**Making safeguarding personal**

**Toolkit**

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**Introduction**

**What is Making Safeguarding Personal (MSP)?**

‘Making Safeguarding Personal’ is a national project to develop a new way to constantly improve and report on local safeguarding adults work. MSP aims to check how good we are at helping adults at risk to meet the safeguarding outcomes that they want. A way of checking the quality of safeguarding responses and not just counting numbers.

**It starts with a conversation!**

MSP is much more than just a new way to report on safeguarding adults. It’s about making sure we put the person and their wishes at the centre of any safeguarding work.

MSP starts with a conversation about what outcomes the person wants to achieve and what support they need to protect themselves from abuse.

This means

* **At the start** - Wherever possible, finding out the persons’ wishes and what outcomes they want to achieve at the start of any safeguarding work.
* **During -** Checking how much support the person needs and checking if the outcomes they want have changed during any safeguarding work.
* **At the end** - Checking that the safeguarding work has helped the person be safer and to achieve the outcomes they wanted.

**What do we mean by safeguarding outcomes?**

Outcomes are about what the person wants to happen or what do they want to be different about their lives that would make them happier and safer from abuse.

It isn’t always possible to do what the person wants and sometimes other people might need to make decisions to keep the person safe. Some people will need time and help to understand what support is available and what choices they have, but the starting point should always be a discussion about what the person wants to happen.

**The Care Act says**

***‘’Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.”***

**WHAT MSP IS ABOUT:**

**MSP is about feeling happier and safer from abuse:** Having the right support from someone I can trust, to help me make my own decisions about my life.

**MSP is about solving a puzzle:** thinking creatively about how best to work with me, to help me be safer from abuse and achieve the outcomes I want for myself.

**MSP is about help to explore options:** helping me look at what could change in my life and what support is around to make me happier and safer from abuse.

**MSP is about listening:** being believed and taking my wishes seriously, even if I sometimes need others to make a decision for me to keep me safe from abuse.

**MSP is about Hope:** helping me believe that things can be better.

**MSP is about being proud and valued:** helping me believe that I’m worth it and that I deserve to be safe from abuse.

**MSP is about empowerment:** building on my strengths and things I can already do help me be more confident.

**MSP is a double edged sword:** being supported to make decisions that make me happier, even if this means living with some risk of abuse.

**MSP Is Not About:**

**MSP is not** an excuse for services to walk away just because I might say I don’t want any support.

**MSP is not** a barrier to sharing concerns of abuse with other agencies or people who support me.

**MSP is not** about always doing what I say I want, at all costs.

These statements were taken from discussions with local people and can be used in training and publicity to raise awareness of Making Safeguarding Personal

**Professionals who work with individuals should always seek their views about their circumstances at all stages of the intervention ‘no decision about me, without me’ MSP allows individuals to be in control and not**

**be put through a prescribed process. People are empowered to make choices and decisions about their lives, supported by professionals. We are better to gain the adult’s views and wishes as we seek to work with them to change the risks they may be experiencing.**

**MSP was introduced in 2010, it is person led**

**initiative which aims to develop an outcome focus to safeguarding work.**

**Using a range of responses to improve or resolve an individual’s circumstances.**

**The principles are empowerment, prevention, proportionality, protection, partnership and accountability.**

**WHY IT MATTERS**

**BACKGROUND**

**1) Does your organisation have systems in place to**

**work within the principles of MSP?**

**2) Does your organisation carry out audit to check**

**for MSP compliance?**

**3) How can I use MSP if the adult is at risk refuses**

**to work with me?**

**4) Who can support very risky situations?**

**5) How can I assess fluctuation mental capacity and**

**work in the person’s best interest?**

**QUESTIONS TO CONSIDER**

**MSP IN PRACTICE**

**INFORMATION**

**MSP is a shift in culture and practice, it’s about putting the person at the centre.**

**It is about having conversations with people**

**about how we might respond.**

**Seeing people as experts in their own lives**

**Asking people their views and wishes and working**

**with them to achieve these**

**MSP must not simply be seen in the context of formal safeguarding, but in the whole spectrum of activity and is not only a focus on front-line practice but a whole systems approach across all agencies. We need to use a relationship and strengths based approach to achieve a safety plan that both protects and supports the adult’s self-determination.**

**Being safe may only be one of their wishes and they may value a friendship/relationship, want it to continue but for the abuse to stop.**

* **What are the person’s views and wishes?**
* **What outcome does the person want?**
* **How can we support them to achieve their views and wishes?**
* **You may find that wishes and views change**

**as an individual becomes more confident and**

**have greater insight into their situation. It is**

**important to work with the person to**

**negotiate a more realistic outcome.**

**KEY QUESTIONS**

**SAFEGUARDING IS EVERYONE’S BUSINESS**

**We need to remember that partner agencies such as health, housing and police colleagues 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 professionals, we may be able to provide a comprehensive, person centred, multi-discipline safety plan with greater success than a single**

**agency plan.**

**Making Safeguarding Personal**

**MSP AUDIT STANDARDS**

**Questions from the national MSP outcomes framework. Is there evidence of:**

1. Service users being asked about desired outcomes.
2. Service users being asked if desired outcomes were achieved.
3. Staff exploring service user’s understanding and wishes in relation to risk.
4. Service users being asked if they understand why people did what they did to keep them safe.
5. Service users being asked if they feel listened to during conversations and meetings.
6. Staff asking whether the service users are happy with the outcomes / end result.
7. Service users being asked if they feel safer because of help through safeguarding.
8. Service users being asked if there is anything else that could have been done or done better.
9. Staff providing service users with information (verbal or written).
10. Staff checking with service users that they understand the information given.

**Questions from ‘MSP is about’. Is there evidence of:**

1. Exploring who the person trusts to support them.
2. Thinking about a ‘safe space’ or time to talk.
3. Help to explore all options (this could include mediation for example).
4. Taking the persons wishes seriously.
5. Explaining best interest decisions.
6. Identifying and building on strengths and things the person already does to.
7. Support to make decisions that make the person happier, even if this means living with some risk of abuse. (could be use of risk enablement tool).
8. Exploring reasons for not accepting support and how it might be given in a way that its acceptable to the person.
9. Appropriate discussions with other agencies or people who support as part of risk assessment and safeguarding plans.

**Questions from MSP group discussion. Is there evidence of:**

20. Considering consent issues and mental capacity around safeguarding decisions.

21. Consideration of how, when and who should engage with the service user in order to gain trust and allow discussion.

22. Exploring advocacy options.

23. Asking if wishes for the outcome have changed.

24. Discussion about hope and helping the person believe that things can be better.

25. Thinking creatively about how best to work with the service user.

26. Exploring being proud and valued: helping the person believe that they are worth it and deserve to be safe from abuse.

**MSP TRAINING**

**EXERCISE 1**

**WHAT DO I VALUE?**

1) In groups (suggest 5 minutes), think about what you value about your life: what makes your life better, what makes you happy, what do you like and what would you miss? **Remind everyone to only talk about things they are comfortable sharing and talking about with the group.**

Group 1- Think about everything you like to eat and drink?

Group 2- Think about things you like to do (activities)?

Group 3- Think about family and relationships?

2) Ask the groups to feedback and explain their answers. E.g. why they enjoy something and how it makes them feel.

3) Using examples from the groups, discuss the risks and other negative effects associated with what we like and explore why we still make our choices.

4) Draw out positive aspects of taking risks using examples from groups and introduce the notion of ‘trade off’. Discuss trade-offs and compromises in our lives. Putting up with negative consequences to get what we want overall.

**Facilitator notes:**

Language- try to use ‘us’ rather than ‘them’ language – e.g. what we would want, what we would expect.

Example trade-offs e.g.

* salt and alcohol link to high blood pressure, sugars and simple carbs link to diabetes.
* social and fitness aspects of activities against risk of injury and costs.
* sense of belonging, friendships or sex against risk of getting hurt or STIs.

**Key messages:**

* Adults at risk of abuse and neglect want the same things.
* Effective safeguarding work helps people balance what they value with risks of abuse and neglect.
* What’s the point in being safe if it merely makes you miserable (Paraphrased from Lord Justice Mumby)

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**MSP TRAINING**

**EXERCISE 2**

**BARRIERS TO MAKING CHOICES**

**Exercise:**

1) In small groups (suggest 5-10 minutes), imagine you had a range of care and support needs and are experiencing abuse or neglect. Think about what might get in the way of you making choices about your life. Write each ‘barrier’ on a large post-it.

2) Then ask participants to place post-it notes on a flipchart to form a brick wall. Discuss some of the examples on the bricks.

3) Ask participants (Together or back in small groups) to think about what support they would want to help them make decisions about their lives, relating to safeguarding scenarios. Using different coloured post-it notes for each, build a ladder of support to get over the wall.

**Facilitator notes:**

Consider asking each group to come up with a particular scenario. Ask them to identify-

* living circumstances? (e.g. Family Home, Living Alone, Nursing Home, Supported accommodation, street homeless etc.)
* Age?
* First name?
* Care and support needs? (e.g. mental health problems, substance misuse, dementia, learning disability, sensory impairment, physical impairment etc.).
* Circumstances of abuse?

If they need a prompt about types of barriers, get groups to think about e.g. financial, physical ability, psychological, religion/beliefs or culture, health or external factors.

Relate barriers to ‘trade-offs’ people make, but

**Key messages:**

* We need to understand the barriers from each person’s viewpoint and provide personalised support to get over the barriers and help them make their own safeguarding decisions.
* Experiencing abuse effects self-esteem and motivation that can lead to lack of hope, lack of motivation and apparent acceptance of abuse.

**MSP TRAINING**

**EXERCISE 3**

**MODEL OF CONSENT**

1) Ask the question, what do we need to be able to make a choice? (What circumstances are needed for consent to be valid?)

2) Using a flip chart, discuss each answer and populate answers into the following framework.

**Valid Consent**

**Free will**

**E.g. Free from undue influence, coercion and control**

**Mental Capacity**

**Information**

**Relevant and communicated in a form I can understand**

Remember

Understand

Weigh Up

Communicate

**Facilitator Notes**

Start with drawing ‘Valid Consent’ box and four blank ones underneath.

If people come up with parts of the capacity assessment (ability to- Remember / understand / weigh up and express a choice) put them in the box beneath capacity.

Examples for discussion

* Someone being trafficked might have mental capacity, but e.g. might be from a country where police are more often corrupt and be unlikely to know where to get support (information). They or their family may be threatened with severe violence if they try to leave.
* Person with visual and hearing impairment might have mental capacity and free will, but needs information in e.g. braille if they are to give valid consent.

**Key messages**

* Valid consent has 3 parts (Free will, mental capacity and information). All are equally important in safeguarding responses.
* Better question might often be ‘can person give valid consent?’ rather than ‘has capacity?’
* You can have mental capacity around the safeguarding issue and still be an adult at risk (Unable to protect yourself from abuse or neglect due to your care and support needs).
* Show your workings out. Document reasons for you actions or inactions.

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**MSP TRAINING**

**EXERCISE 4**

**ETHICAL PRINCIPLES FRAMEWORK**

1) Draw the ethical framework on flip chart (or use power-point).

2) Ask participants to think of a safeguarding related scenario

3) For each ethical principle, think about-

* What the person might want
* What are the issues and options (to achieve that principle)

**BENEFICENCE**

(Doing good or making things better)

**JUSTICE**

(Fairness or equal distribution of available resources and support)

**AUTONOMY**

Promoting and respecting the rights of people to make their own decisions

**NON-MALEFICENCE**

(Do no harm or don’t make things worse)

**Facilitator Notes**

Get participants to think about the principles from the person’s perspective; what would feel better or harmful to the person?

E.g. a person may want to stay in their own home (autonomy), and want to avoid ruining a relationship with a friend (non-maleficence), but need some support from an advocate (beneficence) to stop them taking advantage and using their money (Justice).

**Key messages**

* Can be a useful way of thinking to help decision making
* Try to think about and promote all these principles in safeguarding responses.

**Additional Resources**

We are delighted to launch a new suite of resources to support Making Safeguarding Personal.

**Toolkit refresh & relaunch:**

The MSP toolkit has been updated and refreshed to reflect a greater emphasis on strengths-based practice across adult social care. The new toolkit is a web-based resource that includes narrative around specific areas of practice, tools and case examples to support learning and development. The resources can be used individually or built into learning and development activities within organisations.

<https://www.local.gov.uk/msp-toolkit>

**Case Studies:**

Nine case studies of practice in relation to MSP have been collated; this resource is an update of the previous case study resource. There are a limited number of case studies in the resource and we would encourage local areas to send in their examples to CHIP@local.gov.uk entitled ‘ MSP Case Study’, by September 2020. We plan to publish a further collection of case studies in Autumn 2020.

<https://www.local.gov.uk/making-safeguarding-personal-201819-case-studies>

**Myths and Realities**

The briefing addresses misconception about Making Safeguarding Personal, which is not just about safeguarding practice but also about prevention, and strategic as well as operational safeguarding. It supports and promotes relationship and strength- based approaches in practice. The briefing is aimed at front line practitioners and operational managers in all organisations that have a role in safeguarding adults. It is aimed at leaders at all levels and local councillors. It can also be used by anyone interested or involved in safeguarding adults because ‘safeguarding is everyone’s business’. This can be used as a prompt for discussion in teams or partnerships, in workshops or conversations.

<https://www.local.gov.uk/sites/default/files/documents/25.144%20MSP%20Myths_04%20WEB.pdf>

**Podcasts**

Esi Hardy and Michael Preston-Shoot have recorded a [series of Podcasts](https://soundcloud.com/rip-ripfa/sets/busting-myths-that-surround-making-safeguarding-personal/s-4nukW) which explore some of the myths around Making Safeguarding Personal. Together they combine lived experience with practitioner experience to begin to make sense of what it means to make safeguarding personal for everyone. The 11 episodes are a useful resource for people to listen to on their own, or to use as a group discussion or learning events.

<https://www.ripfa.org.uk/resources/podcasts/making-safeguarding-personal-podcasts/>

A further podcast has messages from research which explored experiences of people who have been victimised because of their mental health status. <https://www.ripfa.org.uk/latest-news/supporting-making-safeguarding-personal-myth-busting/>



**The Safer Bradford website offers information and advice** [**https://www.saferbradford.co.uk/adults**](https://www.saferbradford.co.uk/adults)

**What should I do if I think I am being abused or that someone else is being abused?**

**If you have been told about or notice abuse or neglect:**

* Ensure the immediate safety and welfare of the adult and any other person at risk
* If urgent attention is needed for health or safety dial **999** emergencies
* If a crime needs to be reported call the police on **101** or you can call Crimestoppers on **0800 555 111**
* Preserve any evidence
* Accurately record the incident, any action or decisions. Make sure you sign it and add the date and time.

**Bradford Council’s Multi-Agency Safeguarding Hub (MASH) is the single point of contact to report safeguarding concerns.**

**The MASH operates in partnership with West Yorkshire Metropolitan Police.**

**Please note that Adult Safeguarding concerns reported to the MASH are screened by both the Local Authority and Police.**

**You can contact the MASH team through our**[**online form**](https://systmonline.tpp-uk.com/Safeguarding/Home?OrgId=558423556104)**or by telephone on 01274 431077.**

