What are the costs and benefits of various ways to safeguard vulnerable adults from risk and harm?

This is the first UK study to compare different models of adult safeguarding practice. We're focussing on differences in specialisation, interagency cooperation and frontline practices.

Safeguarding adults can take many different forms and is constantly evolving. Yet, even the meaning of 'safeguarding' is not universally agreed though it is generally accepted as being about protecting and empowering people at risk of abuse, mistreatment and neglect.

Given this state of evolution, it is not obvious which forms of practice work best for Adults at Risk and which are most cost-effective. Nevertheless, everyone is clear on one issue – the importance of getting safeguarding right. People's lives and well-being are at stake, as are the reputations of those who support Adults at Risk.

This is why researchers from the Social Care Workforce Research Unit at King's College London have developed the first UK study to compare different models of adult safeguarding practice. Dr Martin Stevens, who is leading the study, funded by the NIHR School for Social Care Research, offers a real life example:

'Take the case of a young woman with severe learning disabilities and physical impairment,' he explains. 'Her sister became very concerned about the quality of her care in the care home where the woman lives. The issue came to a head when the woman was being lifted out of

a chair. Her arm was broken quite seriously, apparently through neglect by the person lifting her. So it was a big issue.

'The woman's social worker investigated what happened and the care worker was suspended by the care home manager who conducted her own investigation. The social worker arranged for a safe-guarding conference to discuss how best the young woman could be protected in the future. A plan was made to review the support that the woman needed at the home and make sure it was provided – in this case by having extra equipment and making sure the staff were trained in how to use this safely. While this was going on, other problems in the care home came to light. The care assistant carried on

working, but not with residents directly, and her supervision was increased. She was considered too rough, insufficiently skilled and not attentive enough to carry on looking after residents.'

This is one example of a procedure, says Dr Stevens. But, at each stage, there might be variations. The investigation might have been undertaken by the young woman's social worker or it might, in another authority, have been done by a social worker from a specialist safeguarding team. There might be differences in who attended the safeguarding conference – sometimes health workers, sometimes the police would have been there, sometimes not. And then there is the question of a possible referral to the Disclosure and Barring Service which can ban someone from working with vulnerable adults in the future. There can be confusion over whether the social services department or the care home should make such referrals.

It is precisely these differences and their implications that Dr Stevens' team seeks to tease out. They are looking at the degree, for example, to which safeguarding work is done by people who specialise in safeguarding rather than by the responsible social worker. Levels of inter-agency cooperation also vary depending often on interpersonal relationships and local integration between police, health and social services.

The level of personalisation of social care in a particular local authority can also matter. Where there are large numbers of Personal Budgets and Direct Payments, people are involved with a lot of staff who are not regulated. The KCL team is examining how this impacts on safeguarding.

'Safeguarding practice has grown organically. At the moment, there is no right answer to the question "what works?" but this study will help us know more about how local authorities are organising this work.'

Dr Martin Stevens, researcher

'Elements of safeguarding practice may vary within the same site or model,' adds Dr Stevens, 'depending on whether the Adults at Risk are people with learning disabilities or older people with dementia or younger people with physical disabilities. There may be multiple models operating within local authorities, because of varying needs and risks or because of different capacities that people have to advocate for themselves as well as the ways they interact with professionals. Systems used by local authorities need to be flexible enough to work across all these issues.'

The study aims to understand the comparative benefits and costs of various safeguarding practices currently being adopted in local authorities. It is a unique approach in this relatively new field, not attempted before in the UK. The research team is talking to professionals as well as to Adults at Risk and family members involved in safeguarding referrals. It aims to provide practice-based guidance on implementation, outcomes and costs of different models.

The study aims to pave the way, in the future, for a full cost-benefit analysis. With Parliament placing safeguarding on a statutory footing in the Care Bill 2013, the research could prove vital to policy makers and local authority decision-makers.

Project:	Models of safeguarding: A study exploring and comparing models of adult safeguarding
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