



Making Safeguarding Personal in everyday practices

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What is Making Safeguarding Personal?

- A person- centered approach
- Safeguarding is done with, not to, a person.
- About meaningful improvement to someone's life
- About building relationships not...about a process





Making Safeguarding Personal

- The person is an expert in their own life
 - We are facilitators, offering support, respectful challenge and lots of options.
 - The person's views and wishes are at the centre of efforts to ensure their human rights
 - Some people need representation to support them to express their wishes
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The wellbeing principle

Care Act 2014 section 1



Six principles of adult safeguarding

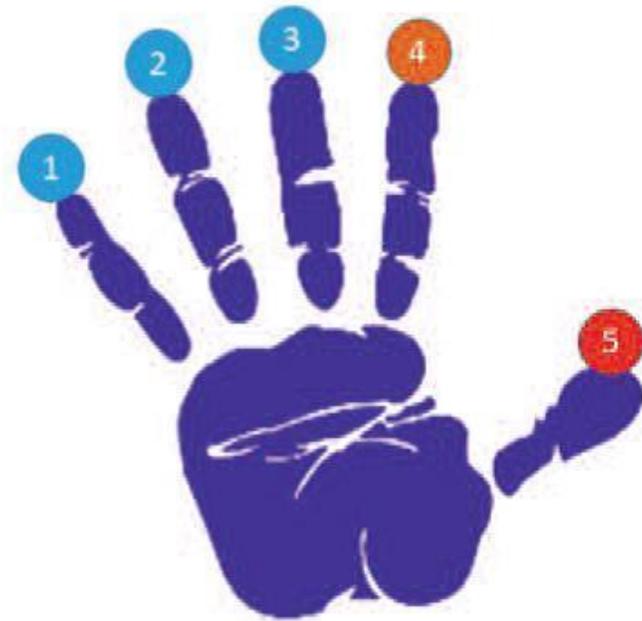
- Empowerment
- Prevention
- Proportionality
- Protection
- **Partnership**
- Accountability

Embedded within the Care and Support statutory guidance

What if a person does not have the mental capacity to make decisions about safety and wellbeing?

Mental Capacity Act 2005 – 5 principles

1. **A presumption of capacity**
 - Start by thinking I **can** make a decision
2. **Individuals supported to make their own decisions**
 - Do all you can to **help** me make a decision
3. **Unwise decisions**
 - You must **not** say I lack capacity just because my decision seems unwise
4. **Best interests**
 - Use a **best interest checklist** for me if I can't make a decision
5. **Less restrictive option**
 - Check the decision made **does not** stop my freedom more than needed



Human Rights Act 1998





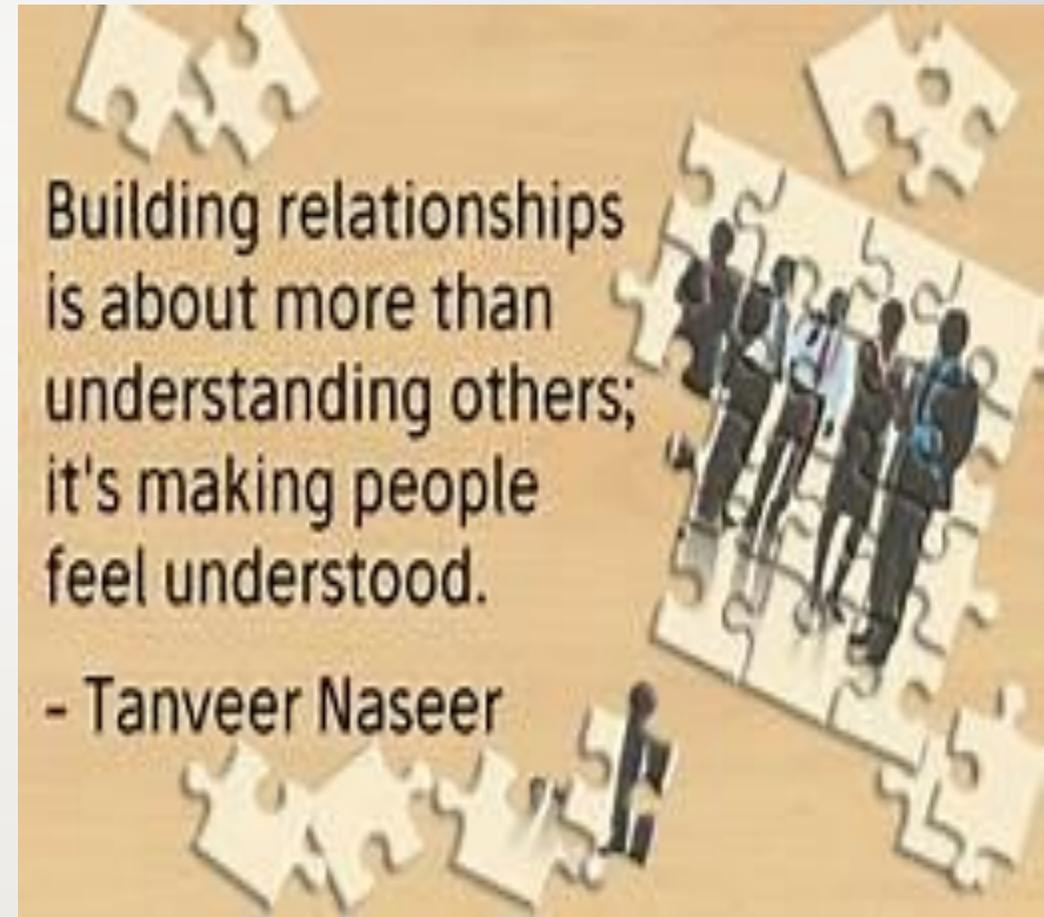
In everyday practice

What do we need in order to use a person centred approach to adult safeguarding?

- Leadership that promotes person centred approaches
- Regular reflective and challenging supervision
- Good training and development activities
- Legal literacy
- Be able to talk about safeguarding
- Have a common language
- Relationship building skills
- Professional curiosity
- Be a facilitator, not an expert
- Access to advocacy

Relationship building – what do people value?

- Good listeners
- Understand and value my perspectives and views
- Involvement is purposeful and supportive
- Being asked to define problems and goals – leads to mutual understanding
- Friendliness, warmth, empathy, genuineness, respect, honesty, reliability. (Ingram 2013)



Professional Curiosity

To explore and understand what is happening rather than making assumptions or accepting things at face value.

This has been described as the need for practitioners to practice '**respectful uncertainty**' – applying critical evaluation to any information they receive and maintaining an open mind. In safeguarding the term '**safe uncertainty**' is used to describe an approach which is focused on safety but that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable.



When a concern is identified or referred

- Does the person want a safeguarding concern to be raised? (Do they consent to a referral?)
- Does the person want to report the concern themselves?
- If they do not consent but risk to their human rights is high the referral can still be made
- The adult does not have to consent to use of the adult safeguarding legal duty (Care Act section 42)
- If someone declines safeguarding support, there is still a duty to consider how to reduce or manage risk.

The Care Act (2014) s42 duty

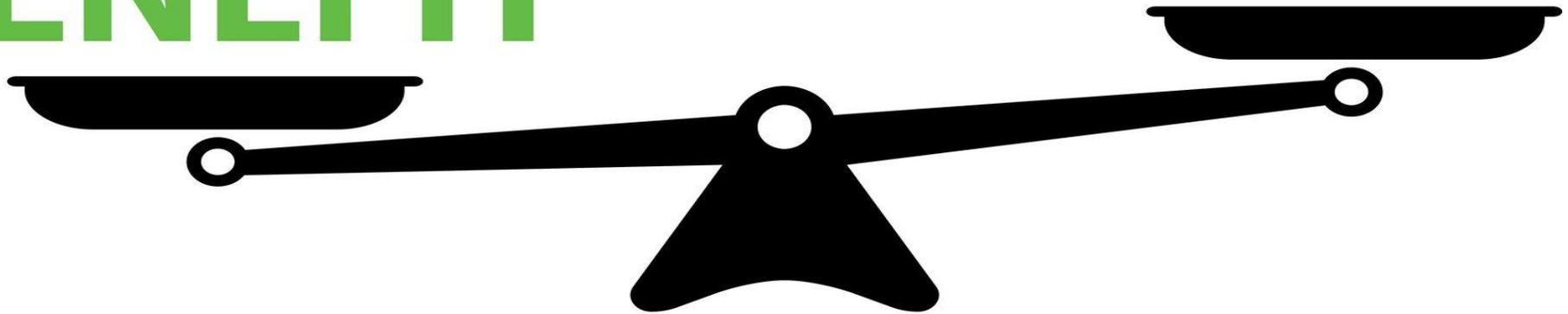
Local authority must either enquire or cause an enquiry (s42.2) to

- establish facts
- ascertain the adult's views and wishes
- assess the needs of the adult for protection, support and redress and how they might be met
- protect from the abuse and neglect, in accordance with the wishes of the adult;
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery

An MSP approach to working with risk – 3 steps

BENEFIT

RISK



Step 1 Understanding the person's wishes and feelings in relation to the risk identified by the concern

Listen to what the person says about the situation

Gather information about the history of the situation and the relationships and networks around the person. Who is important to them? Who do they think knows and understands what is happening?

Do they have a network around them, or are they isolated? Do they have people they can trust?

Gather information about their life, what is important to them, their wishes and feelings.

Step 1 continued

- What has happened previously? What works, what didn't and what can be learned?
- What are their views on the risk, and the benefits and drawbacks of the situation?
- Explore other aspects of wellbeing: what about physical, social and psychological wellbeing?
- Speak with others who are identified as important to the person, with their permission.

Work with the adult to put their wishes and needs in order of importance to them.

Step 2 *Understanding and clarifying the impact of risks on the adult*

Next, **list the risks and the impact of these on the person.**

- When listing the risks with the adult you can apply the simple tests of likelihood and impact to understand the extent of perceived risk. List how much the identified risks contribute to the adults desired quality of life and wellbeing. Identify what strengths or positive factors are present that may mitigate risk.
- This will provide a good basis for further discussion with the adult, their family or representatives, and other professionals as well as providing a means of sharing information and challenging perceptions. The adult may change their view after seeing information set out like this.

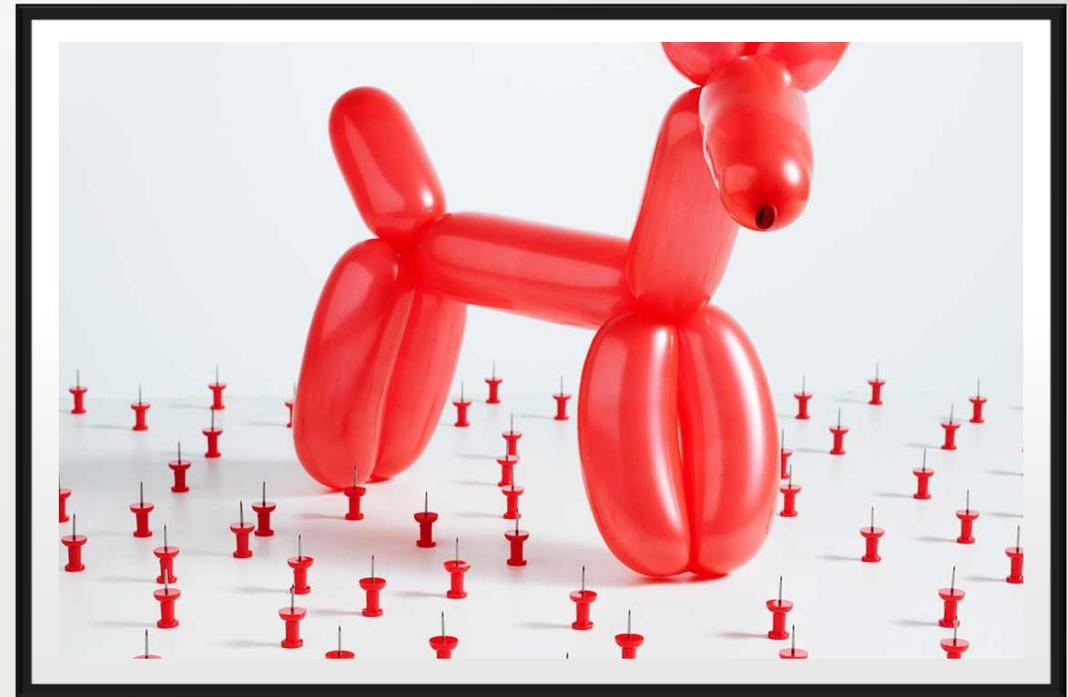


Step 3 *The safeguarding plan: enabling and responding to risk*

- Key questions to consider:
- How can safety be promoted without damaging the adult's human rights, or other benefits from the situation?
- Are there ways of supporting the adult to change the situation to reduce risk whilst still respecting their choices and promoting the quality of life they want?
- What could go wrong – what contingencies are needed?
- Does everyone involved have a joined-up understanding of the adult's situation, what is important to them and what the risks are?

What can go wrong

- People in care homes do not get an MSP approach
- Practitioners lose confidence in coordinated partnership safeguarding
- Practitioners are not given time to talk with the person.
- Practitioners do not use professional curiosity



To find out more....

- Ingram, R. (2013) 'Locating Emotional Intelligence at the Heart of Social Work Practice' in the *British Journal of Social Work*; 01.07.2013 Volume: 43 Issue: 5; p987- 1004
- Making Safeguarding Personal resources: <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>
- Cooper, A and White, E (2017) ***Safeguarding Adults Under the Care Act 2014: Understanding Good Practice (Knowledge in Practice)*** pub. Jessica Kingsley
- England legislation and statutory guidance:
- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>
- The Care Act 2014 see section 42 at <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>