**Making Safeguarding Personal (MSP) - Understanding the person’s experience**

We can improve services by understanding the persons views and perceptions of the process and how involved they were or wanted to be.

[My Safeguarding Experience Part 1](https://www.coventry.gov.uk/downloads/file/28742/my_safeguarding_experience_user_involvement_part_1) is to be used by the person at the beginning of the enquiry to record what the persons wants to happen as a result of the harm or mistreatment being reported.

We want to know how the person wants to:

* be involved in the process
* how they want to be informed
* who they want to be involved
* address the harm and what outcomes this reflects

[My Safeguarding Experience Part 2](https://www.coventry.gov.uk/downloads/file/28743/my_safeguarding_experience_user_feedback_part_2) is to be used when a case is being concluded and aims to illicit the person’s views about their experience both in relation to the process and the outcomes achieved (which may not have been an outcome they initially identified).

We want to know if the person:

* felt listened to
* felt informed
* felt safer
* was happy with how their concerns were dealt with

The question will also:

* enable the person to reflect
* provide an opportunity to ask questions that have arose since the enquiry
* facilitate some debriefing
* identify if further work is required to help the person to recover

As a case is concluding the worker and manager should identify if the person involved could be approached to share their experience of the process.

Everyone should be considered unless, in your professional judgement, there is good reason not to. This could include situations where involving the person:

* may place them in danger
* expose them to further risk of abuse or harm
* would not be ethically appropriate eg where the person is seriously ill, terminally ill or receiving palliative care.

Alternatively, the views of other people acting in the persons best interests and who have been involved in the enquiry can be sought, for example relatives, friends, carers, advocates, IMCAs etc.

**Reflective Practice and Making Safeguarding Personal**

As a concept MSP is relatively simple and straightforward to understand. However, in practice safeguarding activity is often complex, challenging, uncertain and influenced by a whole host of variables. Explicitly ensuring the safeguarding experience is made personal is now also added to the mix, introducing its own opportunities and challenges.

As MSP is about transforming culture and practice it requires us to develop and embed an altered mind-set, especially because we have become accustomed to a practice mind-set which is process driven.

Person centred practice is already well aligned with social work and nursing values so thinking in this way should hopefully not present as a major challenge but will require us to revisit our value base and think more deeply about what we do and how we do it.

It is helpful to THINK IN ACTION by developing a self-awareness during your conversations with the person and/or their representatives. Try to become aware of your values and reflect on the impact they might be having on these crucial conversations.

* Are you being overly protective and steering the conversation towards your own internal biases?
* Are you avoiding certain conversations as they trigger discomfort?
* Are you being risk averse and avoiding risk based conversations?

Think critically about whether you have automatically thought about process before the person and appraise and modify your approach so it shifts from process to person. You can then more easily REFLECT ON ACTION as you are already noticing the challenges and opportunities that those conversations create.

You could also ask for feedback from the person, their representatives, other professionals and peers (informally or via action learning sets) so personalised approaches can be discussed and reviewed. You can approach your supervisors, team leaders, safeguarding champions and the safeguarding adults team to talk things through. The user involvement and feedback forms can also help you to frame your questions with service users at any point in the process.

Although participation in meetings is one way of involving the person it may not necessarily be the best option and should not be considered automatically as the default position. Involving the person in safeguarding meetings will introduce a new dynamic to the meetings and this needs to be carefully considered and planned for. Other ways of getting involvement will require imagination and creativity, for example holding the meeting at a local community venue if possible, creating the opportunity for the person to meet the Chair in advance of the meeting to make them feel comfortable and explain the agenda/format, involving the person in setting the agenda, splitting the meeting into two parts, getting a statement written by or for the person which can be presented at the meeting (by the carer/representative or by you or the chair).

MSP will no doubt encourage a set a conversation which practitioners may find difficult to grapple with at first, as it potentially involves more explicit conversations about risks, consequences, impact and safety whilst a person is recovering from or continues to be fearful of further harm. It may also involve conversations about people they love and want to maintain relationships with, but who are harming them. Critically reflective action learning has been shown to be one way of helping front line staff to share, deconstruct situations and sharpen thinking. It helps to effectively confront conflict in cases, review approaches, plan ahead and develop new ways of learning.

**Organisation’s Perspective**

* Was there anything that could have been done better? Is there a need to make any changes to the way we do things?
* How successfully did everyone work together to meet desired outcomes?
* Can any changes or improvements be recommended as a result??
* Do our systems, policies and processes lend themselves well to MSP? If not, what needs to be changed?
* Are there any training and development needs?
* The organisation can also measure outcomes by:
  + Case File audits – is the quality of recorded outcomes good?
  + Collection and reporting of data – what is the data indicating?
  + Evaluation of staff’s competency – do managers and supervisors discuss person centered outcome practices in 1:1s? Is practice observed and evaluated? Is reflective practice incorporated into conversations, 1:1’s, staff meetings, peer supervision, action learning sets etc.?