



Making Safeguarding Personal

What is Making Safeguarding Personal?

Making Safeguarding Personal (MSP) is an outcome-focused and person-centred approach. It means making sure that the Adult with care and support needs is supported to have choice, control, and involvement, and that their voice is heard in safeguarding processes.

This personalised approach:

- Enables safeguarding to be done with, and not to, Adults
- Focuses on achieving meaningful improvement and not just on process, investigation, and conclusion.
- Uses skills of communication and professional curiosity to gain the best outcome.
- Enables those who work with Adults to know what difference has been made.

Why is MSP important?

Our [Safeguarding Adult Reviews \(SARs\)](#) and audits have frequently told us that there is need for improvement in this area.

An example is our SAR Beverly Review, in which the family ask practitioners to “reflect and strive to remember that within their individual roles, the most important person of a multi-disciplinary team, is the person themselves.”

MSP recognises Adults as the experts on their own life, ensuring that processes are led by them. This means the Adult is more likely to be satisfied with the outcome and may reduce the risk of similar concerns reoccurring due to them being fully involved in any risk management plans.

Things to consider for an MSP approach

The Adult: The Adult is the primary focus for an MSP approach and should be involved from the very beginning of a safeguarding process by asking them for their consent to report a concern. However, this may not be possible if it increases the risk to them or to you.

The Adult should be given opportunities at all stages of the safeguarding process to say what they would like to happen. It is important that workers use professional curiosity and find an opportunity for direct personal contact with the Adult, potentially away from family/carers to make sure they are not influenced, coerced or controlled by someone else.

A safeguarding enquiry should ask for an Adult's wishes, also known as a desired outcome(s); these may vary dependent on the level of risk and the person that has caused the risk. These outcomes should be recorded to assess how these were met, partially met, or not met. They may include a simple change such as an apology from the person that has caused the risk, to other more significant changes such as changes to their care plan, not having contact with the person that poses a risk to them, or criminal conviction.

Family, friends and support network: MSP should take into account what matters to the Adult. This may include considering the Adult in the context of their family, friends, and support networks as they may be able to offer information, advice, or support, and the Adult may also wish to be supported by them.

Partnership: Professionals should work with Adults to recognise the potential for abuse or neglect and develop support systems to promote and maintain the Adult's wellbeing and safety. Professionals must also effectively communicate and work with wider multi-agency professionals to prevent abuse and neglect occurring where possible.

MSP and mental capacity

An Adult may not be able to give their views during the safeguarding process if they lack capacity. They may lack capacity if their mind is impaired in some way, which means they are not able to make a decision at that time. This may include those with a mental health condition, dementia, learning disabilities or those who may be impaired due to substance misuse. It is important not to assume that an Adult lacks capacity or that they lack capacity for all decisions and be aware that in some situations capacity can fluctuate.

Where possible, information about safeguarding should be given to the Adult in the most appropriate way for their needs. This could mean reading information to them or using pictures. In the case where capacity can fluctuate, asking them at another time could help, but only if this is possible and does not prolong or increase the risk.

If the Adult is still not able to give their views, wishes and desired outcomes, or has substantial difficulty in doing so, then they may require the support of a representative. This could be an unpaid family member or close friend who knows them well and understands what their wishes and outcomes may have been if they were able to be involved in the process.

If there is no suitable representative, then an independent advocate would be required. This is a paid representative who can help the Adult to, share their opinions, explore choices, and ensure the correct procedures are followed. Please see further details about the Mental Capacity Act (MCA) in our MCA Learning Briefing.

Learning resources

To extend your learning, please do refer to the following [learning resources](#):

- Safeguarding early warning signs
- What is Safeguarding
- Safeguarding policy and procedure
- The difference between quality and safeguarding
- Person-centred approaches
- Professional curiosity
- Risk assessment

To support your Continual Professional Development (CPD) we have created a [CPD Reflective Log](#) for your use. Please feel free to use this to track, and reflect on, the professional development that you complete using our resources.



More information

For more information, please also see the following:

- [Local Government Association, *Making Safeguarding Personal*, accessed 31 July 2023](#)
- [Social Care Institute for Excellence, *Making Safeguarding Personal \(MSP\)*, accessed 31 July 2023](#)