

Making Safeguarding Personal

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Making Safeguarding Personal is a culture of making safeguarding more effective from the perspective of the person being safeguarded, seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach a better outcome. It is about understanding what the adult wants to happen and how they want it to happen - this may be different to what professionals' think is right!

"Making Safeguarding Personal means it should be person-led and outcomes-focussed. It engages a 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."

Department of Health, Care and Support Statutory Guidance: s14.15

Six Key Principles of Safeguarding

- Fundamental to Making Safeguarding Personal are the six key principles of safeguarding:
- Empowerment - promoting person-led decisions and informed consent.
- Protection - support and protection for those in greatest need.
- Prevention - it is better to act before harm occurs.
- Proportionality – balanced and least intrusive response appropriate to the risk presented.
- Partnership - providing local solutions through working with communities.
- Accountability – responsibility and transparency in delivering safeguarding.

Why Does Making Safeguarding Personal Matter?

"No decision about me without me".

Having a conversation and seeking the views of the adult at risk is key to the Making Safeguarding Personal approach. Capturing their desired outcomes ensures that this is the focus of the enquiry and empowers the adult at risk in making decisions about their own health and wellbeing, rather than being controlled by a process.

Research indicates that when a Making Safeguarding Personal approach is followed, adults at risk are less likely to experience a repeated instance of that abuse or neglect within a 12- month period.

How Do I Make Safeguarding Personal?

- Consider culture, ethnicity and possible language or communication barriers and organise support as needed, e.g. do they need an interpreter?
- Where a person has care and support needs, make sure to consider at the start if this means they may have any difficulty in engaging with the safeguarding process or aspects of it. Consider things such as location and access for any meetings they are invited to; communication methods; do they need an advocate? There is a statutory duty to arrange an independent advocate, with consent, if the person has substantial difficulty engaging in the process and if they have no appropriate people in their informal network.
- Have an initial conversation with the adult at risk. Discuss their views, wishes, feelings and beliefs in relation to the risk of harm.
- Help the person consider their situation to make informed and considered choices. Ask their opinion, clarify and record their views and desired outcomes and use them to guide your intervention.
- Support the adult at risk to think through and understand the risks they face - this will likely need more than one conversation.
- If the adult at risk refuses help, do not take this at face value. Proactive engagement will be needed to 'keep the door open' - people's motivation to make changes in their lives is not fixed.
- Explore family and wider support networks and involve them as far as the adult at risk wants.
- Make sure the adult or their representative knows what action is being taken, by whom and for what purpose.

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Making Safeguarding Personal - Myth Busting

Myth 1: Making Safeguarding Personal means that if someone says they don't want anything to happen you can close the case.

Practitioners need to use professional curiosity and relationship-based practice to ensure that someone isn't declining intervention because they are influenced, coerced or controlled by someone else. Practitioners should ensure they have explained what options the person has, what the implications are, and what might be relevant to their circumstances before being assured that the person (or their representative/advocate) is making an informed decision. A person might decline support for a range of reasons; because they don't trust agencies, have no confidence in them, or don't want to change. Practitioners should persevere and establish trust with people to support them to minimise any impact of unwise decisions on their health and well-being.

Myth 2: Making Safeguarding Personal is just a chat over a cuppa.

Making Safeguarding Personal is about safeguarding practice and culture change, moving from seeing safeguarding as getting through a process, to joining the parts of the system that can support the person and work together with that person. It requires leadership, cultural change, staff support and development, engaging with people and across partnerships, promoting values and principles that are set out in the Human Rights Act (1998), Care Act (2014), Mental Capacity Act (2005) etc. It requires practitioners working with people to understand what matters to them to deliver the outcomes individuals want for their wellbeing and to be safe; as well as Safeguarding Adults Boards being able to check that safeguarding work is achieving the changes that people want.

Myth 3: Making Safeguarding Personal takes too much time.

Making Safeguarding Personal does require conversation with people and for practitioners to have professional curiosity to understand what is going on for them. Whilst it may take longer in the beginning to explain everything and establish what someone wants to happen, it will be more time efficient in the long term because better choices can be made by individuals, protection plans will be effective, and people will be supported to achieve the outcomes they want.

Myth 4: It's not possible to use a Making Safeguarding Personal approach where people lack mental capacity.

Making Safeguarding Personal is an approach to safeguarding for everyone. We can use advocates, we can ask people who know the person what they might have wanted or preferred, operating according to the principles of the Mental Capacity Act (2005) and making a best-interest decision in terms of specific safeguarding risks and considering what the person would have preferred or wanted.

Myth 5: You can't do Making Safeguarding Personal when a person refuses help and there's no obvious way in.

See myth 1 above. Research indicates that someone needs to keep going and to keep trying, respecting what an individual says but respectfully challenging them, to work with them effectively. Finding a way to maintain contact and building a relationship, can also help with this.

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Using Professional Judgement

It may not always be possible to do exactly as the adult at risk wishes, In the below examples action should be taken without consent, even if the adult at risk has mental capacity:

- Emergency or life-threatening situations.
- Other people are, or may be, at risk - including children.
- A serious crime has been or might be committed.
- If the risk appears to be unreasonably high.
- If someone in a position of trust is implicated.

If a crime is alleged the adult at risk may need support to report this and understand what will happen next.

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Further Resources

Making Safeguarding Personal Case Studies

These [case studies](#) illustrate outcome-focused practice in safeguarding adults in line with the Making Safeguarding Personal approach.

Making Safeguarding Personal Toolkit

This [toolkit](#) provides a series of tools to support Making Safeguarding Personal, measure effectiveness and improve safeguarding practice. Use the toolkit to inform best practice and the most personal approach to safeguarding.

Making Safeguarding Personal Outcomes Framework

This [framework](#) is designed to help inform practitioners, teams, councils, Safeguarding Adult Boards and their partners, and service users, of the extent to which they are making a difference to the safety of people who are at risk of, or who have suffered, abuse or neglect in their area.

Making Safeguarding Personal for Commissioners and Health and Social Care Providers

This 2019 [briefing](#) aims to support health and social care commissioners and providers to make positive differences by engaging with those who use services.

Podcasts

Esi Hardy and Michael Preston-Shoot have recorded a series of [Podcasts](#) 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 for learning events.

Making Safeguarding Personal Videos

These [videos](#) were developed by Research in Practice as tools for practitioners, trainers and anyone else to be used to promote a person-centred, outcome-focused and strength-based approach to safeguarding adults.

Self-Neglect Workbook

The [Making Safeguarding Personal in Self-Neglect Workbook](#), produced by Research in Practice, draws on evidence from research and safeguarding adult reviews (SARs) to identify how making safeguarding personal can make a difference to the health, wellbeing and safety of people who are self-neglecting.

If you have safeguarding concerns about an adult in Hull report your concerns [here](#)