



SAFEGUARDING, DISCLOSURE & PERSONAL SAFETY

Making Safeguarding Personal

Keeping the person's wishes, choices and outcomes
at the centre of safeguarding.

The key idea

Making Safeguarding Personal is an approach to adult safeguarding in England. It focuses on working with the person to understand what they want to happen, rather than treating safeguarding as a process done to them.

What is Making Safeguarding Personal?

Making Safeguarding Personal (MSP) is an approach used in adult safeguarding in England. It emphasises safeguarding that is **person-led and outcome-focused**: understanding what matters to the adult, what they would like to change, and how they want to be involved in decisions.

More than completing a process

A safeguarding response should not be judged only by whether forms, meetings or enquiries happened. MSP asks whether the response helped achieve outcomes that mattered to the person and whether they were involved as much as possible.

What might an 'outcome' look like?

An outcome is what the person hopes will be different as a result of safeguarding support. It might be feeling safer at home, stopping unwanted contact, keeping an important relationship while reducing risk, having more control over money, being listened to, receiving support to make a decision, or simply understanding their options.

The person's priorities may differ from ours

Professionals, relatives and the adult may understand risk differently. Person-centred safeguarding involves exploring those differences rather than assuming that the professional's preferred solution is automatically the person's desired outcome.

Where does it fit legally?

MSP sits within the adult-safeguarding framework created by the **Care Act 2014** and its statutory guidance. The Care Act guidance describes safeguarding as person-led and outcome-focused and says adults should be engaged in conversations about how best to respond to their safeguarding situation.

Related resource

The legal threshold for a Care Act safeguarding enquiry and the different forms of abuse and neglect are covered more fully in the upcoming **Care Act & Adult Safeguarding** resource.

Starting with the person's voice

A useful safeguarding conversation begins with curiosity about the person's experience rather than immediately deciding what should happen.

Questions that may help

What is happening from your point of view?
What are you most worried about?
What would you like to happen?
What would you not want to happen?
Who would you like involved?
What would help you feel safer?

Choice needs accessible communication

A person cannot meaningfully participate if information is inaccessible. They may need plain language, Easy Read, an interpreter, communication aids, visual information, extra processing time, sensory adjustments, a trusted supporter or meetings arranged differently.

Do not mistake communication differences for lack of views

Somebody may communicate non-verbally, need longer to process questions, give inconsistent answers under pressure or need support to understand abstract choices. The task is to make participation more accessible, not to assume they have nothing to contribute.

What if the person does not want the same thing as professionals?

Adults with capacity are generally entitled to make decisions that others may consider unwise. Safeguarding work should explore risk, options and consequences without automatically removing choice. There are, however, circumstances where agencies may still need to act — for example where other people are at risk, a crime requires action, or there are concerns about coercion or the person's ability to make the relevant decision.

Choice is not the same as abandonment

Respecting autonomy does not mean withdrawing support because somebody does not choose the option professionals prefer. It can mean continuing to offer information, practical help and safer alternatives while respecting lawful choices.

Six safeguarding principles

Care and Support Statutory Guidance describes six principles that underpin adult safeguarding. They fit closely with a Making Safeguarding Personal approach.

Empowerment

People are supported and encouraged to make their own decisions and give informed consent wherever possible.

Prevention

It is better to take action before harm occurs, including providing accessible information and early support.

Proportionality

Responses should be appropriate to the risk and should use the least intrusive response that is suitable to the circumstances.

Protection

People in greatest need should receive support and representation to protect them from abuse and neglect.

Partnership

Communities and services work together, with local solutions and appropriate information sharing.

Accountability

Safeguarding practice should be transparent, with clear responsibilities and understandable decision-making.

Capacity, consent and advocacy

Safeguarding decisions sometimes raise questions about whether a person can make a particular decision for themselves. Capacity is **decision-specific and time-specific**; a diagnosis, disability or communication difference does not by itself establish that somebody lacks capacity.

Mental Capacity Act

Where capacity is genuinely in question, the **Mental Capacity Act 2005** provides the framework for assessment and decision-making. This is covered in greater depth in the Capacity, Consent, Liberty & Advocacy collection.

What about consent to safeguarding?

The person's wishes and consent are central, but adult safeguarding is not always dependent on consent. Information may sometimes need to be shared or action taken where there is risk to others, serious crime, coercion, public-interest considerations or other lawful safeguarding reasons. The reason should be considered carefully and, where safe, explained to the person.

Be transparent where possible

If action is needed that the person did not request, good person-centred practice includes explaining what is happening, why, what information may be shared, and how the person can remain involved.

When advocacy may be needed

Under the Care Act, local authorities have duties in certain circumstances to arrange an independent advocate for an adult who would otherwise have **substantial difficulty** being involved in assessment, care planning, review or safeguarding processes and who does not have an appropriate person able to support their involvement.

Advocacy supports involvement

An advocate is not simply there to agree with professionals. Their role includes helping the person understand the process, communicate their wishes and participate as fully as possible.

Balancing safety and autonomy

Safeguarding can involve difficult tensions. Someone may value a relationship, home, routine or independence even when that situation also involves risk. MSP encourages professionals to understand those priorities rather than reducing the person to the risk itself.

Example: financial abuse

A person may want the financial abuse to stop but still want contact with the relative involved. The safeguarding goal might therefore include protecting money, changing access to accounts and agreeing boundaries rather than assuming that ending all contact is the only acceptable outcome.

Example: neglect or self-neglect

A person may decline a major change to their living arrangements but accept smaller practical support. A proportionate plan might build from what they will engage with while continuing to review risk.

Example: controlling relationship

A person may not feel ready or able to leave. Support can still include confidential advice, safety planning, practical options and opportunities to seek help later without blaming them for remaining in the relationship.

Risk can change

Desired outcomes should be revisited rather than recorded once and forgotten. Circumstances, relationships, health, confidence and risk can all change. A person who initially wants very limited intervention may later want something different.

Keep asking, not assuming

A useful review question is: **“Is this still what you want, and has the safeguarding response made the difference you hoped for?”**

What good person-centred safeguarding can look like

Making Safeguarding Personal is not one form or one conversation. It should influence how the whole response feels to the person.

- The person knows why safeguarding is being discussed.
- They are asked what they want to happen and what matters most to them.
- Information is provided in a form they can understand.
- Communication, disability, cultural and sensory needs are considered.
- Their choices are respected wherever the law allows.
- Risks and professional concerns are explained rather than hidden behind jargon.
- Decisions to act without consent are reasoned and communicated where possible.
- Advocacy is considered when the person has substantial difficulty participating.
- The response is proportionate rather than automatically restrictive.
- Outcomes are reviewed with the person, not only recorded by services.

For family and supporters

Supporting somebody does not mean speaking over them. Where possible, help them prepare questions, understand information and communicate their own views. If your concerns differ from theirs, you can explain those concerns while still recognising that their wishes matter.

About this resource

This PDF provides general educational information about Making Safeguarding Personal within adult safeguarding in England. Individual safeguarding decisions depend on the circumstances, relevant law, risk and the person's own wishes and needs.

Information reviewed: September 2026

References & further information

Department of Health and Social Care. *Care and Support Statutory Guidance*. Statutory guidance supporting the Care Act 2014, including adult safeguarding, the six safeguarding principles, advocacy and person-led, outcome-focused practice.

Local Government Association & Association of Directors of Adult Social Services. *Making Safeguarding Personal*. Practice resources supporting person-led and outcome-focused adult safeguarding.

Care Act 2014. The statutory framework for adult social care and adult safeguarding in England.

Mental Capacity Act 2005. The legal framework relevant when a person's capacity to make a particular decision is in question.

Related resources in this collection

Continue with **The Care Act & Adult Safeguarding** for the statutory safeguarding framework, and the later **Capacity, Consent, Liberty & Advocacy** collection for more detailed information about mental capacity and advocacy.