

Bolton Safeguarding Adults Board Making Safeguarding Personal (MSP) Strategy and Principles

What is Making Safeguarding Personal?

Making Safeguarding Personal (MSP) is the approach now taken to all safeguarding work. The key principle of MSP is to support and empower each adult to make choices and have control about how they want to live their own life. It is a shift in culture and practice in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult being safeguarded.

MSP is about having conversations with people about how responses to safeguarding situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety. It is about seeing people as experts in their own lives, and working alongside them to identify the outcomes they want.

MSP focuses on achieving meaningful improvements to people's lives to prevent abuse and neglect occurring in the future, including ways for them to protect themselves. People are individuals with a variety of different preferences, histories, circumstances and life-styles; so safeguarding arrangements should not prescribe a process that must be followed whenever a concern is raised, but instead take a more personalised approach.

MSP in practice

When adults at risk disclose abuse, social workers must build trusting relationships with them, avoid making assumptions and put them in control of the process to achieve good outcomes.

Putting the person at the centre of your practice is the only way to ensure the achievement of the life outcomes that they want and deserve, and it is also the best way to help people at risk of harm to deal with abuse and stay safe.

The guidance (appendix 1) outlines what should be at the heart of any intervention. It is aimed at the whole multiagency who deal with people who have been abused and offers a staged approach to take them through the journey from disclosure to achieving a safe outcome. It must be noted that this is only a general outline. It does not replace the multi-agency procedures or the need for good recording.

In appendix 1 it assumes that the person has capacity to make their own decisions but the principles apply equally to those without capacity. Where there is lack of capacity the work can be done in conjunction with their advocate or trusted representative, but always including the person themselves.

There are 6 stages to this process

Stage 1: Building a trusting relationship

The first meeting with someone who has reported being abused is crucial. They may have spent many months, even years, plucking up the courage to disclose what happened to them. They will have conflicting feelings - 'I still love the perpetrator', 'Am I doing the right thing?', 'Will anyone believe me?' They will have conflicting fears - 'Will the perpetrator take revenge?', 'Will I get into trouble?' 'Will I have to leave my home?'

So the first thing to do is reassure them. Although you will not be able to offer complete reassurance about everything, there are areas where you can. For example, you should acknowledge the impact the abuse has had on their life; make clear that you take them seriously; tell them it is natural to have conflicting feelings and fears; and say that protection is available.

Stage 2: Helping people to disclose

Only after establishing this initial acceptance and starting to build trust can you go on and ask for evidence - in a person-centred approach you may have to switch between stages many times as the disclosure of evidence is both therapeutic and cathartic. You must use the person's own language and constantly check your understanding; don't assume what they think or feel. When you record what they have said, continue to write it in their own words. Only report what they say, not what you think they mean. The person's account, and your record of it, is important evidence and can make the difference between a successful or disastrous outcome for them.

Stage 3: Establishing what the person wants

When people disclose that they have been abused they usually want something done about it. It is important to find out what that is and not make any assumptions of what you think they need. Sometimes they may have a very clear view but often they have not thought that far ahead nor have a number of outcomes in mind, not all of which are compatible or even possible. Do not leap ahead and immediately discount the unrealistic outcomes, but listen and note. Only then can you begin the task of helping them look towards their future and planning what can happen. Their views on outcomes will often change through that process.

Stage 4: Personalising risk management

It is natural that you will want to make the person safe as soon as possible, but safety is relative. People often want to be both safe and to maintain unsafe relationships. There is an important distinction between putting people at risk and enabling them to choose to take reasonable risks. The emphasis must be on sensible risk appraisal, not risk avoidance. Always look for the least restrictive option and go through the alternatives with the person. You may need the support of other agencies to analyse the risks and to manage them in a balanced way. Always appraise the risks with the person and take them through the consequences of the options so that they actively develop their own risk management plan.

Stage 5: Putting the person in control

You can never promise complete confidentiality in abuse cases nor can you totally predict outcomes, but you can put the person at the centre of the whole process by giving them as much control of the decision-making as possible. This can be achieved by explaining what the options are, the extent of your own

powers and those of the police, the legal protections and procedures and how they can get justice. While you will have your own ideas (and those of other professionals) on how the case should progress, it is important that you share them with the person and build the safeguarding plan around what they want. Where it is not possible to do this then you must explain why but re-emphasise what is within their own control.

Stage 6: Finding the right time to end

The safeguarding process will usually finish at the point when the person's outcomes are achieved. However they may only be partially achieved or some not even reached at all, so when does the process stop? Quite simply it should be when the person says that they now feel safe and are confident that they will continue to feel safe. If you have worked in a person-centred way then the conclusion will come quite naturally. You will then need to re-evaluate with the person the levels of risk that remain and how they will deal with them. You should leave them with knowledge of what is in place to support them and what to do if they feel at risk again. Some will require a regular review if the risk of harm remains high.

Bolton adult Safeguarding Board – Leading Making Safeguarding Personal

As set out in the Local Government Association publication in November 2017, 9 principles have been set out that Bolton Safeguarding Adult Board can adopt to ensure that it is leading MSP in Bolton.

| Leadership Accountability and Responsibility | | | |
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| Define core principle for strategy and practice | | | |
| Evidence strong leadership | | | |
| Strategy | Examples of leadership evidence which reflect the principle? | Examples of operational evidence which reflect the principle?? | Service user experience |
| The BSAB leads on defining and embedding the six statutory safeguarding principles as core MSP and wellbeing alongside safety. | <ul style="list-style-type: none"> The board to ensure that there are links in strategy and policy to the six safeguarding principles and to the wellbeing principle. Commissioning frameworks across the range of service provision reflect the values and principles necessary for | <ul style="list-style-type: none"> Ongoing support and development from commissioners and provider managers helps in translating these into practice. Staff are supported to balance sometimes conflicting principles. People are supported in | |

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| | <p>Making Safeguarding Personal.</p> | <p>making decisions about risk and within this, wellbeing is considered alongside safety. Organisational culture supports person centred and positive approaches to working with risk.</p> <ul style="list-style-type: none"> • People are empowered to participate in shaping safeguarding support and are asked about what they want to happen when there is a safeguarding concern. They are empowered to raise safeguarding concerns because they are well-informed about what to expect from good quality services. <p>Information and advice is promoted including rights of people to advocacy support.</p> | |
| <p>Establishing and developing Making Safeguarding Personal as a core objective of the safeguarding adult's board.</p> | <ul style="list-style-type: none"> • Ensure MSP is a core objective running through the board's strategic business plan and into the sub groups. • Ensure that the communication strategy | <ul style="list-style-type: none"> • Making Safeguarding Personal is led within the context of existing quality frameworks. Making Safeguarding Personal is a thread running through these, rather than a single | |

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| | <p>conveys the MSP.</p> <ul style="list-style-type: none"> • Seek assurance through organisational self-assessments and multiagency case file audits. • Facilitate mutual challenge and development across the whole partnership where organisational issues impact on MSP. | <p>discreet theme.</p> <ul style="list-style-type: none"> • Professionals with designated safeguarding lead roles champion Making Safeguarding Personal, supporting providers in making the links with current safeguarding and care quality practice and guidance. This might include developing champions within provider services • There is clarity about what needs to be included in contracts, specifications, policies, staff development resources, with reference to the Care and Support Statutory Guidance • Professionals at a senior level in health and social care can connect with the local safeguarding adults board, which has a leadership role in developing this agenda. | |
| <p>Embedded into Practitioner Practice Promote and model the culture shift required for Making safeguarding Personal</p> | | | |

| Workplace and workforce development | | | |
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| Strategy | Examples of leadership evidence? | Examples of operational evidence? | Service user experience |
| <p>Strategies, policies and training are in place across the whole partnership that supports MSP and provide consistency and transparency of culture and values.</p> | <ul style="list-style-type: none"> • BSAB to articulate clear and achievable MSP values through its business plan that partners can align in their own organisations. • The board seeks assurance that partners have a culture of listening to the voice of people and their families and responds affectively. • The board seeks assurance that governance processes at all levels are capable of influencing practice and outcomes in response to feedback from people accessing support and services. • The board expects that partners offer training that includes MSP, so that staff can carry out the visions and values of MSP. | <ul style="list-style-type: none"> • There is an open and communicative culture that engages people receiving services and support as well as staff in giving feedback to inform development of services. Managers and commissioners are visible. • There is a genuine will to learn and hear what is going well or not so well for people. People are involved every day; not just once a month. • There is a culture of dignity and respect that values and responds to people's feedback and participation. • Lessons are learned where things have gone wrong. • Strategies, policies and training are put in place that support | <ul style="list-style-type: none"> • |

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| | | | <p>Making Safeguarding Personal and reflect consistency and transparency of culture and values.</p> | |
| | <p>A focus on workforce issues, promoting workplace values and culture, seeking assurance on baseline practice standards that deliver Making Safeguarding Personal (including in respect of staff: recruitment, supervision, induction, development).</p> | <ul style="list-style-type: none"> • Establish a common and robust approach to workforce recruitment and retention across the partnership (consistent with Making Safeguarding Personal values and principles), • Seek assurance on the impact of this through organisations' self-assessments. • Seek assurance that Making Safeguarding Personal is integral to all training commissioned by the board and partner organisations • Seek assurance on: which staff are trained, and relevant areas of staff development. Making sure commissioners are trained and knowledgeable in Making Safeguarding Personal in order that they can support and develop providers. | <ul style="list-style-type: none"> • Establishing Making Safeguarding Personal as integral to all training. • Seeking assurance on which staff are trained and relevant areas of staff development. • Understanding and acting on factors evidenced in research²⁵ that enable and inhibit the transfer of learning into practice. This includes challenging cultures and structures within organisations that get in the way of Making Safeguarding Personal. • Seeking assurance that front line staff have a clear framework within which to achieve a balance between wellbeing and safety. Promoting high level organisational support | |

| | | for person-centred, outcomes focused working, linking training to strategic planning objectives. | |
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| Positive Risk Taking | | | |
| Seek assurance of and support development of competent practice in applying the Mental Capacity Act | | | |
| Strategy | Examples of leadership evidence? | Examples of operational evidence? | Service user experience |
| The Mental Capacity Act is empowering legislation and supports Making Safeguarding Personal. Competent practice enables effective balancing of sometimes competing principles in complex situations. | <ul style="list-style-type: none"> • There is appropriate use of, and commissioning of, advocacy in supporting decision making both for people who have capacity and for those who lack capacity in safeguarding situations. • The board can support development of practice through quality assurance of the following areas: <ul style="list-style-type: none"> ➤ the quality, appropriateness and timeliness of capacity assessments ➤ the need to embed supported decision making addressing risk aversion and paternalistic cultures ➤ ‘best interests’ decision-making must be carried | <ul style="list-style-type: none"> • People who lack capacity are offered person-centred safeguarding support. An outcomes approach is provided to those who lack mental capacity as well as those with capacity. • The core principles of the Mental Capacity Act (2005) are integrated in safeguarding practice, with particular emphasis on supported decision making and best interests decision making. • Mental capacity assessment is an early consideration in safeguarding adults support. | <ul style="list-style-type: none"> • |

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| | <p>out as intended in the Act, prioritising the wishes, thoughts and feelings of the individual the use of advocacy to support decision making and in 'best interests' decision-making.</p> | <ul style="list-style-type: none"> • There is appropriate use of, and commissioning of, advocacy in supporting decision making, both for people who have capacity and for those who lack capacity in safeguarding situations. | |
| <p>Person Empowerment Ensure there is a clear focus on prevention and early intervention Engage with communities and those who may be in need of safeguarding support Facilitate engagement of all organisations across the partnership in developing Making Safeguarding Personal</p> | | | |
| Strategy | Examples of leadership evidence? | Examples of operational evidence? | Service user experience |
| <p>The Making Safeguarding Personal approach applies to the prevention responsibilities of safeguarding adults boards. Prevention and early intervention requires empowering everyone (including staff and people living in communities) to recognise the potential for abuse or neglect and to raise concerns.</p> | <ul style="list-style-type: none"> • Maintain a focus on capacity in the voluntary and community sectors where there is significant scope for supporting prevention of abuse and neglect, and early intervention. • Support partner organisations in making the links between Making Safeguarding Personal and effective prevention, for example, challenging board partners to identify and address issues of social | <ul style="list-style-type: none"> • Develop the ability of staff to recognise situations where there is potential for abuse/neglect and empower them to report and act on concerns. • All staff in provider services ask people about the outcomes they want when safeguarding issues first arise. This leads responses. • Empower, engage and | <ul style="list-style-type: none"> • |

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| | <p>isolation to prevent future risk of harm.</p> <ul style="list-style-type: none"> • Engage providers and commissioners in making the relevant links between service quality and prevention and the role • Safeguarding Adult Reviews (SARs), Serious Incidents Requiring Investigation (SIRIs) and other review processes engage with people in receipt of support and services and/or their families. There is a clear response to this engagement | <p>inform people so that they can resolve and prevent abuse and neglect in their own lives, and build their resilience.</p> <ul style="list-style-type: none"> • People know what good care looks like. Review the information available to people who use services and their families about safe, good quality care. This means that they are well-informed about the quality of care they should expect and are supported to raise their concerns/assert their requirements. • Engage with and include people who use services so that services are influenced by the people who use them both in the way in which front line practice is delivered and at a strategic level. Providers respond to the issues that people | |
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| | | <p>identify.</p> <p>Complaints processes and guidance are readily accessible to people in receipt of services and support and their families to help them in raising concerns. Regular meetings are held with residents and relatives to discuss any concerns.</p> | |
| <p>Having regard to statutory responsibilities and research evidence about making this engagement effective and worthwhile. Support responds to the issues that people have themselves identified. Engagement supports people's resilience.</p> | <ul style="list-style-type: none"> • Safeguarding adult reviews (SARs) and other review processes engage with people in receipt of support and services and/or their families. | <ul style="list-style-type: none"> • Support engagement with the community, particularly with people who may be in need of safeguarding services. Develop their ability to recognise and respond to abuse and neglect; involve them in developing safeguarding strategies. | <ul style="list-style-type: none"> • |
| <p>Encouraging and promoting these essential steps for all organisations.</p> | <ul style="list-style-type: none"> • Mainstreaming Making Safeguarding personal; supporting all partner organisations in making the links between Making Safeguarding Personal and their existing: values/principles, priorities, | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |

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| | <p>regulatory frameworks.</p> <ul style="list-style-type: none"> • Harnessing joint commitment to the areas outlined in this resource as essential steps for Making Safeguarding Personal. • Integrating the steps into self-assessment frameworks for safeguarding adults board partners. • Promoting and publicising this suite of resources to support all partners' engagement in Making Safeguarding Personal. • There needs to be joint commitment to Making Safeguarding Personal and associated activity at all levels and across all organisations | | |
| <p>Personal Outcomes</p> <p>Measure the difference Making Safeguarding Personal makes for people</p> | | | |
| Strategy | Examples of leadership evidence? | Examples of operational evidence? | Service user experience |
| <p>This is essential as part of the assurance role of safeguarding adults boards. It must include qualitative and</p> | <ul style="list-style-type: none"> • Ensure that councils complete and send the voluntary Making Safeguarding Personal annual returns to NHS Digital on | <ul style="list-style-type: none"> • Ensure that all staff and professionals from all organisations ask people about outcomes at the point | <ul style="list-style-type: none"> • |

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| <p>quantitative information, both regarding Section 42 enquiries and in those situations which do not reach a formal enquiry. There must be encouragement of a whole partnership commitment to asking people about outcomes at the initial point of discussing a concern.</p> | <p>outcomes.</p> <ul style="list-style-type: none"> • The safeguarding adults board uses this information to drive practice development (for example undertaking an audit or a deep dive on a sample of cases where outcomes are not met). | <p>of concern. This is recorded and analysed so that the safeguarding adults board can see the extent of partner engagement in Making Safeguarding Personal and mobilise advice and support where this is needed.</p> | |
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The impact of Making safeguarding Personal

The Bolton safeguarding adults board has a complex leadership role in Making Safeguarding Personal that requires it to be active both in its support and development role and in its assurance role. Safeguarding adults boards require engagement in this from the whole partnership.

Below is an example guide document which you could use as a template in your organisations.



Your Guide to Making Safeguarding Persona