- However, reported costs varied hugely.
Next steps

• The final report delivered to the Data and Outcomes Board (DOB) jointly chaired by DH and ADASS in 2014 (HSCIC, 2014).

• The Care Act Guidance (The Care Act, 2014) notes that this survey is one way LAs can meet their new legal requirement to ‘understand what adults at risk think of adult safeguarding’ (Norrie et al., 2015b).

• Whether this measure is made mandatory for LAs and added to the ASCOF is highly dependent on cost but is being considered (Norrie et al., 2015b).
Final comments - Significance of the findings for older people?

Older people comprise the largest group about whom adult safeguarding enquiries are made and investigations are concluded.

Whether they are satisfied with safeguarding is important to ascertain for policy, legal reform, resource allocation, practice, and wellbeing.

The opinions of adults at risk have not always included older people or people with dementia posing a risk of bias towards younger and cognitively able adults receiving social care.

Is this the best way to do it? Outcome measurement/ performance management versus professionalism and valuing practice knowledge and expertise?
Thank you for listening and questions

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References


Acknowledgement and Disclaimer

• This presentation presents independent research funded by the Department of Health.
• The views expressed in this presentation are those of the authors and not necessarily those of the DH.
• We would like to thank all participants in the study.