

7. Further Information and resources

For further information and resources to support practice, please visit:

[Making Safeguarding Personal \(MSP\) - SCIE](#)

[Making Safeguarding Personal | Local Government Association](#)

6. Getting it right

- ❑ Consider culture, ethnicity and possible language barriers and organise support as needed. Where a person has care and support needs make sure to consider if this means the person may have any difficulty in engaging with the safeguarding process or aspects of it. Check out if they need someone appropriate to act on their behalf (advocacy etc).
- ❑ Ensure you invite the person to any meetings and think about what this may mean in terms of location, access, communication etc.
- ❑ Ensure you share relevant information with other professionals and make referrals as appropriate.

5. What should I do?

- ❑ Clarify and record the person's wanted outcomes, to support them making choices and feeling empowered.
- ❑ Ensure outcomes have been understood.
- ❑ Think about ways of working with the person to achieve the change/desired outcomes.
- ❑ Consider family and wider support networks and involve them as far as wanted and helpful for the person at risk.
- ❑ This needs to take into account the impact (and possible risk) on the person at risk.
- ❑ Support family and relevant others to access appropriate support where necessary.

1. Introduction

Making Safeguarding Personal (MSP) is a sector led initiative, now embedded and promoted within the Care Act Statutory Guidance, as an outcome focused approach to adult safeguarding that puts the person in control of their life and therefore the outcomes they want to achieve from any safeguarding enquiry. MSP promotes person-centred relational practice where people are engaged in conversation about how best to respond to their safeguarding situation and, through that involvement, are enabled to exercise choice and control over how their needs are identified and met. (Romeo, 2015)

2. The Six Principles of Safeguarding

- ❑ **Empowerment:** presume person-led decisions and informed consent.
- ❑ **Prevention:** initiate and take action before harm occurs or risk escalates.
- ❑ **Proportionality:** support in the least intrusive or restrictive way according to the presenting level of risk.
- ❑ **Protection:** represent and support those in greatest need of protection from harm and abuse.
- ❑ **Partnership:** think about the relevant organisations and practitioners to involve including local communities, who have a role in detecting and reporting abuse.
- ❑ **Accountability:** always be accountable and transparent in safeguarding matters with those involved.

4. Practice

Before any action, it is important to discuss the views, wishes, feelings and beliefs of the person in relation to the risk of harm. People should be seen as experts and be in control of their own lives, taking into account issues of mental capacity. Practitioners need to ensure that any interventions are personal and meaningful to the individual. They should seek to empower, engage and inform individuals so that they can prevent and resolve harm and abuse in their own lives and build their own resilience wherever possible.

THINK: What do they want? What do they need? How can I help?

3. Why it matters

Practitioners who work with individuals should always seek the views of the person at the beginning, middle and end of any intervention and ensure that the desired and actual outcomes are obtained and recorded to make sure the person feels in control and not controlled by a process. Practitioners should always treat people with dignity and respect and ensure they feel empowered to make choices and decisions about their life even where a person may lack mental capacity. See NICE Guideline NG108 : Decision Making and Mental [Capacity Overview | Decision-making](#)

