

‘Myths and realities’ about Making Safeguarding Personal



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This briefing has been developed to address misconceptions and a superficial understanding about Making Safeguarding Personal, and to caution those who interpret this approach simplistically. It supports and promotes relationship and strength based approaches in practice. It acknowledges the complexity of people’s lives and challenges for practitioners to enable people (with their representatives or advocates if they lack mental capacity) to keep themselves safe and safeguarded, and to achieve resolution and recovery in their lives.

The purpose of this briefing is to expose some ‘myths’ about Making Safeguarding Personal, which is not just about safeguarding practice but also about prevention, and strategic as well as operational safeguarding. We have also included some general ‘myths’ about safeguarding adults.

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. We encourage you to identify and ‘bust’ your own ‘myths’ about safeguarding adults and use these conversations to shift your assumptions about how safeguarding works.

'MYTHS AND REALITIES' ABOUT MAKING SAFEGUARDING PERSONAL

1. Myth: "Making Safeguarding Personal" means that if someone says they don't want anything to happen then you can close the case (and walk away). It's all about talking to people to find out what they want and then doing just that."

Reality: Making Safeguarding Personal doesn't mean walking away.

Practitioners need to use professional curiosity and relationship-based practice to ensure that someone isn't pushing them away because they are influenced, coerced or controlled by someone else. They need to check their own intuition about the circumstances in which a concern has been raised about the possibility of abuse or neglect.

Practitioners should ensure that 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. They may want to explain that abuse happens to quite a lot of people, it can start in a limited way and escalate over time, and that there are things that can be done to help. They should say that even if they don't want help now, they can come back later (keep an 'open door'). They shouldn't assume what the person might consider as proportionate decision.

There are duties of care and public interest that can over-ride personal preference, such as a carer who might be financially abusing other people. Practitioners need to ensure that they are meeting these duties, as well as their responsibilities to the person involved.

Someone may say they don't want support to protect themselves for a range of reasons, because they don't trust agencies, have no confidence in them or do not want to change. (see Myths 6 and 11 below). Professionals should persevere and establish trust with people to support them to minimise any impact of unwise decisions on their health and well-being.

2. Myth: "Making Safeguarding Personal is just a chat over a cuppa' or 'that MSP thing."

Reality: Making Safeguarding Personal is about safeguarding practice and culture change.

Making Safeguarding Personal requires a change in our culture and practice of safeguarding. 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 the values and principles that are set out in Human Rights Act (1998), Care Act (2014), Mental Capacity Act (2005) etc.

It requires leadership at operational and strategic levels – 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.

Making Safeguarding Personal is a practice approach to safeguarding adults, not a procedure or tick box exercise. It should influence how practitioners think about safeguarding adults, what they do, and how they do it. It is about using skills and relational working with people who are likely to find the whole process quite difficult and distressing, to help them keep safe, resolve whatever is happening in their lives and recover from the distress and trauma of what has happened to them. Also doing this at a time and pace of the person's choosing.

3. Myth: "If you do Making Safeguarding Personal and don't bring perpetrators to justice because the person doesn't want action, they will go on and abuse again."

Reality: Making Safeguarding Personal stops abuse and neglect.

We use the relationship and communication skills we have to work with people so that they understand the implications of their decisions. We use legal literacy and our responsibilities regarding duties of care and public interest to ensure that anyone who could abuse others is properly and appropriately dealt with, so that these risks don't occur again. Practitioners need to make sure that they meet their duties of care and public interest duties, which can over-ride someone's personal preferences for non-intervention. If there is any risk that someone could abuse again, this needs to be addressed and prevented. Similarly, these duties apply when family members are advocating non-action. Also, when someone has died, a safeguarding enquiry could still be appropriate if others might be at risk of abuse or neglect.

4. Myth: "Doing Making Safeguarding Personal takes too much time – staff don't have time to explain what safeguarding is, to talk to people about their lives and everything that is happening, all their options and what really matters to them – it's just not realistic!"

Reality: Making Safeguarding Personal is time effective.

Making Safeguarding Personal does require conversations with people and for practitioners to have (enough) professional curiosity to understand what is going on for them. It may take longer in the beginning to explain everything and establish what someone wants to happen, but 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 that they want through the safeguarding process. This means supporting and valuing staff as part of being able to make safeguarding personal.

Making Safeguarding Personal is also about developing and nurturing a culture that values and is responsive to staff so that they do the same for the people that they work with. There are also options to get help from advocates to support people through safeguarding processes and ensure that they understand what is going on, can participate as fully as possible, and can express their views freely.

5. Myth: “It’s not possible to use an MSP approach where/when people lack mental capacity.”

Reality: Making Safeguarding Personal is for everyone, including people who lack mental capacity.

Making Safeguarding Personal is an approach to safeguarding for everyone, regardless of mental capacity or anything else. We can use advocates, we can ask people who know the person what they might have wanted or preferred and get an idea of what outcomes they would have wanted. We must operate according to the principles of the Mental Capacity Act (2005) and make a best-interests decision in terms of specific safeguarding risks, taking into account what that person would have preferred or wanted, so we have to find ways to obtaining this information from family, friends, care or health workers etc.

6. Myth: “You can’t do MSP when a person refuses help and there is no obvious way in.”

Reality: Making Safeguarding Personal is for everyone, including people who refuse support.

See myth 1 above. Check whether there is coercion or control going on – is someone else pressurising the person to refuse help? Do you need help to speak to the person in private? Utilise professional curiosity to understand why someone is behaving in this way when there are risks or experiences of abuse or neglect. For example, if there is self-neglect or hoarding, try to find out about the person and their background/history. Build up trust or work together with someone who they do trust. The 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.

Some other safeguarding adults myths

7. Myth: “It’s too complex ...if we refer it to ‘safeguarding’ they will sort it or “I don’t know about safeguarding (‘safeguarding is scary’) so I will refer on to someone who does.” (hand off)

Reality: Safeguarding is everyone’s business.

Safeguarding is everybody’s business and everyone’s responsibility. Safeguarding specialist staff can support and advise their colleagues but are generally not solely responsible for safeguarding service users/patients. In some organisations they carry out the bulk of the statutory safeguarding duties. However, people live with all sorts of risks in their lives and people with care and support needs may be more vulnerable to different risks or require more help to enable and manage safe risk-taking. Any practitioner or volunteer may come across a safeguarding issue and so needs to know how to support the person and when and where to seek specialist support and advice. It’s OK to seek help, and important to talk to the person about what you are doing and why. We can’t be experts in everything but when we ‘refer on’ we shouldn’t ‘hand off’. We need to ensure that ‘there is no wrong door’ so whoever the person tells or confides in, is able to help them sort out their situation and keep themselves safe.

Safeguarding adults is complex because peoples’ lives are complicated, and everyone’s situation is different. Also, there are lots of different ways in which people can be abused or neglected. That’s why our responses need to be personalised; different people may be involved in helping someone and partnership working is essential.

8. Myth: “Safeguarding is all about intervening where things have gone wrong and it is thought that we need to ‘investigate’.”

Reality: Safeguarding is about prevention and early intervention

Safeguarding adults is about prevention and early intervention as well as intervention when things have gone wrong. We have to become better at engaging with people and communities so we can anticipate things that could be addressed to minimise any likelihood of harm and to spot early on when things aren’t quite right and take early steps to offer support.

Under the Care Act (2014) we don’t ‘investigate’ anymore (unless within a police action) – we gather information and where necessary and appropriate. We make enquiries in partnership with each other professionals and in partnership with the individual.

Then we work out with the person what will help them to be safe, to achieve their outcomes and to achieve resolution and recovery.

It's better to stop abuse and neglect from happening than wait until things go wrong and people are exposed to hurt and harm.

9. Myth: “Once we have referred a concern to the Local Authority social services, then it is over to them to investigate.”

Reality: Safeguarding is everyone's responsibility

Working in partnership with the person raising the concern or making a referral and other people who can contribute, as well as the individual themselves, is critical to safeguarding adults. Safeguarding is not just about passing information on and 'passing the buck' but actively taking responsibility for things being done right. This myth applies as much to adult social services as it does to the person raising the concern. This is not an unequal power relationship where someone has power to make enquiries and intervene but should be an equal and open and transparent discussion. There also have to be good governance systems, so that people can get support if and when concerns aren't addressed, or when the person raising the concern isn't included.

10. Myth: “It is local leaders' (councillors) role to inspect care homes to reassure themselves that local people are safe.”

Reality: Councillors have a system leadership role.

Councillors have a key role in terms of local system leadership in safeguarding adults, rather than in delivery issues. For example, councillors should be ensuring that all the bodies responsible for adult safeguarding work effectively with each other; ensuring that fellow councillors and all council staff understand local arrangements for raising issues of concern about neglect and abuse and that there are clear pathways of reporting and responding to harm, or risk of harm; supporting and developing a culture that enables safeguarding support to be delivered within the six key statutory safeguarding adults principles and the wellbeing principle (Care Act, 2014).

Councillors can seek assurance that people who need safeguarding services are fully involved in, and in control of, safeguarding arrangements and processes at both practice and strategic levels. They can raise awareness of safeguarding issues with members of the public in their area. They can ensure that learning and development is made available to both staff and councillors on safeguarding policies, procedures and practice, including ongoing opportunities for reflective

practice and much more. Their focus should be on system leadership rather than operational delivery. See 'Must Know' www.local.gov.uk/sites/default/files/documents/1.93%20Safeguarding%20must%20know_03%20WEB.pdf

11. Myth: “Safeguarding isn't 'safe' and this fear leads to people going underground – they don't want to report concerns because they are worried about what happens as a result.”

Reality: Safeguarding keeps people safe.

Safeguarding services should be able to provide a safe place to go to for reporting concerns. It is up to all of us to ensure that concerns are addressed, and people feel that they are heard through the process. Ensuring we focus on strength-based practices – what matters to people and the outcomes that are important to them, working alongside them to develop solutions together. This will help to create confidence and trust in safeguarding support services.

For more information see the LGA website www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal

See MSP toolkit, case examples and link to podcasts on the LGA website www.local.gov.uk/msp-toolkit

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