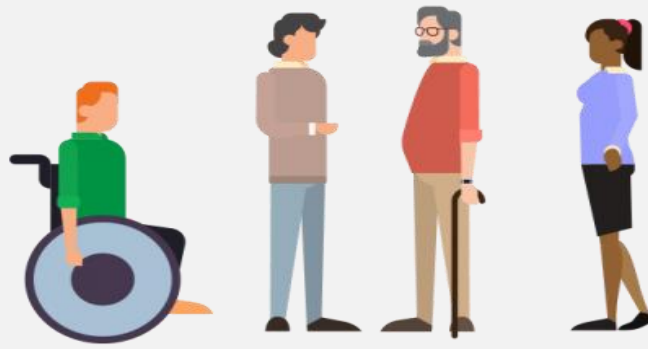




QUICK GUIDE



The Meaning of “Care and Support”

The Care Act says adult safeguarding duties apply to adults with care and support needs but does not define what it means by these. Guidance from the Social Care Institute of Excellence (SCIE) can help address this, as can the regulations that accompany the Act.

In its “Adult Safeguarding Practice Questions” (March 2015) SCIE wrote “An adult with care and support needs may be”:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list.

The regulations go on to say that care and support needs have an impact on the following outcomes:

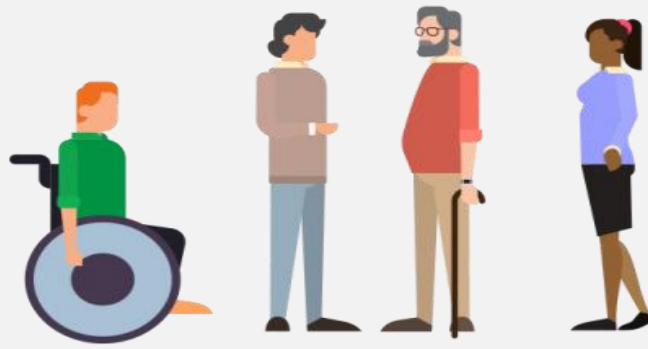
- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child.

In the context of adult safeguarding, any impact on one or more of these outcomes may be relevant.

There is no threshold of it being a significant impact.



QUICK GUIDE



The Meaning of “is experiencing, or is at risk of, abuse of neglect”

Section 42 (1) (b) of the Care Act says that one of the tests to determine whether there is a duty for there to be a safeguarding adults enquiry is that the person “is experiencing, or is at risk of, abuse or neglect”.

In practice, some difficulties can arise because this is written in the present tense. For example a concern may arise that a person is at risk of abuse, and a decision is made to refer this to the Local Authority. In the time taken to pass the concern to the Local Authority, and for the concern to reach the appropriate decision maker in the Local Authority, the circumstances may have changed. The decision maker in the Local Authority making a decision whether there must be an adult safeguarding enquiry faces a dilemma.

- Should the S42 apply as per the circumstances on the day the concern arose, in which case the test is met
- Should they apply the test in S42 as per the circumstances today, in which case the test is not met.

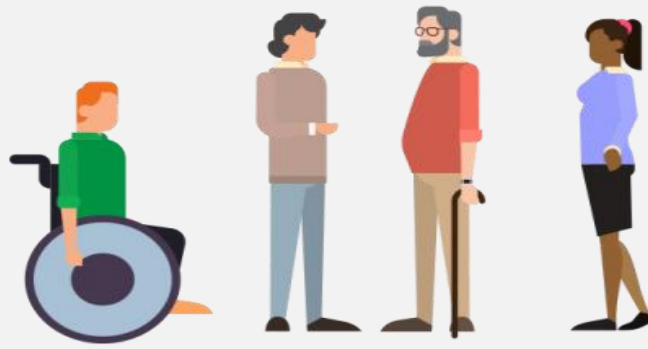
Unless and until there is case law that clarifies this, there will be uncertainty on this matter and a need for sound professional judgement.

The starting point should be that if the tests in S42(1) were met at any point during the period from when the abuse occurred or the risk of it arose to when the decision is being made then the presumption should be that there will be an adult safeguarding enquiry. Factors that would strengthen this presumption might include there being risks to other adults with care and support needs, there being some public interest in the matter leading to an adult safeguarding enquiry, and an adult safeguarding enquiry being likely to promote public confidence in the services involved.

Factors that may lead to a reversal of the presumption might include that there were no apparent risks to others, no questions to be addressed about the actions of any agencies involved, or if there was going to be another process that might provide sufficient scrutiny such as a Safeguarding Adults Review, taking account that the aims of an Enquiry and Review are different.



QUICK GUIDE



Safeguarding Adults Statutory Duties Care Act 2014

The Care Act 2014 introduced a number of new safeguarding adults' statutory duties (42-46 and 68) for local authorities and other agencies.

The specific duties and other duties that also have relevance to adult safeguarding are summarised as follows:

Section 1:

The local authority has an overriding duty to promote individual wellbeing which also covers the protection from abuse or neglect.

Section 2:

Outlines the duty to reduce dependency on state intervention through preventing, delaying and reducing needs for care and support which includes preventing needs that arise from experiencing, or being at risk of abuse and neglect.

Section 4:

The promotion of independence is supported by the duty to provide information and advice which includes information around staying safe and who to contact if people are concerned about not being able to maintain their own safety.

Section 6:

Outlines organisations general duties of cooperation, which includes the duty upon all organisations to work together to safeguard adults who are experiencing, or at risk of abuse and neglect.

Section 11:

The refusal of a Needs Assessment allows the local authority to discharge its duty of assessment if an adult refuses their right to a S9 Needs Assessment. However, the local authority will be under a specific duty to undertake an assessment (when an adult is refusing) if there is reasonable belief that the adult is under coercion, or the adult is experiencing, or at risk of abuse or neglect.

Section 42:

Duty of Enquiry by local authority applies when there is a reasonable belief that an adult in its area (a) with care and support needs (b) is experiencing, or at risk of experiencing abuse and neglect (c) and is unable to safeguard themselves as a result of their care and support needs.

When these conditions are satisfied the Local authority must make or cause whatever Enquiries it deems necessary to determine what actions (if any) are necessary to safeguard

the adult. The local authority cannot delegate its duty under S42 and when it causes an Enquiry to be made by an external partner, it must satisfy itself that the Enquiry has been concluded effectively and determine if it needs to undertake any further Enquiries under S42 of the Care Act 2014. NB the eligibility for a Safeguarding Adult Enquiry is determined by the conditions set out in S42 of the Care Act 2014 and it is UNLAWFUL to decline an Enquiry on the grounds that someone is not receiving, or eligible for on-going paid support.

Section 43:

Requires the local authority to establish a Safeguarding Adults Board (SAB) whose main objective is to protect adults from experiencing or being at risk of abuse and neglect. The three main duties of the SAB are to produce an annual strategic plan, publish an annual report and undertake a Safeguarding Adult Review under certain circumstances.

Section 44:

The SAB must commission a Safeguarding Adult Review when an adult with needs for care and support (a) dies and abuse or neglect is suspected (b) is alive but it is believed the adult experienced significant abuse or neglect. All partners must cooperate to ensure lessons can be identified to improve local multi agency safeguarding work.

Section 45:

Enables the SAB to request specific information from an individual that is necessary to support the Board to meet its primary objectives of protecting adults from abuse or neglect.

Section 47:

Outlines the circumstances under which a local authority is under a duty to safeguard an individual's property when they are being cared for (temporarily or permanently) away from their home.

Section 68:

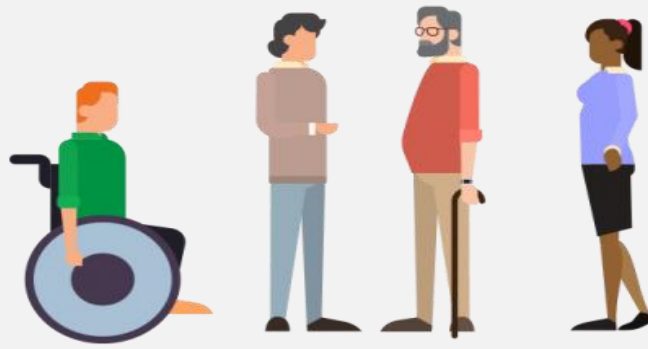
Places a duty on the local authority to provide an advocate to support an adult who would experience significant difficulties participating in a S42 enquiry, or a safeguarding adults review under S44. This local authority is not under a duty to provide an advocate if they believe there is an appropriate independent person to support the adult.

Section 81:

Places a Duty of Candour on organisations to provide information when the person's safety is affected during the course of being provided a service by their organisation.



QUICK GUIDE



Pressure Ulcers and the interface with a Safeguarding Enquiry

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf

This protocol provides a framework to assist practitioners and managers across health and care organisations to provide high quality care and appropriate responses to individuals at risk of developing pressure ulcers. Prevention of pressure ulcers is not only ideal but, in most cases, perfectly possible. Taking a proactive approach will reduce harm to individuals and secure efficiencies to the wider health and social care system.

Where pressure ulcers do occur, this guidance offers a clear process for the clinical management of the removal and reduction of harm to the individual and the decision making process as to whether a safeguarding concern should be raised with Adult Social Care in order for them to decide if an adult safeguarding response under section 42 of the Care Act 2014 is necessary. Indicators to help decide when a pressure ulcer case may additionally need a safeguarding enquiry are included.

This protocol should be applied to all pressure ulcers reported by anyone including care providers, clinicians, anyone undertaking safeguarding enquiries, unpaid carers, relatives and individuals themselves, as any tissue damage resulting from pressure should be considered. The previous definitions of either “avoidable” or “unavoidable” in relation to pressure ulcers is no longer used so all incidents of pressure ulcers will now be investigated in order to support organisational and system learning and ensure appropriate actions.

Pressure ulcers may occur as a result of neglect. Neglect may involve the deliberate withholding OR unintentional failure of a paid, or unpaid, carer to provide appropriate and adequate care and support. Neglect and acts of omission include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. In some instances, this is highly likely to result in, significant preventable skin damage.

Where unintentional neglect may be due to an unpaid carer struggling to provide care, an appropriate response would be to revise the package of care and ensure that the carer has the support and equipment to care safely. In these circumstances it can be highly distressing to

talk to carers about abuse and neglect, particularly where they have been dedicated in providing care but have not been given advice and support to prevent pressure ulcers.

Skin damage has a number of causes, pressure ulcers are caused by sustained pressure, including pressure associated with shear, where the person's individual tissue tolerance and susceptibility to pressure has been overcome. External shear forces occur due to movement of the skin surface relative to a supporting surface, such as when an individual slides down the bed when in a semi-recumbent sitting position. This results in distortion of the soft tissue layers, including the blood vessels. Shear commonly occurs at the sacrum and heels. Internal shear forces can occur within the soft tissue layers due to both compression and shear forces.

Some causes of skin damage relate to the individual person, including factors such as the person's medical condition, nutrition and hydration. External factors including poor care, poor communication between carers and nurses, ineffective multi-disciplinary team working or a lack of access to appropriate resources such as equipment and staffing may contribute to this.

When advising an individual who has capacity, about self-care and prevention of pressure ulcers, it is important to establish that the person has understood the advice, can put the advice into practice, has any necessary equipment, knows how to use it and understands the implications of not following the advice. Where it appears that the individual is neglectful in caring for themselves or the environment, staff should seek further advice.

It is recognised that not all pressure ulcers can be prevented and the risk factors for each person should be looked at on an individual basis and an appropriate care plan put in place that is regularly and frequently reviewed.

Where concerns are raised regarding skin damage as a result of pressure, there is a need to raise it as a safeguarding concern within each individual organisation. In some of cases it may require raising a safeguarding concern to Adult Social Care. The decision as to whether there should be a section 42 enquiry will be taken by the local authority, informed by a clinical view. A summary of the decision should be recorded and shared with all agencies involved.

An Adult Safeguarding Decision Guide assessment for service users with pressure ulcers should be completed by a qualified member of staff who is a practicing Registered Nurse (RN), with experience in wound management and not directly involved in the provision of care to the service user. This does not have to be a Tissue Viability Nurse. The adult safeguarding decision guide should be completed immediately or within 48 hours of identifying the pressure ulcer of concern. In exceptional circumstances this timescale may be extended but the reasons for extension should be recorded.

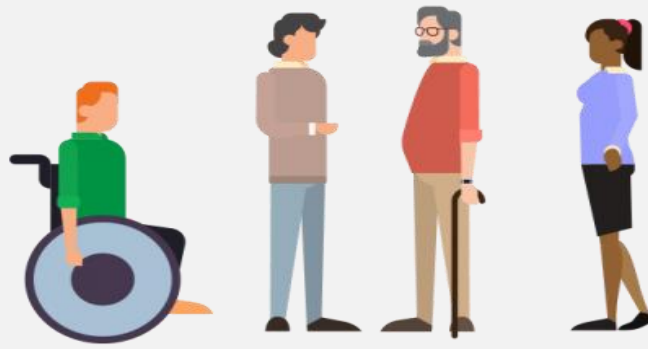
The safeguarding decision guide assessment considers six key questions incorporating a safeguarding decision guide score. This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the pressure ulceration. It is not a tool to risk assess for the development of pressure damage. The threshold for raising a concern is

15 or above. However, this should not replace professional judgement. Photographic evidence to support the report should be provided wherever possible. Consent for this should be sought as per local organisation policy but great sensitivity and care must be taken to protect the individual. Body maps must be used to record skin damage and can be used as evidence.





QUICK GUIDE



When a Concern Does not Lead to an Enquiry

The criteria in Section 42 of the Care Act for a safeguarding adults enquiry might not be met, for example in circumstances where:

- The adult is at risk of abuse or neglect but does not have care & support needs
- The adult has care & support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or is at risk of abuse or neglect
- The adult has care & support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to
- An example of a situation falling in the third case would be where a person with a physical disability has been a victim of identity theft, but there is no reason to believe they were targeted because of their disability or that their disability prevents them from protecting themselves in the same way that any other citizen might
- Where the criteria for a safeguarding adults enquiry are not met, consideration should be given to what other action, or provision of advice and information might be required to respond to the concern. For example an adult can be supported to live safely through good quality assessment and support planning
- People's right to live free from crime can be supported through Police interventions, and to recover from the experience of crime through victim support services
- People's health & wellbeing, and experience of safe services, can be promoted through patient safety approaches in the NHS and good quality responses under Clinical Governance processes.

Where the criteria for statutory enquiry are not met, other types of action, or provision of advice/information, could be:

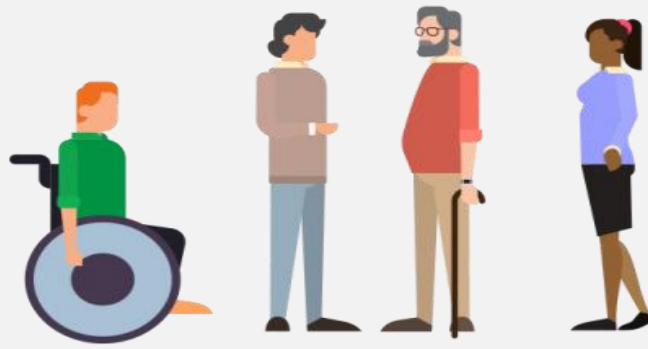
- Referral for a needs assessment under S9 of the Care Act
- Application for a Deprivation of Liberty Safeguards authorisation
- Referral for Mental Health Act assessment
- Referral to other risk management processes, such as MARAC or MAPPA
- Referral or signposting to other agencies or support services, such as the Police, victim support, domestic abuse support services, counselling services, or a GP
- Written information and advice on how to keep safe, or how to raise a concern in the future
- Information about how to make a formal complaint, for example, about substandard care or treatment
- Information sharing with regulatory agencies and commissioners to address service quality concerns

- Service Provider to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity
- Concern is passed into other incident management processes, e.g. NHS Serious Incident process
- Referral to the appropriate DASM in relation to concerns about people in a position of trust who may pose a risk of harm to adults
- Referral for Safeguarding Adults Review (Care Act S44).





QUICK GUIDE



Consent and Adult Safeguarding Concerns

The Care Act does not require consent for adult safeguarding work, so absence of consent is not a barrier to such work. However, the person should be informed before referring an adult safeguarding concern to the local authority, unless to do so creates disproportionate risk. There is a link between sections 42, 9 and 11 of the Care Act 2014 which has an implication on this matter.

Consent is defined in Article 4(11) as:

“any freely given, specific, informed and unambiguous indication of the data subject’s wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her”.

If an adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision:

- Vital interests
- Public interests
- Best interests
- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- Other adults or children are, or may be, at risk
- Sharing the information could prevent a crime
- The person alleged to have caused harm has care and support needs and may also be at risk
- A serious crime has been committed
- Staff and volunteers are implicated
- The adult has the mental capacity to make that decision but they may be under duress or being coerced
- A court order or other legal authority has requested the information.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary

- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the adult to better protect themselves.

If it is necessary to share information outside the organisation:

- Explore the reasons for the adult's objections – what are they worried about? Explain the concern and why you think it is important to share the information
- Tell the adult who you would like to share the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them.

If the adult cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the adult in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

Domestic abuse cases should be assessed following the Domestic Abuse Stalking and Harassment Risk Identification (DASH RIC) risk assessment and referred to a multi-agency risk assessment conference where appropriate. Cases of domestic abuse should also be referred to local specialist domestic abuse services.

Section 42 relates to when there is a duty on the local authority to ensure there is an adult safeguarding enquiry. One of the tests is that the person must have care and support needs. There is no requirement for the person to consent for the enquiry duty to be met.

Section 9 relates to the duty on the local authority to assess the care and support needs of a person. The test is that there is a reasonable belief that the person has care and support needs, therefore people falling under section 42 of the Care Act will also fall under section 9 of that Act. Section 11 says that adults can decline to have their care and support needs assessed except when they lack the mental capacity to make that decision and the local authority believes the assessment is in their best interests; or where there is a concern that the person is experiencing or is at risk of

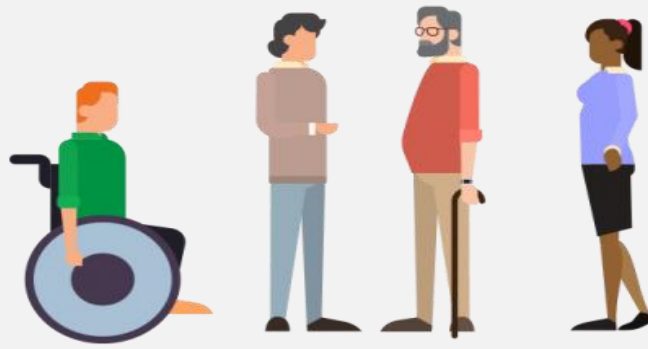
abuse or neglect. This means that where there is a requirement for there to be an adult safeguarding enquiry, there is likely to be a requirement for the local authority to assess the person's care and support needs, and the person cannot decline this assessment due to the concern that they are experiencing or at risk of abuse or neglect.

Section 11 does not require the person to be unable to protect themselves. Section 9 and 11 of the Care Act 2014 can apply to a person with care and support needs who is experiencing or at risk of neglect but who does not fall within s42 Care Act because they are able to protect themselves. In such a case, the duty to assess the person's care and support needs applies, but the duty for there to be an adult safeguarding enquiry does not.

Paragraph 6.20 of the guidance says: "An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care, or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect. Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind and asks them to do so."



QUICK GUIDE



Consent and GDPR

- The GDPR sets a high standard for consent. But you often won't need consent. If consent is difficult, look for a different lawful basis
- Consent means offering individuals real choice and control. Genuine consent should put individuals in charge, build trust and engagement, and enhance your reputation
- Check your consent practices and your existing consents. Refresh your consents if they don't meet the GDPR standard
- Consent requires a positive opt-in. Don't use pre-ticked boxes or any other method of default consent
- Explicit consent requires a very clear and specific statement of consent
- Keep your consent requests separate from other terms and conditions
- Be specific and 'granular' so that you get separate consent for separate things
- Vague or blanket consent is not enough
- Be clear and concise
- Name any third party controllers who will rely on the consent
- Make it easy for people to withdraw consent and tell them how
- Keep evidence of consent – who, when, how, and what you told people
- Keep consent under review, and refresh it if anything changes
- Avoid making consent to processing a precondition of a service
- Public authorities and employers will need to take extra care to show that consent is freely given, and should avoid over-reliance on consent.

Checklist

- We have checked that consent is the most appropriate lawful basis for processing.
- We have made the request for consent prominent and separate from our terms and conditions.
- We ask people to positively opt in.
- We don't use pre-ticked boxes or any other type of default consent.
- We use clear, plain language that is easy to understand.
- We specify why we want the data and what we're going to do with it.
- We give separate distinct ('granular') options to consent separately to different purposes and types of processing.
- We name our organisation and any third party controllers who will be relying on the consent.
- We tell individuals they can withdraw their consent.
- We ensure that individuals can refuse to consent without detriment.

- We avoid making consent a precondition of a service.
- If we offer online services directly to children, we only seek consent if we have age-verification measures (and parental-consent measures for younger children) in place.





QUICK GUIDE



Lawful Basis and GDPR

- You must have a valid lawful basis in order to process personal data
- There are six available lawful bases for processing. No single basis is 'better' or more important than the others – which basis is most appropriate to use will depend on your purpose and relationship with the individual
- Most lawful bases require that processing is 'necessary' for a specific purpose. If you can reasonably achieve the same purpose without the processing, you won't have a lawful basis
- You must determine your lawful basis before you begin processing, and you should document it
- Take care to get it right first time - you should not swap to a different lawful basis at a later date without good reason. In particular, you cannot usually swap from consent to a different basis
- Your privacy notice should include your lawful basis for processing as well as the purposes of the processing
- If your purposes change, you may be able to continue processing under the original lawful basis if your new purpose is compatible with your initial purpose (unless your original lawful basis was consent)
- If you are processing special category data you need to identify both a lawful basis for general processing and an additional condition for processing this type of data
- If you are processing criminal conviction data or data about offences you need to identify both a lawful basis for general processing and an additional condition for processing this type of data.

Checklist

- We have reviewed the purposes of our processing activities, and selected the most appropriate lawful basis (or bases) for each activity.
- We have checked that the processing is necessary for the relevant purpose, and are satisfied that there is no other reasonable way to achieve that purpose.
- We have documented our decision on which lawful basis applies to help us demonstrate compliance.
- We have included information about both the purposes of the processing and the lawful basis for the processing in our privacy notice.
- Where we process special category data, we have also identified a condition for processing special category data, and have documented this.
- Where we process criminal offence data, we have also identified a condition for processing this data, and have documented this.

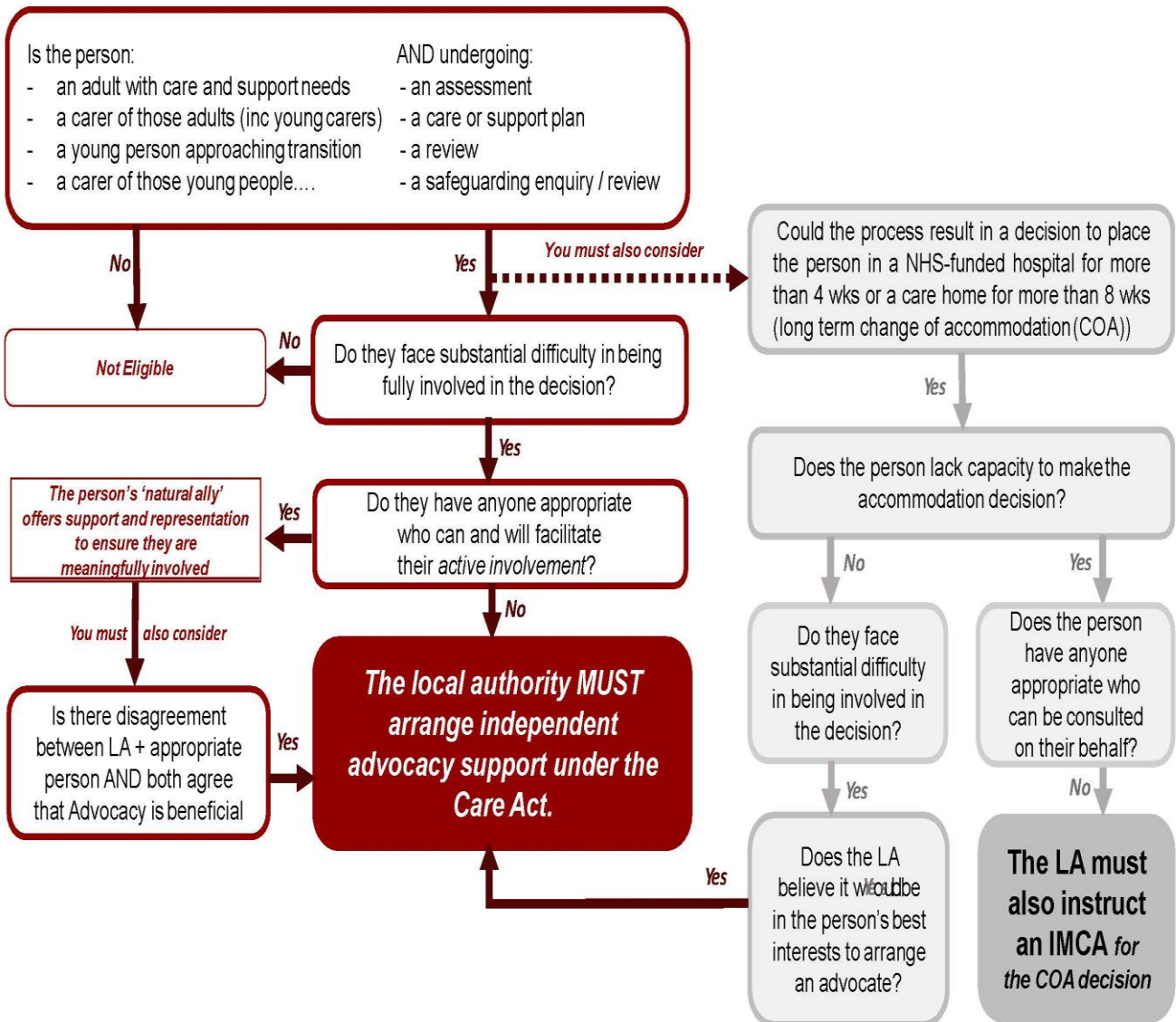


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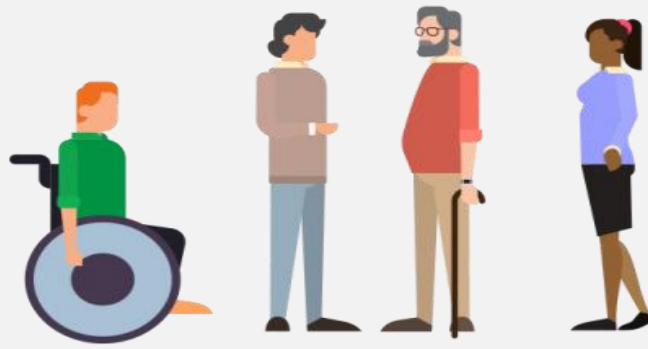
Flowchart for Advocacy Support (Care Act)

Flowchart for advocacy support (Care Act)





QUICK GUIDE



Making Safeguarding Personal - What does good look like?

Resources to support Making Safeguarding Personal by LGA

This suite of resources is intended to support Safeguarding Adults Boards (SABs) and partners in developing and promoting Making Safeguarding Personal (MSP).

It offers support to Boards both in their assurance role and in actively supporting and leading a culture change towards MSP. The resources describe what 'good' might look like in MSP for a range of organisations and promote ownership of this agenda within and across all organisations.

The **full suite** of documents comprises:

- support for Boards across the Safeguarding Adults Partnership
- what might 'good' look like for Health and Social Care Commissioners and Providers?
- what might 'good' look like for the Police?
- what might 'good' look like for advocacy?
- what might 'good' look like for those working in the Housing Sector?
- supporting involvement of service users.

The first five of these resources follows a common structure, enabling interested parties to look at an appropriate level of detail for them.

Each includes:

- an introduction and a summary offering core information on essential steps for developing MSP
- for sector specific resources, a further short section sets out the context for MSP for that sector, including reference to relevant excerpts from the statutory guidance, as well as highlighting links from MSP to the sector's own guidance; regulatory framework; responsibilities
- more detailed advice and examples on developing the essential steps for MSP, along with appendices which offer further support for those with responsibilities to engage with the detail in taking forward aspects of the resources in strategy and practice.

All resources are based on research evidence from the literature as well as extensive conversations with key individuals in the relevant sectors. The resource to support SABs in involving people who may be in need of safeguarding support has benefitted from extensive input from service users and Boards where this engagement is already happening. The lead author is an expert by experience.

Development of practice and strategy

Further resources to inform the development of practice in the context of these resources can be found on the website:

- The role of the Safeguarding Adults Board Chair.

Service user involvement with SABs

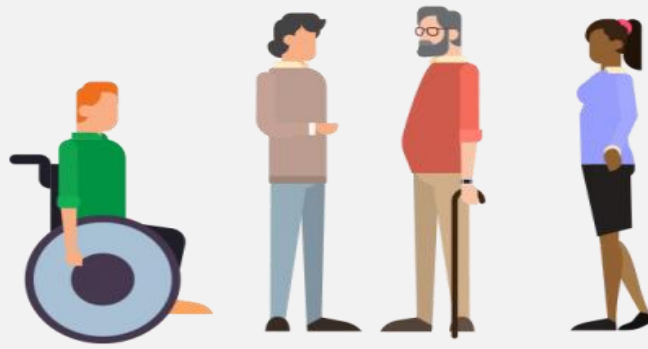
- Bradford Safeguarding Adults Board Real Safeguarding Stories video resource
- Bradford Safeguarding Voice Service User Group timeline
- Service user involvement with SABs from 2018 events
- User involvement graphic.

To gain access to all of the resources available please go to:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal/resources>



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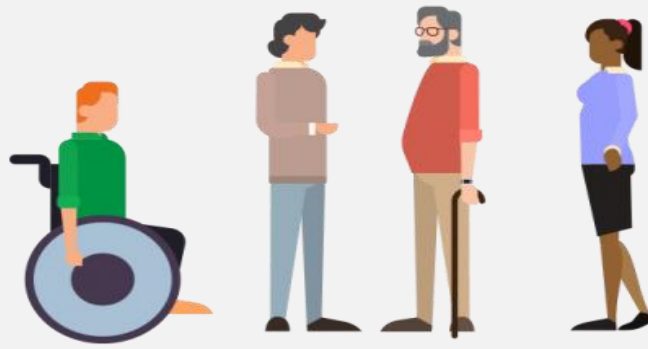


6 Statutory Safeguarding Principles

Key principle	Description	What this means to people
1. Empowerment	People being supported and encouraged to make their own decisions and informed consent.	<i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."</i>
2. Prevention	It is better to take action before harm occurs.	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i>
3. Proportionality	The least intrusive response appropriate to the risk presented.	<i>"I am sure that professionals will work in my best interests as I see them, and professionals will only get involved as much as needed."</i>
4. Protection	Support and representation for those in greatest need.	<i>"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."</i>
5. Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	<i>"I am confident that professionals will work together, with me and my network, to get the best result for me. I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary."</i>
6. Accountability	Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone involved in my life and so do they."</i>



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Providers experiences of the culture of adult safeguarding

Registered care providers describe considerable variations in their areas as to their experiences of working with a Local Authority in relation to adult safeguarding and S42 enquiries.

Whilst there are different interpretations in Local Authorities as to what constitutes a S42 enquiry, providers experience safeguarding responses that range from responsive, participative, person- centred with a focus on partnership working through to responses that are accusatory, secretive, adversarial and confrontational.



Organisational culture seems to be a significant contributor here. Organisational culture is the personality of the organisation, 'The way we do things around here'. Originally an anthropological term, culture refers to the underlying values, beliefs and codes of practice that make a business what it is. Management psychologist Schein describes culture as a phenomenon that surrounds us all. Culture according to Schein is 'A pattern of shared basic assumptions that a group learns as it solves problems'.

It can be seen through:

1. Behaviour: language, customs, traditions
2. Groups norms: standards and values
3. Espoused values: published, publicly announced values
4. Formal Philosophy: mission
5. Rules of the Game: rules to all in organisations
6. Climate: climate of group in interaction
7. Embedded skills
8. Habits of thinking, acting, paradigms: Shared knowledge for socialization
9. Shared meanings of the group
10. Metaphors or symbols.

Consider the table below and reflect on providers experiences in Southampton

Blame Culture: Drives People Underground

Expect people to report	They will not if there is fear
Expect people to report	They will not if they will be blamed or punished
Expect people to report	They will not if they experience punitive responses
Expect people to report	They will be openly criticised
Who is the judge and jury? Is there independence?	

Enabling Culture

Expect people to report	They will if they can be helped to learn from their mistakes
Expect people to report	They will if we are trusted to restore best practice
Expect people to report	They will if they can see the difference it makes
Expect people to report	They will if they can be helped to share their story, express remorse, apologise
Expect people to report	Maximise access, minimise anxiety
Expect people to report	They will if systems are easier, trust others, feedback, involvement, having conversations, evidence of change, forward looking.