

SEVEN MINUTE BRIEFING



Making Safeguarding Personal

Introduction

Making Safeguarding Personal (MSP) was introduced in 2010. MSP is person-led and outcome focused so we need to ask the person what they want to happen.

If the person does not have someone within their family or a friend to support with their significant difficulties in understanding the safeguarding process then we need to apply for an independent advocate.

Risks can be both positive and negative, explore these with the person at risk, value their view of risk even if it is different from yours.

Questions

- How can I use MSP if the adult at risk refuses to work with me?
- Who can support very risky situations?
- How can I assess fluctuating mental capacity and work in the person's best interest?
- What if I can't meet the person's desired outcomes?

Safeguarding is everyone's business

We need to remember that partner agencies such as our health, housing and police and community colleagues may have an important role to play. They may have specialist skills or knowledge of the adult at risk that is vital to MSP. By working in partnership, not only with the adult at risk/representative but also other professional we may be able to provide a comprehensive, person centred, multi-discipline safety plan with greater success than a single agency plan.

Mental capacity act

We need to be clear about mental capacity in relation to MSP. If the adult at risk has been assessed as lacking capacity to make specific decisions for their own safety we still need to take into consideration the views and wishes as far as we know them. We need to promote the values and principles set out in the legal frameworks i.e. Human Rights Act, Mental Capacity Act, Care Act and Serious Crimes Act etc. We need to ensure the adult at risk is in receipt of appropriate advocacy, either a trustworthy family member or friend or professional advocate.

Why it matters

Adults at risk need to be included in safeguarding to reduce abuse and increase their well-being. We need to work alongside them and not 'do' safeguarding to them. By working to the six principles of the Care Act 2014:

1. Empowerment
2. Protection
3. Proportionality
4. Prevention
5. Partnership
6. Accountability

We are better equipped to gain the adult's view and wishes as we seek to work with them to change the risks they may be experiencing.

Information

MSP is not to simplify safeguarding. We need to use a relationship and strength based approach to achieve a safety plan that both protects and also supports the adult's self-determination. Being safe may be only one of their wishes and they may value a friendship/relationship, want it to continue but for the abuse to stop.

What to do

Staff need to be curious when an adult at risk does not want any safeguarding action. Control and coercion and duress must be considered as a possibility if the person seems to be refusing support. It's important to build a trusting relationship with the adult at risk so they know they can come back to you later even if they don't initially want your help.

There are occasions when duty of care and public interest will out-weigh the adult at risk's preferences.

