

## Making Safeguarding Personal is...

Making Safeguarding Personal (MSP) is a sector led initiative, promoted within the [Care Act Statutory Guidance](#) in response to what is known about what makes safeguarding more effective from the adult's perspective. It is about having conversations with adults about how practitioners might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Focus is on developing understanding of what adults wish to achieve, agreeing and recording their desired outcomes, working out with them how best their desired outcomes might be realised and then seeing the extent to which they have been realised. MSP should not simply be seen in the context of formal safeguarding activity, but in the whole spectrum of partner agency activity working with adults. MSP promotes person-centred, relational practice and the importance of keeping adults updated in relation to all support, care, and processes. These key principles are reflected across all agencies in initiatives such as a focus on the 'Victim's Voice' in policing.

For further information about MSP, please visit the [Local Government Association website](#) which contains extensive resources to support practice including a video series, toolkits and case studies. Additional OSAB resources are available to support with the safeguarding process including a [7-Minute Briefing about making a safeguarding adult referral](#) and a ['What to Expect' leaflet](#) for adults involved in a safeguarding enquiry or their family and friends. For more information about mental capacity see the [OSAB Multi-Agency Mental Capacity Act Policy and Procedures](#) and [Practical Guide to Assessing Capacity](#).

Prior to taking any action it is important for practitioners to discuss a concern with the adult directly if it is safe to do so; MSP requires careful balancing of consent against safety. Before deciding the next steps practitioners should seek information held by other practitioners/agencies or informal supports. Barriers to achieving an adult's desired outcomes can include the inability of practitioners to access necessary information to support a safeguarding enquiry and practitioners delaying sharing information. Information should be shared between practitioners and agencies with consent where possible but information can be shared where it is necessary in the public interest and it outweighs the public interest served by protecting confidentiality (for example where serious harm may be prevented) or for the undertaking of an official safeguarding function and as such, consent from the adult is not required. Relevant circumstances include where there is reason to believe that an individual is at risk of death or serious injury as a result of actions/inaction by the individual and/or the actions of others; where others including children are at risk; where a serious crime has been committed; where risks are considered to be escalating and a Team Around the Adult (TAA) approach is required in line with the [Tiered Risk Assessment and Management \(TRAM\) Protocol](#); or where the individual lacks the mental capacity to make the decision.

### More Information

### Consent and Information Sharing

MSP is fundamental to adult safeguarding. As part of their role, many practitioners are regularly working hard to find out what's important to adults so that the actions and interventions that are put into place are welcomed by them and viewed as constructive and helpful. MSP encourages this individualised approach, keeping adults at the forefront of all intervention. It ensures that the views of the adult are central to any action or inaction. It is about seeing people as experts in their own lives and working alongside them. It is about understanding what they want to happen and how they want it to happen; this may differ to what practitioners think is right. Practitioners should always treat adults, their carers, friends and family with dignity, compassion, and respect at all times and respect privacy, culture and individuality. Practitioners should seek the views of the adult at the beginning, middle and end of any intervention, ensuring that the desired and actual outcomes are obtained and recorded. This ensures the adult feels empowered to make choices and decisions about their life, even where an adult may lack mental capacity.

### Six Principles

MSP is reflected in the six Safeguarding Principles embedded in the [Care Act: Empowerment](#) promote person-led decision making and informed consent. **Prevention** take action before harm occurs wherever possible. **Proportionality** support in the least intrusive way, proportionate to presenting risk. **Protection** represent and support those in greatest need of protection from harm. **Partnership** work together with relevant agencies, practitioners, friends and family where appropriate and safe to do so. **Accountability** be accountable and transparent.

### What To Do

Practitioners should use the adult's desired outcomes, to guide intervention; speak directly to the adult using plain English avoiding acronyms and jargon; support them to think through and understand the risks they face (this is likely to need more than a single conversation); ask the adult who they would like to be involved or consulted; discuss any options that are available, including any options which are unachievable; develop a plan so the adult knows how to stay safe; work in partnership with the adult and other practitioners to achieve the desired outcomes. Practitioners should consider if any reasonable adjustments are required by the adult to support them to engage in the process; if the adult needs an interpreter and/or an independent advocate (if the adult has substantial difficulty engaging in the process and has no appropriate people in their informal network). The adult and representatives should be invited to meetings (consider location, access, and support). Practitioners should ensure the adult or their representative knows what action is being taken, by whom and for what purpose and who they can contact with any queries.

### Key Considerations

- To support effective application of the safeguarding principles and MSP, where possible, all practitioners making a safeguarding adult referral should ask the adult believed to be at risk of or experiencing abuse or neglect what their views, wishes and desired outcomes are.
- If a crime is alleged the adult may need support to report this and understand what will happen next.
- Practitioners should apply [professional curiosity](#), and triangulate information by seeking independent confirmation of accounts and weighing up details from a range of sources (e.g. when there are discrepancies).
- Practitioners must respect an adult's right to take informed risks, while balancing the need for preference and choice with safety and effectiveness.
- At the conclusion of a safeguarding enquiry, it is important to record whether the desired outcomes were met and if not, the reasons for this. It is good practice for feedback about the safeguarding process to be sought from the adult.

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