

Making Safeguarding Personal



What is MSP?

It is putting people at the centre of safeguarding adults work. It means doing “with people, not “to them”. It means the work that we do in safeguarding adults:

- Is person-led.
- Is outcome-focussed.
- Engages the person at risk, enhancing their involvement, choice and control.
- Improves quality of life, wellbeing and safety.

It reflects one of the key principles of safeguarding adults, **EMPOWERMENT**:

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Outcome-focussed means having a clear understanding of what the adult at risk (or their representative) wants to happen about the concern or risk and these views are then central to the actions taken as part of the safeguarding adults enquiry.

How do I make safeguarding personal?

MSP should mean that safeguarding adults enquiries are not process driven. The adult at risk (or their representative) should be fully involved in the enquiry and the decisions made. In practical terms, when it is safe and possible to do so, this will involve:

- Speaking to the adult at risk (or representative) about the concern you have.
- Asking what their views are about the concern and what they want to happen.
- Seeking consent to share information.
- Explaining the safeguarding adults process.
- Offering to be a point of contact.

The Newcastle Safeguarding Adults Board has a number of [resources](#) which can be used to explain what safeguarding adults is and what happens when a concern is raised.

The [safeguarding adults referral form](#) in Newcastle includes a section on involving the adult at risk or their representative. You should try to answer all of the questions in this section and if you are unable to, explain why.

If you are a **designated safeguarding adults lead/single point of contact for safeguarding adults**, you have a key role to play in ensuring that safeguarding adults referrals follow MSP principles and attempt to take action to rectify this if they don't.

Sometimes it will not be safe or possible to speak to the adult at risk/representative or to seek their consent to share information. There will be occasions where action needs to be taken without consent or where consent needs to be overridden. This includes when there is a wider public interest (e.g. others are at risk or a risk of serious harm), when there is a concern the person is not able to freely consent or a person lacks mental capacity to consent. You should seek advice if you are not sure.

Conversation starters

You might be worried about talking to someone about a safeguarding adults concern. Here are a list of phrases or questions which might be helpful in starting the conversation:

- I'm worried about you and I'd like to make a safeguarding adults referral. This means that I will share information with...
- Safeguarding adults is about protecting people from abuse and neglect. Agencies will work together with you to do this.
- What would you like to happen?
- What do you think would help?
- Is there anything that would make you feel safe(r)?
- How would you like to be involved?
- Who else would you like to be involved?
- Do you need any help or support to be involved?
- I understand that you don't want action to be taken, I am worried about your safety and...
 - because other people are in danger I need to make sure they are safe and protected.
 - the abuse is too serious for me not to do anything, it is my duty of care.
 - I'm worried someone is forcing you to make a decision against your will.

Whose responsibility?

Everyone. It is not solely the responsibility of local authority staff who co-ordinate the safeguarding adults enquiry. If you have the concern, you might be better placed to speak to the person about it and what they want to happen, you might be trusted by the individual, you might be able to challenge MSP principles not being followed.

Why is it important?

Ultimately, it is the right thing to do. It also ensures we are adhering to key legislation such as the Care Act 2014, the Mental Capacity Act 2005 and the Human Rights Act 1998.

- Most adults can make decisions about their own lives – they are the experts.
- Safeguarding adults plans are likely to be more successful if the response is based upon a person’s individual needs and circumstances.
- We can’t presume an action taken in a similar case with a different person might work or be positive with someone else.
- It might mean resolving the concern is less complicated and/or quicker.

Myth–busting MSP

Myth	Reality
MSP means not taking action if that’s the person’s wish	There will be certain circumstances when there is a duty of care to take action even if that is not what the person wants to happen.
MSP takes too much time	In most cases it won't involve a great deal of additional work or time and in doing so it might save time as the safeguarding adults enquiry progresses.
You can’t use MSP with people who lack mental capacity	Even if a person lacks mental capacity to make a particular decision, their views and wishes should still be taken into account as part of the best interest decision process. In this circumstance, MSP is likely to involve a representative who can act on their behalf and give their views.
I don’t need to speak to the person if I’d override consent	Even if you would override consent, you should still speak to the person if you think it is safe to do so, attempt to seek consent and explain why you would need to take action against their wishes if they refuse.
As Lead Agency, it is the Local Authority's responsibility to undertake MSP	Safeguarding is not just about passing information on but actively taking responsibility for things being done right.
MSP is a “box-ticking” exercise	Making Safeguarding Personal is a practice approach to safeguarding adults. It should influence how practitioners think about safeguarding adults, what they do, and how they do it. It is about using skills and relational working with people to get the best outcomes for them.

Read the full Local Government Association/Association of Directors of Adult Social Services [‘Myths and realities’ about Making Safeguarding Personal Guide.](#)

Who is a suitable person to represent an adult at risk?

When someone has a “substantial difficulty” in representing themselves in the safeguarding adults enquiry, they must be represented by a suitable person:

- It cannot be someone who is already providing the person with care or treatment in a professional capacity or on a paid basis (regardless of who employs or pays for them). That means it cannot be, for example, the person’s GP, nurse, key worker or care and support worker.
- It cannot be an individual who the adult does not wish to be supported by.
- It must be someone who can support and represent the person.
- It cannot be someone who is implicated in the abuse or neglect.

In most cases, a family member or friend will be a suitable representative. Where there isn’t a suitable representative available then the local authority must arrange an independent advocate to represent and support the adult.

Further reading and resources

- [Local Government Association – Resources to Supporting Making Safeguarding Personal](#)
- [MSP During Covid-19 Guidance](#)
- [Making a good safeguarding adults referral guide](#)
- [Resources to help explain safeguarding adults to adults at risk/ families/friends.](#)

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