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Debate: Achieving public value in adult multi-agency safeguarding processes

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Public value is increasingly becoming a central feature of public service practices and processes (Moore, 1995; Hartley et al, 2018; Torfing et al., 2021). This often relates to the notion that effective public service delivery needs to include the voices of service users in decision-making processes, enabling public services to be designed and delivered *with* service users, rather than *for* them. Value creation through the implementation of co-designed services tends to be discussed positively, with the complex nature of identifying and assessing public value in practice often being overlooked.

Cluley et al. (2020) recognized that while co-designing a public service may be the gold standard, individual perspectives of public service value will differ, with some individuals experiencing dis/value. This could be due to some individuals not having the necessary skills, capacity or opportunity to engage in decision making processes. A prime example are those individuals who are identified as being 'vulnerable' and subject to safeguarding interventions. At a societal level, safeguarding interventions are often perceived to be appropriate and proportionate to ensuring individuals and society remain safe. At an individual level, interventions may be deemed to infringe upon individual rights, causing public service dis/value to emerge. The extent to which the voice of the individual is reflected in safeguarding interventions is often unclear, raising questions around the degree to which decisions are made *with* the individual rather than *for* them.

Theoretical principles of multi-agency safeguarding processes

A multi-agency approach to managing individuals at risk has been part of UK safeguarding processes for several decades. The findings of serious case reviews (Laming, 2003; Lock, 2013) have repeatedly highlighted the tragic consequences that occur when information is not shared amongst relevant agencies. In response to these findings, a move away from single agency approaches to complex situations started to be reflected in UK legislation and policy guidance (Home Office, 2014; Department for Education, 2018).

The UK Care Act 2014 sets out a legal framework for local authorities to proactively ensure that adults living in their area have access to appropriate care and support in a timely manner. The act requires a multi-agency approach to service delivery, with public services, third sector organizations and individuals themselves all having a role in decision-making processes (Department of Health and Social Care, 2016). Many local authorities in England and Wales have introduced Multi-Agency Safeguarding Hubs (MASH) that co-locates representatives from social care, health and police, to facilitate the sharing of information and joint decision-making (Home Office, 2014). Referrals to MASH relate to individuals experiencing, or at risk of experiencing, neglect and abuse (Shorrocks et al., 2019). Through the co-location of these key public services, risk can be managed proactively, rather than when a situation has reached crisis point and requires more resources to resolve. Questions arise, however, around the extent to which individuals referred to multi-agency safeguarding processes contribute to decision-making and the impact this may have on experiences of public value.

Achieving public value in safeguarding decisions

The effectiveness of multi-agency approaches to safeguarding are often discussed from a top-down perspective, with attention typically given to the challenges of merging working cultures, implementing unified management systems and pooling resources (Shorrocks et al., 2019). Such approaches may be beneficial for identifying best practice and influencing policy, yet they overlook the agency of individuals to make informed decisions. Shorrocks and colleagues (2020) investigated the decision-making processes of a MASH site in England, with

the voice of adults referred into the hub not being part of internal processes. Consequently, safeguarding decisions were made *for* individuals, rather than *with* them. It could be argued that to ensure interventions are implemented at the earliest opportunity, professional judgement is prioritized above consultation with the individual. Though decisions may be based on the perceived best interests of an individual, experiences of dis/value are likely to occur, since the individual may find interventions excessive or unnecessary.

To address this, public and patient advisory groups may be convened, enabling the effectiveness of decisions and interventions, alongside commissioning priorities, to be discussed from a service user point of view (Brett et al., 2014). While this allows an individuals' voices to be heard, the representativeness of such groups can be questionable, with participants often chosen based on positive outcomes (McLaughlin, 2009). Thus, those that may have experienced public service dis/value may be overlooked, limiting the extent to which decision-making processes are objectively reviewed and revised.

Under the UK Mental Capacity Act 2005, every adult, regardless of their disability, has the right to make their own decisions, even if it may expose them to risky situations. This right has the potential to create a care and control dilemma, whereby safeguarding agencies must balance an adult's right to make choices, with ensuring the expectations of society are adhered to (Braye et al., 2017). Regardless of whose interests are favoured, dis/value is likely to be experienced. If decisions reflect the voice of the adult, they are more likely to have a positive experience, creating public value. If that individual is exposed to further risks, at a societal level, public service dis/value is likely to emerge, since safeguarding agencies would not have fulfilled their responsibility of keeping the individual safe. If decisions lean more to satisfying public expectations and show less regard to the adult's preferred outcome, public value would be present at a societal level, but less so at an individual level.

By briefly considering public value from a multi-agency safeguarding perspective, the complex nature of balancing the interests of society with individuals preferences has been highlighted. More research around how public value is experienced by individuals subjected to multi-agency safeguarding decisions needs to occur. To achieve this, the role of individual's in multi-agency decision-making processes needs to be better understood. By addressing these gaps in knowledge, ways in which decision-making processes can become more inclusive can

emerge, increasing the effectiveness of interventions, as well as reducing experiences of public service dis/value.

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