



# Making Safeguarding Personal

**Making Safeguarding Personal, also known as MSP, is an approach that aims to keep the adult at the centre of safeguarding work and maintain a focus on the outcomes that are important to the adult.**

## What does this mean in practice?

This means that safeguarding is a process that is done with, and not to, adults. It prioritises giving the adult choice, control, and involvement to have a say in the safeguarding process. It requires staff to have skilled communication and to use professional or concerned curiosity to understand and achieve the best outcomes for the adults.

## Why is it so important?

Our Safeguarding Adults Reviews and audits have frequently told us that we need to improve in this area of practice. This is illustrated by the family involved in our *Safeguarding Adults Review in respect of Beverly*, who asked that staff “reflect and strive to remember that within their individual roles, the most important person of a multi-disciplinary team, is the person themselves” (2023).

If we view the adult as the expert in their own life, we will be much more likely to keep them central to safeguarding processes, and to achieve outcomes which are important to them (even if they’re not the outcomes that we would have chosen for them).

## What are the key considerations?

By now, hopefully it’s clear that the most important person in any safeguarding process, is the adult at the centre of the process. As such, they should be involved from the very beginning, starting with asking them for their consent to report a safeguarding concern. Of course, there will be times when this isn’t appropriate, such as if it increases risk, but obtaining consent should be usual practice.

We should be giving the adult the opportunity, at every stage of the process, to say what they would like to happen. It's important to note here that we must find opportunities to have these discussions with the adult alone, away from family, friends, or carers. This is to ensure there is privacy to disclose any issues and avoid any potential for others to influence or coerce the adult. You need to be aware of the possibility of 'disguised compliance', which is described in our Safeguarding Adults Review in respect of Tom as "where a family member or carer gives the appearance of cooperating with professionals to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement" (2024).

This isn't to say that we shouldn't value the perspective of the adult's family, friends, or carers. They may form an important part of the adult's support network, and therefore may be able to provide important context to the adult's wishes.

### What happens if somebody lacks the mental capacity to participate?

There may be times when an adult isn't able to give their views during the safeguarding process if they lack capacity. This means that they are unable to make a specific decision at that time, as a result of an impairment of the mind. This could include adults with a mental health condition, dementia, learning disability, or substance misuse. It's important not to assume that an adult lacks capacity, though, and to be aware that capacity can fluctuate.

To support adults to be involved in the safeguarding process, you should provide them with information in a way that is most appropriate for them, at a time that best suits them (unless this would prolong or increase the risk). If they continue to lack capacity, you can seek the support of a representative for them. This is someone who can know and understand what their wishes and preferred outcomes would be if they were able to be involved in the process. This could be a family member or friend. If there is nobody suitable available, this could also be an independent advocate.

### How can I make sure that my practice is in line with the principles of Making Safeguarding Personal?

#### **Familiarise yourself with [our learning resources](#).**

In particular, take a look at our resources related to the Mental Capacity Act, person-centred approaches, professional or concerned curiosity, and trauma-informed approaches.