

Norfolk Safeguarding Adults Board Manager's Blog

April 2018

Making Safeguarding Personal - straightforward, yes? Well, ...

At the beginning of March I presented a short paper at the third NHS East of England Safeguarding Adults Forum Annual Conference. It was on the lynchpin of our safeguarding adult practice, *Making Safeguarding Personal* (MSP). I was keen to explore this from a particular angle, arising from a number of cases I've been involved with recently.

No one would argue that our work needs to be:

- person led
- outcome focused and
- promote involvement, choice and control for person for the person of concern

However, if we start to unpack MSP a little I would argue there is more we need to consider.

MSP has become a central tenet of practice because previously we were not getting safeguarding 'right'. And by 'right' I mean we were process led. People who had received a safeguarding service told us very clearly that they:

- wanted to be safe but NOT at the cost of other qualities of life
- wanted to be listened to and to make choices
- did not attribute any positive resolution to the safeguarding process itself – they felt they were driven through (or not in control of) the process
- wanted support to explore whether they could maintain valued relationships and stop the abuse
- wanted to make their own choices / weigh up the risks and benefits of different courses of action

Formerly, the focus was on abuse directly and related issues, not on the desired outcomes, i.e. developing self-confidence, making a complaint, stopping the abuse.

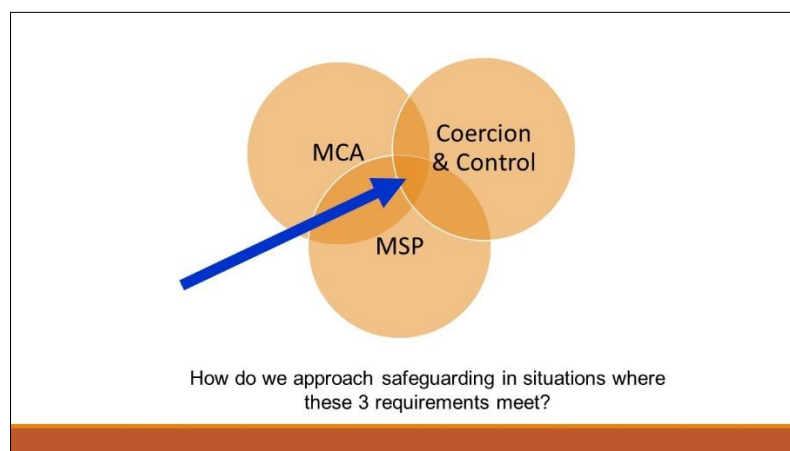
Following the MSP temperature check, the Local Government Association (LGA) has published a suite of documents and a range of audio visual resources intended to support partners and Safeguarding Adults Boards (SABs) in developing and promoting MSP. Do have a look at the LGA resource – [Making Safeguarding Personal What might ‘good’ look like for health and social care commissioners and providers?](#)

MSP has shaped a whole range of safeguarding guidance and documents. And let us not forget it is anchored in the 6 principles of our safeguarding practice.

Nice and easy, yes? To be honest, from my perspective, sometimes I still see partners just ‘doing’ safeguarding to the person. And therein is the challenge. The development of MSP is not simply about a focus on personalised front line practice. It requires a whole system approach across entire organisations.

But in practice the world of safeguarding is often never straightforward.

For example, how do we navigate through a situation in which we find an interplay between MSP, mental capacity and coercive and controlling behaviour, as illustrated in the diagram below?



What skills do we need to work effectively in the space where these three areas meet? Competent practice requires a skilled balancing act. I am sure we can all think of cases in which an individual, vulnerable for a range of reasons, is saying all the right things from a MSP perspective but you are not confident in the responses.

Consider the case that was shared with me recently. A small group of adults with learning disabilities had lived in a supported setting for a number of years. The care provider suddenly announced its plans to move the service users to a new part of the county, many miles away. The service users’ family members were initially

supportive of this change. When the move was discussed with the service users, on the face of it, they appeared to be demonstrating choice and control in their lives and were agreeable to the move. Yet historically there had been a number of safeguarding investigations into the behaviour of the provider and standards of care given.

The unique circumstances of this situation presented significant challenges in balancing the tensions between capacity, control/coercion and MSP. It may be useful to transfer understanding of coercion and controlling behaviour in a domestic abuse context to situations like these, to help us navigate in the space in which the 3 circles meet.

It requires a skill set which includes

- listening skills
- attention to issues of choice + people's ability to exercise choice
- good working application of the Mental Capacity Act and its Code of Practice
- positive and person centred approaches to risk
- including people and their families
- strong prevention strategies, particularly in relation to isolation

While MSP *is* the direction of travel and is not going to change, there will be situations in which it will complex and conflicting. Therefore, we have to ensure our workforce is able to deliver safeguarding across the spectrum, from straightforward to complex.

Here are five quick wins to help make this happen:

- 1) Review your safeguarding referrals – do these include MSP information?
- 2) Is MSP made explicit in your safeguarding policy?
- 3) Get a copy of *Making Safeguarding Personal: What might 'good' look like for health and social care commissioners and providers?*
- 4) What training do you need on coercive and controlling behaviour?
- 5) What support do your staff need to work effectively in the space where the 3 circles meet?

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NSAB Board Manager 23 April 2018