Adult Social Care Safeguarding Survey

Guidance Document

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Background to the Survey

The Adult Social Care Outcomes Framework (ASCOF) provides measures around how well services are meeting user and carer needs, and whether those services are promoting quality of life and providing care that is both personalised and preventative. Currently there are no national safeguarding outcome measures that focus on people who have been supported by adult safeguarding services. This means that Councils with Adult Social Services Responsibilities (referred to as CASSRs or Councils), unless they have developed their own local measures, do not know if adults at risk are satisfied with the safeguarding service or what difference it makes. They are also not able to make comparisons between councils as there is no national benchmark for adult safeguarding.

As a result of the Zero Based Review (ZBR) on adult social care data returns, the safeguarding working group recommended that a national outcomes measure should be included in the Adult Social Care Outcomes Framework (ASCOF). The proposed definition of this measure is: The number of concluded referrals in a 12 month period where the individual reports ‘I feel safer as a result of the safeguarding investigation’.

The measure was proposed to be collected through a user survey conducted as a face to face interview. The survey was designed through consultation with numerous stakeholders along with professionals with expertise in the fields of surveying and adult safeguarding. Stakeholders formed a steering group which guided the project and included members from:

- Department of Health (DH) policy
- Care Quality Commission (CQC) representatives
- DH and HSCIC statisticians
- Council representatives
- Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) representatives
- Researchers from the Social Care Workforce Research Unit at King’s College, London

The developed survey underwent cognitive testing with 3 councils early in 2014. 42 cognitive interviews were undertaken with 12 Local Authority staff, 10 adults at risk and 20 of their relatives during January and February 2014. Ten interviews with Independent Mental Capacity Advocates (IMCAs) were also undertaken. Following successful cognitive testing of the proposed adult safeguarding user survey, a pilot study was set up to test the survey within a group of 40 volunteer councils from May to July 2014. Pilot councils were asked to aim to complete 20 interviews with adults at risk or where adults at risk were deemed as not eligible (e.g. lacking capacity, too ill/frail, concerns about further risk identified) interviews could be sought with those that supported the adult at risk during the safeguarding concern (relatives/friends/carers/IMCAs). The survey was designed to be inclusive of all groups of adults at risk. No gender, age, ethnicity group, or primary support group was excluded from taking part in the survey, either where the adult at risk participated in the interview or where a relative, friend, carer or IMCA participated. Of the 382 interviews conducted, 224 were with adults at risk (59 per cent), and 123 with relatives (32 per cent), the remaining 35 (9 per cent) were with a friend, carer, or IMCA.
Recommendations for the survey were made by the Steering Group to the Adult Social Care Data and Outcomes Board (ASC-DOB), which is jointly chaired by the Association of Directors of Adult Social Services (ADASS) and DH. ASC-DOB is committed to including a measure on the outcome of adult safeguarding interventions in ASCOF. For results of the pilot study please see http://www.hscic.gov.uk/article/4769/Safeguarding-Outcomes-Measure-Pilot-Study

This guidance explains how to carry out the survey. This survey will help assess whether adults at risk feel safer after a safeguarding investigation and whether they are satisfied with the overall safeguarding process.

Using the Survey

The term ‘Survey’ in this context is being used to describe the face-to-face interview based approach to this data collection. Survey data can be used to provide assured, benchmarked local data on outcomes and could help support local services and Safeguarding Adults Boards to measure and think about ways of improving outcomes for adults at risk. It can also be used to support councils in sharing results and good practice. In order to allow for the sharing of data, we recommend that councils do not make changes to the questions asked. Use of the survey will allow councils to investigate whether different client groups experience different outcomes and ultimately if the services being offered are making measurable improvements to people’s lives.

We have made this survey guidance and supporting documents available to councils in order that they can use them to gather information about their safeguarding services and how improvements could be made. If all councils use the same validated survey this will enable them to undertake local benchmarking and share ideas between other councils and regions to shape best practice. Incorporating the survey into the safeguarding process will help councils to capture information about whether services are meeting the principles set out within the Adult Safeguarding section of the Care and Support Statutory Guidance under the Care Act 2014. This includes whether the person felt empowered during the investigation; whether there was the correct amount of protection so that the person was involved as much as they wanted to be and that there was partnership between people involved in the investigation.

Relationship with the Adult Social Care Outcomes Framework (ASCOF)

The survey has been well received by councils providing useful results and feedback locally that councils can use to improve services. Question 6, would potentially form the new ASCOF safeguarding outcomes measure, known as 4C: Proportion of completed safeguarding referrals where people report that they feel safe. Whilst the question worked well locally further work is needed for the development of a worthwhile and usable national ASCOF measure for safeguarding. Therefore, although the survey will not be a mandatory data collection for 2015/16, consideration will be given to the feasibility of a measure for 2016/17.

Outline of the survey process

Timing of conducting the interview is crucial in terms of minimising distress to the participant. It is acknowledged that due to differing processes locally, the exact point at which the interview is conducted will not be uniform across all councils. If the interview is built into the safeguarding process it may ease collection burden.

We recommend interviews are carried out ideally within 4 weeks of the case closure as the adult at risk will have had the opportunity to reflect on the intervention, but no more than 8 weeks after, as the recall of the process may be diminished after this period and may lead to incomplete responses.

The key stages in the process will be:

- Ensure you have local management permission or approval to carry out the survey.
- Alert relevant council staff that the survey will take place and what it entails.
- Identify and train council staff and interviewers regarding the survey as appropriate.
- Use your records to identify and collate a list of all eligible adults at risk to interview.
- Remove those who are ineligible to take part, e.g. where there is evidence they lack the mental capacity to consent to take part in the survey. It is a key requirement of the Mental Capacity Act 2005 that those adults at risk who lack the capacity to consent to take part are removed from the sample. A representative (relative/friend/carer/Independent Mental Capacity Advocate (IMCA)) may be interviewed instead to give their view.
- Contact potential participants either face-to-face or by telephone to explain the survey to them. Seek consent to send an information sheet.
- Send model information sheet which has been developed and tested with adults at risk to the people in the sample who have agreed to be contacted (where it is deemed safe to do so). For any potential participant who might be placed at increased risk by giving them an information sheet, offer them the opportunity to nominate a professional who could be asked to look after the information sheet on their behalf (e.g. G.P.).
- Allow the potential participant time to review the information sheet (approximately one week), re-contact the participant and invite them to interview.
- Assess whether the adult at risk is likely to need or want a relative, friend, carer or IMCA present at the interview and whether there is someone appropriate who can help (e.g. not the person alleged to have caused harm). Identify if they will need communication assistance during the interview e.g. interpreter, translated version of the script.
- Conduct the interview and keep a record of completed interviews.
Survey flow charts

Recruitment:

Did the case close in the past 8 weeks?

- Yes
  - Does the adult at risk lack decision making capacity?
    - Yes
      - Do not contact
    - No
      - Are there any other reasons or risks that cannot be mitigated why the adult at risk should not be contacted?
        - Yes
          - Is there a suitable relative/friend/carer/IMCA that could be approached to interview?
        - No
          - Seek interview with adult at risk
  - No
    - Seek interview with relative/friend/carer/IMCA
**Interview:**

Seek interview with adult at risk

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Does the adult at risk reside in a care home, group home or similar?

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Yes

Contact the care manager to inform them one of the home’s resident’s falls within the sample. Establish when best to contact the potential participant to explain the survey.

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No

Contact participant to explain survey, either by telephone or at a meeting. Is the participant interested in taking part?

---

Yes

Send information sheet (post, email, in person). Where risk identified read information sheet over the telephone.

---

No

Do not interview

---

Allow up to one week before re-contacting, 48hrs if care home.

---

Re-contact participant. Read out the information sheet if needed. Are they happy to take part?

---

Yes

Arrange interview at time and place to suit participant

---

No

Do not interview

---

Identify if communication help needed, e.g. translated script or interpreter. Add adult at risk information to interview script (participant code and any other information).

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Interview
Who should be covered by the survey?

Eligible adults at risk should have had a safeguarding case close recently. Interviews should preferably take place within 4 weeks of case closure but no more than 8 weeks after the case has closed.

It is acknowledged that there may be risks involved in gaining feedback, either to the adult at risk or more remotely to the interviewer; therefore exclusions will be at the judgement of the safeguarding member of staff who knows the case. Emphasis should be more on managing risk than excluding people, so everyone is given an opportunity to participate if possible. The table below gives examples of possible risks/mitigations.

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<th>Adult at risk</th>
<th>Possible Mitigation</th>
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<tbody>
<tr>
<td>The adult at risk has an on-going relevant court case.</td>
<td>Council officer addresses on case by case basis.</td>
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<tr>
<td>The person alleged to have caused harm lives with the adult at risk and there are concerns about further risk</td>
<td>Offer an interview at an alternative venue, or when the alleged person will not be there (e.g. at work).</td>
</tr>
<tr>
<td>Adult at risk resides in care home related to the incident of alleged harm.</td>
<td>Do not leave information sheets with adult at risk. Check any other people present at the interview or seek alternative interview with relative/friend</td>
</tr>
<tr>
<td>Those who are terminally ill – or receiving palliative care for whom it would not be appropriate in the view of a clinical or care professional</td>
<td>Seek interview with relatives / carer but be sensitive to possible bereavement.</td>
</tr>
<tr>
<td>Health of adult at risk is compromised and contact is ill-advised by a clinical or care professional.</td>
<td>If time permits rearrange the interview for when the participant has recovered.</td>
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<th>Interviewer</th>
<th>Possible Mitigation</th>
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<td>Adult at risk has a known history of anger or violence</td>
<td>Risk may be mitigated by an individual risk assessment and management approach. This might include two interviewers present or having a carer, family member or advocate present (as long as not the person alleged to have caused harm)</td>
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Assessing eligibility of adults at risk to take part (including those who lack the capacity to consent)

Adults at risk should be checked to see if they are eligible to take part in the interview process. Where they are deemed ineligible the views of a relative/friend/carer/IMCA can be sought. The following criteria should be considered circumstances in which an adult at risk should not be approached (this list has been compiled following results/feedback obtained from the cognitive testing phase).

- Adult at risk has died.
- Adult at risk is in a hospital or hospice.
- Adult at risk is in prison.
- Adult at risk is known to be in active dispute with the council and it is felt that inviting them for interview would be unduly provocative or insensitive.
- Lasting Power of Attorney has been registered with the Public Guardian Office in respect of the adult at risk, or a Deputy has been appointed, indicating that they will lack capacity to take part in the interview. This is standard procedure with HSCIC data collection protocols.
- Adult at risk lacks specific decision making capacity as defined in the Mental Capacity Act, i.e. they are unable to consent to take part.
- Adult at risk has moved from the Local Authority area.

In order to assess the participant’s ability to take part in the interview process, use the following criteria to ensure the adult at risk will understand what they are agreeing to do in relation to the interview:

- Will they understand that the interview seeks their views about the quality of their safeguarding investigation?
- Will they understand that others will be asked these questions and they are not being singled out?
- Will they understand that these questions are being asked to understand how satisfied people are with their safeguarding investigation and assess their experience?

Please note that it is not important for the person to understand the abstract concept of a survey. Everyone with dementia or learning disabilities should not be automatically excluded, as exploratory work by PSSRU and the Tizard Centre for other surveys has confirmed that many people with these impairments are able to answer the questions and give the level of informed consent required to take part, with or without help.

It is a key requirement of the Mental Capacity Act 2005 that those adults at risk who lack the capacity to consent to take part are removed from the achieved sample.

For those adults at risk for whom there are concerns that they lack capacity to make a specific decision to take part in an interview, the 2 stage test of the MCA would need to be completed by the investigating officer or similar. If it is determined they lack capacity then a discussion will need to be held about whether there is a suitable person who could provide their own view of the outcome of the safeguarding investigation.
**Fluctuating capacity to take part in an interview**
If the adult at risk has fluctuating ability to take part in an interview, this should be managed sensitively. For example:-

- having an advocate present in the interview
- checking before the interview, to make sure it is fine to carry it out
- stopping the interview if the person loses capacity during questioning

Inevitably some of the adults at risk who are selected to take part in the survey will be too frail, ill or disabled (physically or cognitively) to respond. Councils should decide each case on its merits.

All Adult Services departments will have a proportion of clients that are critical of the services they have received. It is unacceptable to remove these samples purely for this reason, as this would seriously bias the results of the survey and thus reduce its usefulness. If the sample is properly selected people who complain frequently will not have a disproportionate impact on a council’s responses.

**Contacting eligible participants**

Participants can be made aware of the survey during the safeguarding investigation and that they may be asked to take part, however if you do not intend to survey all safeguarding cases it must be stated that not everyone may be approached. If participants are aware of the survey early on this may increase response rates and positive uptake. Councils that took part in the pilot recommended building the survey into the safeguarding process.

When an adult at risk has been sampled initial contact should be made either face to face (e.g. during meetings) or over the telephone. The interview process should be explained and the adult at risk invited to participate in a face-to-face interview. Model scripts have been developed for contacting participants to inform them about the survey via the telephone and are available in Appendix B. Where initial contact is made during meetings the points set out in the telephone script should be covered. Feedback from the pilot study showed that initial contact is better if it is face-to-face, using the telephone script as a guide.

Consent may need to be obtained from the potential participant for the sharing of an information sheet and whether they are happy to have their contact details passed on to the person arranging the interviews. In addition, for some adults at risk, consent may need to be obtained for the sharing of some of the details about the case (only where it will support the interview).

Information sheets can be given in person, or if this is not possible, sent out in the post or by email. Participants should be allowed time to study the information sheet and to decide whether they would like to take part, they should not feel coerced to do so. After the potential participant has had time to reflect on the information sheet, the person should be contacted again to ask if they would like to participate and arrange an interview. Model telephone scripts for arranging interviews can be found in Appendix B.

Where there is a potential risk to the participant (to be reviewed case by case), when contacting by telephone the caller should verify that the person they are talking to is the person who was safeguarded and that they are able to speak freely - so that the person causing harm isn’t alerted. Where sending an information sheet may increase risk the information sheet should be discussed in person or over the telephone with the adult at risk and they should be given time to decide whether they would like to participate. Alternatively, a professional (identified by the adult at risk) could be asked to look after the information sheet on their behalf. Information sheets can be found in Appendix B.
The interview should be arranged for a time and place that is appropriate for the participant; this may include evenings or weekends.

Adults at risk can have someone present during the interview for support if they so wish. This needs to be agreed prior to the interview taking place (the suitability/risk of the accompanying person needs to be established so that the survey responses are unbiased and there is no potential risk to the participant).

Who should conduct the interview?

The investigating social worker of the case in question should not interview the adult at risk to elicit the responses required for this survey. The reason for this is that the adult at risk might be discouraged by their presence from voicing criticisms of the service they received, while staff might unconsciously bias the results of the interviews they carry out. We realise that this suggestion might be difficult to implement due to resource and planning constraints. Councils are free to select their interviewers, however the results of the pilot survey showed that those who used independent interviewers found their service users were more comfortable to discuss their case. Using an independent interviewer can also reduce bias and possibly increase response rates and increase the validity of the results.

The interviews should be carried out by someone who is trained, prepared and has the skills to ask the questions. They should also be familiar with the safeguarding process and know what to do in the event of a disclosure or distress. Some options for interviewers could be:

- Adult safeguarding officer
- Adult safeguarding manager
- Adult safeguarding senior practitioner
- Adult safeguarding co-ordinator
- Adult safeguarding learning and development manager
- Chair of Case Conference Meeting (if not investigating/co-ordinating officer)
- Commissioning officer
- Council review assessment and support officer
- Council support worker
- Performance management officer
- Quality assurance manager
- Quality assurance officer
- Members of a research/survey team (internal)
- Members of the safeguarding team not connected to the case
- External safeguarding board member
- Service improvement officer
- Social workers or other professionals (internal) not connected with the case
- External social worker
- Specialist assessor
- Student social worker
- Survey company (external)
- Third sector worker
- Well-being advisor
Interviewers must be made aware of the need for confidentiality and should not disclose any information about participants or their answers unless there are concerns about the participant’s safety or that of others. Internal interviewers will follow the council code of practice regarding confidentiality. Where external interviewers are used we would advise that you ask them to sign a confidentiality statement.

The investigating social worker could play a key role in sample checking (for eligibility) and contacting participants using the telephone script and providing the information sheet, assuming the survey is included in the safeguarding process. Ideally, sample checking (for eligibility) should be carried out by using existing information systems but where this is not possible, local staff can play a role in checking the sample of eligible adults at risk. For example, the investigating officer could be best placed to confirm the suitability of potential friends/relatives/carers that the adult at risk would like present at the interview. The investigating officer could also be best placed to confirm the adult at risk has the capacity to consent to take part, where the adult at risk lacks capacity the investigating officer can confirm the appropriate suitability of relatives/friends/carers to interview for their response to the outcome of the safeguarding investigation.

**Interviewer Training**

The safeguarding investigation itself can be upsetting and distressing for both adults at risk and their families. The interview could cause distress for some participants who may become upset or angry at recalling what has happened. Interviewers should have the appropriate skills to conduct sensitive interviews of this nature.

Interviewers should be aware of council procedures in case any participants wish to complain about services, want to discuss the investigation further or disclose information about their own safety or that of others. Information leaflets are advised.

Due to the nature of the interview topic, some interviewers may find participants accounts distressing. The council has a duty of care to those that they select to act as interviewers, to support them as needed and to make sure they are fully prepared. Interviewers should not be exposed to undue risk. It is best practice for interviewers to inform someone when they are interviewing and how long for, they should contact a named person when they return, who can then raise a concern if that contact is not made.

Consideration should be given to providing appropriate training and briefing for interviewers. Suggestions for material to cover in the interviewer training/briefings are given below:

- Background information about the survey including why the survey is being conducted, why it is important and how the results will be used locally.
- Information about sampling, in terms of who is eligible to take part and the experiences of the participants that they will be interviewing.
- Interview bias and the importance of interviewers not biasing the survey.
- The interview process in terms of how to obtain consent, ensure confidentiality and understanding the importance of asking the interview questions as worded.
- How to conduct a good interview.
- What to do if someone becomes distressed.
- What to do if someone discloses information about their or other people’s safety.
Qualities that make a good interview

- Be organised and prepared for each interview.
- If you are organising the venue, ensure the interview room is quiet, non-threatening, and easily accessible.
- Warmly welcome participants, explain the process and ask if they have any questions prior to starting.
- Create a comfortable atmosphere.
- Be a good and unbiased listener.
- Where other people are present at the interview, try and minimise any external influences so that the answers recorded represent the views of the participant only.
- Participants may divert from the topic to other aspects of care or local authority performance, so it is important to keep the interview focussed on safeguarding.
- If a participant does not understand a question provide clarification to aid the recall process. It is important that each interview question is read as worded first off but if the respondent needs prompting of what they should be thinking about or the understanding of a particular word/phrase, the interviewer can assist the respondent so long as they are not biasing the response in anyway.
- At the end of the interview, thank the participant for taking part and explain what will happen next.

What to do if a participant becomes distressed during the interview

- Remain calm.
- Show empathy for their situation.
- Listen to what they have to say.
- Be patient.
- Pause and offer a break if needed.
- If the participant remains distressed, end or re-schedule the interview.
- Outline support services and go through help leaflet (Appendix B).

The interview process

It is recommended that data be obtained by a face-to-face interview for adults at risk, relatives, friends or carers due to the sensitivity of the interview topic as this allows for support to be provided to the participant as needed. The results of the pilot survey showed that, for Independent Mental Capacity Advocates (IMCAs), paid carers and other professionals, telephone interviews were acceptable, however face-to-face contact was still preferable.

Model scripts have been designed and cognitively tested with adults at risk and relatives/friends/carers/IMCAs to ensure fitness for purpose. The main purpose of the cognitive testing was to make sure that:-

- Respondents understood the questions in the way they were intended to be understood and that they were willing and able to answer them
- Topics covered in the questionnaires were salient and relevant to different groups
Prior to the interview

- Councils may wish to factor in relationship building and introductions with the interviewer to aid the adult at risk’s comfort with the process.
- It is recommended that the council representative should code the interview script with the participant’s unique code. Name or contact details should not be recorded on the interview script.
- The interviewer should be made aware of factors that might affect the interview process e.g. where the adult at risk has a history of violence so that they can mitigate risk, or needs communication support (interpreters, translated scripts), or when interviewing relatives/friends/carers they should be made aware of if the adult at risk had died and if so that they should ask version 6b for question 6.
- Councils should ensure interviewers are aware of policies about confidentiality and disclosure.

At the interview

- Time should be allocated to putting the participant at ease. The interview format should be discussed and participants made fully aware that the interview questions relate to the safeguarding investigation (keeping them safe), are not about social care or other services and are about helping the council improve services. Reassurance should be given that the answers they give are confidential and will not affect future social care or other services. Interviewers may find it beneficial to go through the information sheet at the start of the interview to aid this discussion.

Obtaining consent

- The interviewer should stress that the person can decide to withdraw their consent or stop the interview at any time. Time should be spent going through the points on the consent form so that the participant fully understands what they are agreeing to. Informed consent should be obtained before the interview begins, this can either be written or oral. Consent forms can be found in Appendix B. Two consent forms should be completed, one for the participant and one to be kept for council records.
- Questionnaires for interviewers are available in Appendix B. There are three standard versions:
  1. A version designed for the adult at risk.
  2. A version designed for relatives/friends/carer (for those adults at risk that lack capacity to consent to the interview, or are unable to participate for reasons such as severe illness, death, etc.)
  3. A version designed for an IMCA (where the adult at risk had an IMCA involved in the safeguarding case).

- The interview format is interviewers read out the questions as worded, along with the possible answer choices. Show cards with the questions and answer choices are available. Interviewers will record the participant’s answer on the interview script. It is important that the scripts are read as worded, however if a participant needs clarification of the meaning of certain words or what they should be thinking about prompts can be given as long as they do not bias the participant’s response.
- If the interviewer/council think it would be helpful an example question can be worked through at the start of the interview, so that participants are aware of the format, e.g. interviewer reads the question, show cards with possible answers, participant selects answer choice.
- At the end of the interview participants should be given a further information leaflet. Two leaflets have been developed and can be found in Appendix B. Councils may wish to add relevant support contacts of their own. The general leaflet is to be given to all participants. The
leaflet does not mention safeguarding and should contain a council contact in case of questions or concerns. This is particularly important for adults at risk where participation may cause further risk, as this will be the only document they have with a contact name on in case they want to ask questions. The more detailed form is to be used at the discretion of the interviewer e.g. if a participant becomes distressed during the interview or is in need of further support.

- In Appendix A you will find a brief overview of the strengths and weaknesses of face-to-face interviews.

**Adults at risk whose first language is not English**

Adults at risk for whom English is not their first language may need to have the interview conducted in their preferred language – the use of professional interpreters is recommended in these instances but is at the discretion of the providing council. The use of professional interpreters should help to ensure that response options are translated accurately and that strict confidentiality is maintained with respect to the information provided by all respondents. Such people are likely to be working to a professional code of conduct in terms of the requirement for confidentiality and regard to safety when conducting face-to-face interviews. They will also be able to translate any additional questions that you may use locally.

Interpreters should be required to sign an undertaking not to divulge details of the interviews or the identities of the respondents, to anyone other than the staff responsible for collating results for your council.

**Alternative formats of the scripts for those with communication / cognitive impairments**

Councils should identify adults at risk in their sample who will need access to communication assistance (e.g. hearing impairment) and take steps to ensure they are able to participate in the survey. This should include making the scripts available in as many of the following formats as requested by adults at risk:

- Assistance from someone with British Sign Language (BSL) skills or an interpreter
- Braille versions of show cards for blind people.
- Show cards for people with communication or learning difficulties are available in Appendix B.

**Additional steps to take for interviewing those in care homes / group homes**

The process for contacting adults at risk that reside in a care home is the same as contacting adults at risk within the community. However you may wish to advise care home managers/supported living managers about the survey prior to contacting their residents, however this is at the individual council’s discretion. Model letters for contacting them informing them of the survey of council services and that one of their resident’s falls within the sampling frame can be found in Appendix B. The development research for the HSCIC Adult Social Care Survey found that it was common for the name of the care home manager held on CQC records to not be up to date, which led to personalised mail being unanswered as the current manager did not open it. It is
likely that councils will hold more up to date information, but if you have not had recent contact with the care home manager then we advise addressing the letter to “The Manager” rather than a named individual.

At the interview, we recommend that the interviewer goes through the information sheet so they understand fully what they are taking part in and for some participants this maybe the first time they have seen the information sheet if it was read out to them over the telephone at initial contact.

If the care home is associated with the alleged abuse care and discretion should be used so as to not increase any risk to the participant, e.g. not referring to the term safeguarding when contacting the care home, not posting/leaving information sheets with the adult at risk. Any other people present at the interview should be agreed and checked beforehand for their suitability so as not to induce bias to the results or cause further risk. If interviewing would potentially cause further risk to the participant they should not be approached, and interviews with a relative or someone who supported them can be carried out instead.

**Interviewing relatives/friends/carers/IMCAs**

Where the adult at risk is assessed as lacking capacity to consent the views of other people acting in the best interests of the adult at risk are encouraged. Potential candidates could be relatives/friends/carers/IMCAs that have been involved in the investigation e.g. they raised the alert or have been involved in strategy meetings but are not the person alleged to have caused harm.

Where the adult at risk is hospitalised or deceased if council staff feel it is appropriate then a relative/friend/carer/IMCA could be approached to interview. This will need to be reviewed case by case and thought should be given to the questions, whether an assessment of improvement in safety can be made by the family, friend or carer, and the potential for any distress asking the questions may cause to the selected participant. Council staff should use professional judgement as to whether it is appropriate to contact relatives at this time, taking into account the level of intrusion that the interview may cause in relative’s lives at a very distressing time and that the interview should not cause further upset.

Two versions of question 6 have been developed; 6a is to be asked where the adult at risk is alive and 6b for where the adult at risk is deceased. The interviewer should be informed before the interview which version they will need to use.

It is important that we hear the views of this group of individuals that are acting in the best interests of those lacking capacity and are able to comment on the outcome. However it should be made very clear at the beginning of the interview that the answers given are their own views of the safeguarding investigation and outcome and are not those of the adult at risk.

Possible eligible participants can be made aware of the survey early on in the safeguarding investigation, as appropriate, and that they may be asked to participate.

For relatives/friends/carers the safeguarding investigation may have been traumatic and they may become upset during the interview therefore we recommend that the only method of collection is a face-to-face interview. The results of the pilot survey reflected this preference for interviews with these individuals to be face-to-face. The interview process for adults at risk should be followed. Model scripts have been developed for contacting participants to take part in the survey, along with information sheets and interview scripts; these can be found in Appendix B.

The preferred method for IMCAs is also face-to-face however we recognise that IMCAs are professional and tend to cover a large geographical area, therefore face-to-face interviews may not always be possible. In this case interviews may be conducted over the telephone. Again, the
results of the pilot survey showed that face-to-face interviews were the best means of communicating the survey, however IMCAs did find telephone contact to be acceptable also. IMCAs should be given prior warning of the interview so that they have time to reflect on client notes. An information leaflet should be sent in the post or by email. If a telephone interview is conducted consent forms can be emailed and signed electronically or oral consent can be taken. The council will need to identify the process for contacting the IMCA provider and arrangements for any reimbursement.

Confidentiality

The inclusion of a statement about confidentiality at the beginning of the interview is important. It is necessary to assure adults at risk and others that staff within a council cannot find out whether or not they completed the questionnaire, and if they did, how they answered the various questions. Regardless of the participant’s responses these will not affect any current or future services the adult at risk might receive.

In order to achieve the confidentiality commitment, it is best practice to consider how information is handled within the council. In particular, you may need to strictly control access to the list of service users’ contact details, data on which potential participants were sent an information sheet, who agreed to be interviewed and their respective answers. We recommend all participants are assigned a code number used to link to their answers. Questionnaires and the data collected must be coded and anonymised, no participant identifiable data should be stored with the participant’s responses. Contact information and coded answers should be kept separately. Data must be entered and stored on a password-protected computer, accessible only to authorised individual(s). Paper copies of consent forms and interview scripts should be stored separately and securely in a locked filing cabinet. The consent forms must not contain the person’s unique code.

Interviewers must be made aware of confidentiality and the need to not disclose any information about participants or their answers unless there are concerns about safety to the participant or others. Where interviewers are contracted from outside of social care, we recommend they sign a confidentiality agreement. Completed interview scripts should be passed securely from interviewer to council representative (either by recorded post, secure email or in person).

Improving responses

For a survey such as this to be a success it is important that key staff feel that they are involved. Therefore, it is important for staff at all levels to know what the survey is trying to achieve and how the results of the survey will be used. Consideration should be given to training staff in aspects of the survey so that they are fully informed.

Staff should be made aware of the survey and its aims so that they can answer any questions if asked by an adult at risk or carer. This will help to encourage response to the survey and also help to allay concerns.

Another way of getting staff to ‘own’ the survey would be to ensure that they have access to the findings of the survey and have some involvement in making use of them.
Whatever role they play, staff support is crucial to the aims and objectives of the survey. An understanding on their part of what the survey is intended to achieve is likely to be of key importance in gaining their commitment.

Maximising responses to the survey can be achieved in a number of ways, which are highlighted below:

- All participants will be asked the same questions. A specific easy-read version of the information sheet and consent form have been produced for those adults at risk with a learning disability (LD), along with show cards to be used during the interview.
- Building the interview process into the safeguarding investigation may increase response and will maximise your local level results.
- Recording the stages of decision making during the investigation with the adult at risk will support some people with memory or cognitive impairment. This can then be gone through at the start of the interview to refresh the individual with what happened. Recording would need to be built into the safeguarding process for these individuals.
- Asking service user groups to help disseminate the survey results and if possible show how they have helped improve services.
- Response rates to surveys can be improved if they are given positive publicity, for example on council internet sites or in leaflets.

Interviewers should stick to the questions provided in Appendix B. Questions should be read as stated, however meanings of words or phrases can be clarified to prompt the respondent.

Councillors should be aware that there is scope for them to include questions they have designed themselves. As a general rule, local questions should be placed at the end of the questionnaire after question 6. It is possible however to add local questions earlier in the questionnaire if they clearly follow on from an existing question.

We recommended that you do not amend any of the questions as they have been cognitively tested, however textual comment boxes can be added to provide an opportunity for the service user to expand on their answer. Councils have reported that this can elicit information which is very useful at the local level for service improvement.

In planning the use of further questions, thought should be given as to why you are collecting the information and how it will be used to ensure that excess information is not collected, which would be an unnecessary intrusion and a waste of people’s time. Additional questions should relate to the general purpose of the survey.

Additional questions should be meeting a research need and not simply be a way of gathering information on additional services. Questions of this type can suggest to participants that this additional service or information need will be met, which may influence their responses to other questions and could also potentially bias the response rate. It will also create a level of expectation that the council will be providing the service or information in the near future which may not have been the intention. Also, additional questions should undergo cognitive testing and piloting with a subgroup of adults at risk, or be known to have worked well on previous surveys.

Any questions added locally should be taken through your local research governance procedures for approval.
Contracting out the survey

It is possible to contract out the survey but there are extra steps you need to undertake to allow this. When contracting this survey to a third party you must ensure that legislation is followed and that ethical issues surrounding confidentiality have been considered and that these standards and principles form part of the commissioning contract. You cannot simply provide a list of names and addresses of service users to a third party survey organisation, for confidentiality reasons. Some options are set out below.

It would be possible to contract out the analysis of the local survey results, that is, a third party could be provided with a set of data suitably edited for anonymity.

A third party survey organisation can carry out the interviews providing they have the experience and appropriately trained staff to be able to conduct interviews of such a sensitive nature and are able to deal with the risks involved. Service users need to have given their permission to be included in the survey. This would mean asking the service user face-to-face or over the telephone if they would be happy to be contacted by the survey organisation for the purposes of the survey. People who say yes can have their names and addresses passed to the survey organisation - people who say no cannot, and therefore cannot be included in the survey. Using a third party has the potential for a larger proportion of people to not consent to take part in the survey which may bias your results, if the people who do respond are different to those who do not.

If surveys were to be carried out by external contractors, the council would have to deal with the data protection issues raised by handing names and addresses of service users to an outside agency. Once this hurdle has been negotiated councils would need to take care that the organisation undertaking the work operates within the constraints of an acceptable code of conduct, particularly around the issue of confidentiality, such as the Market Research Society Code of Practice.

In all cases, you should refer to any local guidance you may have in your council for contracting out surveys.

Feeding Back to Participants

It is best practice to allow participants to see the results (anonymised and aggregated) of the survey and making a direct link between participation and results may help to boost future response rates, so long as participants agree to the risk of postal contact.

Reporting survey results and any changes the outcome of the survey may have had within the council to peer support groups may encourage future response to the survey.

Data sharing and protection

The council should ensure that the relevant systems and agreements are established with the relevant parties and sharing of data between any organisations, including between councils and survey companies, should be documented. Councils need to consider this and should satisfy themselves that participants are aware that there may be cases of data sharing to ensure smooth running of the survey.
Appendix A: The strengths and weaknesses of face-to-face interviews

Face-to-face interviews

The main advantage of face-to-face interviews is that they can accommodate a larger number of questions than a postal questionnaire, as well as a more complex structure. In addition, interviewers can use their skill to maximise response by making the survey seem worth taking part in and by negotiating with potential respondents about when to carry out interviews. As a result, surveys based on face-to-face interviewing generally achieve higher response rates than postal surveys.

Feedback from the pilot survey showed that another advantage of using face-to-face interviews is that this allows the interviewer to fully support the participant, provides reassurance that the interview is not distressing the participant and also captures valuable feedback for service improvement which may not be forthcoming during a telephone interview or postal survey.

The main disadvantage of face-to-face interviews is their cost. Moreover, if high response rates are to be achieved, they need to be administered by trained, professional interviewers. Another disadvantage is that interviewers, by their very presence, may influence respondents’ answers. This effect is mediated by the respondents’ desire to please their interviewer and can result in their providing answers that they think will be socially acceptable. Finally, the responses people give in an interview can be affected by the presence of other people. For this reason it is preferable for face-to-face interviews to be conducted in private, though of course this is not always possible.

Reasoning behind face-to-face interviews being chosen as the data collection method

Adults at risk are an under-represented group in current survey responses and it is important to hear their views regarding service outcomes, to ensure we are providing the best service possible for this group. By collecting this information at an interview we can ensure that adults at risk have equal opportunities to report back their opinions on service provision.

Adults at risk should be asked to sign a consent form or give oral consent before the interview begins.
Appendix B: Survey Documents

The survey documents that have been developed during this study are available for local use from the HSCIC website [http://www.hscic.gov.uk/article/4769/Safeguarding-Outcomes-Measure-Pilot-Study](http://www.hscic.gov.uk/article/4769/Safeguarding-Outcomes-Measure-Pilot-Study).

Documents for Contacting Participants

- Letter to send to care home/supported living managers
- Scripts for contacting the adult at risk/relative/friend/carer(IMCA) to invite them to participate in the survey (to be used either over the telephone or face to face)
- Participant Information sheet for the adult at risk
- Participant information sheet for adult at risk (easy read version)
- Participant Information sheet for the relative/friend/carer
- Participant Information sheet for the IMCA

Questionnaires and Show Cards

There are three standard versions of the questionnaires and two versions of the show cards:

- Questionnaire – A version designed for the adult at risk.
- Questionnaire – A version designed for relatives/friends/carer
- Questionnaire - A version designed for an IMCA
- Show Cards - A version designed for the adult at risk
- Show Cards – A version designed for relatives/friends/carer

There are instructions at the beginning of the interview scripts which must be followed. The interview scripts contain some demographic information which can be asked if council records are incomplete. You may find it beneficial to develop a sample question, answer choice and show-card to work through at the start of the interview; this might reassure participants about the format.

Show cards have been developed, they are not compulsory, but may provide assistance during the interview. The show-cards contain the questions and answer options along with pictures to help aid response. Cognitive testing showed that some participants found the cards beneficial; some questions are long and it allowed the participant to recall the question and to follow where they were in the interview helping to reassure the participant, the answer choices and pictures helped elicit a response.

Consent Forms and Participant Support Leaflets

- Consent form for the adult at risk (easy read version)
- Consent form for adult at risk/relative/friend/carer(IMCA)
- Support leaflet for participants – general and more detailed
Two consent forms will need to be printed for every interview, one for the participant and one for the council records. Consent must be obtained prior to the start of the interview; this can be written or oral.

At the end of the interview participants should be given a support leaflet, this should contain a council contact in case they have any further questions about the survey. The leaflets can be populated with more specific local contacts, however when choosing what services to advertise and on which leaflet thought should be given to the purpose of the leaflets. The general leaflet is for participants that require general information such as who to contact in the council, and also for those adults at risk where a risk may still remain and therefore any services should not mention safeguarding or abuse. The detailed leaflet is for those individuals who the interviewer felt were in need of further support, e.g. they became distressed during the interview.

Appendix C: Rationale for questions/notes on interpretation

The following rationale is based on the results from cognitive testing and the pilot study

Q1: “Did you feel listened to during conversations and meetings with people about helping you feel safe” (adult at risk)
“Did you feel listened to during conversations and meetings with people about helping your [insert relationship to adult at risk] feel safe?” (relative/friend/carer)
“Did you feel listened to during conversations and meetings with people about helping [the person you were supporting/your client] feel safe?” (IMCA)

This question aims to capture if the participant felt they were involved in the safeguarding investigation as much as they wanted to be and whether they thought their view was heard and taken into consideration. The question worked well in cognitive testing and people thought the term “listened to” meant the process of others listening to what they had to say and taking it on board. For those that struggled to fully comprehend what was meant reference to the social worker by name and descriptions of the meetings that took place helped elicit a response.

Q2: Did you get information during the concern? This could be spoken or written. (all participants)

This question aims to capture whether participants were involved in the safeguarding investigation as much as they wanted to be and whether they were kept up to date with what was happening. In cognitive testing when people were asked what they thought the word information meant, most people thought about verbal information over the telephone and in meetings and paper information such as letters and leaflets. However some people had difficulties understanding what was meant by information and therefore a line was added to the end of the question “this could be spoken or written”.

Q3: Were you able to understand the information given to you when people were trying to help you stay safe? (adult at risk)
Were you able to understand the information given to you during the concern? (relative/friend/carer/IMCA)

This question aims to understand whether people understood the information they were given and that councils were pitching the information at the correct level or taking time to explain the information given to participants. Following cognitive testing an extra answer choice was added for those that felt they did not get any information.

Q4: How happy are you with the end result of what people did to try and keep you safe? (adult at risk)
How happy are you with the end result of what people did to try to keep your [insert relationship to adult at risk] safe? (relative/friend/carer)
How happy are you with the end result of what people did to try and keep [the person you support/your client] safe? (IMCA)

This question aims to understand how satisfied people were with the outcome of the safeguarding investigation. Cognitive testing showed some adults at risk were able to understand the question and focussed on what had been done and what had been discussed at the end of the investigation. Some people needed help focussing on what to think about and support workers aided the adult at risk by mentioning specific meetings or asking respondents to think about the meeting where we discussed e.g. what happened when X was arrested for stealing your money. The word “outcome” proved problematic, not everyone understood what it meant and it does not exist in British Sign Language, therefore it has been substituted with “end result”.

Q5: How happy are you with how people dealt with the concern throughout? (all participants)

This question aims to understand whether people were satisfied with the way they were treated during the safeguarding investigation and the professionalism of those involved. During cognitive testing most people thought about the range of professionals involved in the investigation, including social workers and the police, and how informed they were of what was happening, whether their feelings were taken into account and whether they were involved as much as they wanted to be. In cognitive testing this question was asked before the outcome question, which led participants to think only about the end result. Therefore the question was moved to after the outcome question and “throughout” was added to the question to help people focus about the whole process and not just the outcome.

Q6: Do you feel that you are safer now because of the help from people dealing with your concern? (adult at risk)
6a: Do you feel that your [insert relationship to adult at risk] is safer now as a result of the help from people dealing with the concern? (relative/friend/carer)
6a: Do you feel that the person in this case is safer now as a result of the help from people dealing with the concern? (IMCA)

6b: Do you feel that your [insert relationship to adult at risk] was safer as a result of the help from people dealing with the concern? (relative/friend/carer)
6b: Do you feel that the person in this case was made safer as a result of the help from people dealing with the concern? (IMCA)
This question aims to understand if what the local authority did during the safeguarding investigation and any actions taken have helped the adult at risk to feel safer, or whether those that supported the adult at risk feel that the adult at risk was made safer. When asked about safety, some people thought about general safety and some thought about specific things, e.g. safety over money or how safe the adult at risk felt in their own home, this depended on what the initial risk was and how many times a risk had been identified.

In cognitive testing one of the answer choices was “I feel completely safe now or I feel that the person in this case is completely safe now”, however feedback was that you can never be completely safe and so this was changed to “I feel I am a lot safer now or I feel that the person in this case is a lot safer now”. For relatives/friends/carers/IMCAs two versions of question 6 have been developed, one which is present tense (question 6a) and to be used when the adult at risk is alive and one which is past tense (question 6b) for where the adult at risk has since died. Interviewers should be aware before the interview which version they should use (along with the relevant show card).

Other points to consider:

- In cognitive testing the phrase “safeguarding investigation” was used, however some people were not familiar with this phrase and it depended upon individual councils and whether it was a term used frequently with adults at risk and their families. The term “investigation” led some people to think only about what the police did and not about all agencies. In light of this “safeguarding investigation” was substituted with “what people did to make you feel safe” or “what people did to help the person you support feel safe”.

- The word “happy” has been substituted for the word “satisfied” in questions 4 and 5 (including answer choices). In cognitive testing not all participants understood the meaning of the word satisfied and interviewers had to substitute with the word happy to elicit a response, therefore we recommend that people use the word happy rather than satisfied.

- Thought should be given as to whether it is appropriate to interview relatives of adults at risk that have since died. This is left to the discretion of the local authority. Some relatives may welcome the opportunity to give feedback and involvement may help them with dealing with events, others may find it insensitive. Two versions of question 6 have been developed and interviewers should be made aware of the adult at risk status prior to the interview so that they know which version of the question to ask along with which version of the show card to use.

- Interviewers should be aware of the influence of other people at the interview. Cognitive testing highlighted this. The adult at risk may not have the same opinion as a relative that is supporting them at the interview, e.g. they may have a difference of opinion about the outcome, which may lead the adult at risk to feel pressured to change their answer choice.

- Interviews should take place within 8 weeks of the case closing. This time frame was selected to aid recall of the events and also to not cause too much distress to participants interviewing a long time after the event when they might just want to leave things in the past. This time frame worked well in both cognitive testing and the pilot study.