**Safeguarding in Practice**

**Module code: MOD005913**

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# **Task 1: Care Act 2014, Section 42, safeguarding enquiry**

**Section 42 form for academic year 21-22**

*The section 42 form and answers to the tasks should be submitted as one complete document on Turnitin.*

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| **Task 1: Safeguarding Adults Initial Enquiry Form**  **This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect and is the start of a Safeguarding Adults (Section 42) Enquiry under the Care Act.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **This form should be completed as fully as possible in order that robust decisions can be made about the progression, or otherwise, of the Safeguarding Adults Enquiry.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Person completing the form:** | | Tonia | | | | | | | **Role of Person:** | | | | | | | | | | | | | | Social worker | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of referral to Adult Social Care:** | |  | | | | | | | **Organisation:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone number:** | |  | | | | | | | **Type of service:** | | | | | | | | | | | | | | Social care and support services | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of incident/suspected/actual abuse or neglect** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of alleged incident:** | |  | | | | | | | | | **Who reported the alert/concern?** | | | | | | | | | | | | Support worker, Carly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time of alleged incident:** | |  | | | | | | | | | **Date of report:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Where did the incident occur?** | | | | | | | | | | | Flat 4C, Ashwood Road, Greenwich (home of adult reported to be at risk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of the adult at risk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | Ellie Carlton | | | | | | | | | **Date of Birth:** | | | | | | | | | | | | 3rd July 1993 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | |  | | | | | | | | | **Ethnicity:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | Flat 4C, Ashwood Road, Greenwich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is the adult’s primary reason for needing care and support? (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical support:** | | | |  | **Sensory support:** | | | | | | | | | |  | | | **Support with memory and cognition:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Learning disability support:** | | | | ✓ | **Asperger’s syndrome support:** | | | | | | | | | |  | | | **Autism support:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Mental health support:** | | | |  | **Social support (includes support for carers/substance misusers):** | | | | | | | | | |  | | | **No support reason:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Other health condition:** | | | |  | **Please specify:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any other details about the adult at risk:** | | | | Ellie (the adult at risk) has been looked after by social services since five years of age, and her parents have struggled to look after her during her childhood.  Presently this adult lives alone, in the aforementioned address, and has a support worker (who reported the incident concerned) visiting her every morning helping her to organise her day and other matters such as bills, work, etc.  Ellie has a part-time job in a supermarket, as a cleaner and general helper. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of the alleged perpetrator (where relevant)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | Bernard Lane | | | | | | | | | **Relationship to victim:** | | | | | | | | | | | | Friend and roommate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth:** | | 17th September 1981 | | | | | | | | | **Ethnicity:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(1) Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please provide a body map.**  **(Maximum 200 words)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The alleged perpetrator (Bernard) works with Ellie at the supermarket, and they had become close friends often going out together. Bernard is a divorcee and all his money goes towards supporting his daughter. He recently moved in to Ellie’s flat and Ellie confided to her support worker (Carly) that even though they had not yet been involved in a sexual relationship she hoped they would one day, and ultimately get married. Carly however noticed that Bernard seemed to be using Ellie’s flat for his convenience, and did not contribute towards any chores or paying bills or paying for food. If he is challenged in this regard, he storms out getting angry. Carly also found Ellie sleeping on the couch, while Bernard used the bedroom.  The incident occurred during Carly’s latest visit where she found Ellie withdrawn and upset; Ellie stated that Bernard got his girlfriend to stay there over the past few days. Ellie seemed to be feeling she had no choice but to let Bernard stay. When Ellie was in the bathroom, Carly saw Bernard taking money from Ellie’s purse; when he was challenged by Carly he swore at her and said Ellie did not need Carly anymore. When Carly saw Ellie then, she was despondent and tired. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Types of abuse (tick all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical** | | |  | | | | **Sexual** | | | | |  | | | | | | | | **Psychological/emotional** | | | | | | | | | | | | | | | | | | | | | | | | | | ✓ | | | |
| **Financial/material** | | | ✓ | | | | **Neglect/omission** | | | | | ✓ | | | | | | | | **Discriminatory** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Organisational/institutional** | | |  | | | | **Self-neglect** | | | | |  | | | | | | | | **Domestic abuse/violence** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Modern slavery** | | |  | | | | **Radicalisation/extremism** | | | | |  | | | | | | | | **Other** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **If other, please specify:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the victim at risk of further abuse/neglect? (please tick)** | | | | | | | | | | | | | **Yes** | | | | | | ✓ | | | | | **No** | | | | | |  | | | | | **Unknown** | | | | | | | | | |  | | | | |
| **(2) What has been done to ensure the immediate safety of the alleged victim(s) and others? Completing and submitting this form does not constitute management of immediate risks. *(Maximum 200 words)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In relation to financial abuse witnessed, the perpetrator (Bernard) has been warned by Ellie’s support worker Carly that Ellie does not have much and that he should not be taking the little she has. In relation to the psychological/emotional abuse and omission/neglect faced by Ellie, during earlier visits Carly had tried to speak to Bernard, but he retorts angrily. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Were the Police called?** | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | | **No** | | | | | ✓ | | | | | | | | | | | | | |
| **Please provide the outcome of the Police action and Police log number (if available):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If the incident relates to domestic abuse/violence, has the MARAC Checklist (CAADA-DASH) been completed?** | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | **No** | | | | | |  | | | | | | | | | | | | |
| **If yes, has a referral to MARAC been considered?**  **Please provide details, including discussions with your agency’s Single Point of Contact (SPOC) for MARAC:** | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | **No** | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide details of other agencies involved that will be able to help with the safeguarding adults enquiry:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you aware that there have there been any previous safeguarding referrals made in relation to this adult at risk or alleged perpetrator?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | **No** | | | ✓ | | | | | |
| **If yes, please provide details (e.g. dates, type of abuse, action taken):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any risks to others (other adults, children)?** | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | **No** | | | | | |  | | | | | | | **Unknown** | | | | | | | | ✓ | |
| **Please provide details (also include who this information has been shared with – e.g. Police, Children’s Social Care, MAPPA). If there are risks to children you must notify Children’s Social Care.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Involvement of the adult(s) at risk**  The following section is crucial to determining the next steps in the safeguarding adults enquiry and every attempt should be made to complete it as fully as possible. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the adult(s) at risk given consent for this referral?** | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | **No** | | | | | | ✓ | | | | | | | | | | | | |
| **If no, please confirm why you have not sought consent or are overriding consent (please tick):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Public interest (risks to others)** | | | | | |  | | **Risk of serious harm** | | | | | | | | |  | | | | **Suspected serious crime** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Adult at risk lacks mental capacity to provide consent (best interest decision made)** | | | | | | ✓ | | **Ability to consent is affected by threatening or coercive behaviour** | | | | | | | | | ✓ | | | | **Seeking consent would increase risks to the adult or others** | | | | | | | | | | | | | | | | | | | | | | | | | | | ✓ | |
| **Other, please provide details below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(3) Do you think the adult at risk has mental capacity in relation to making decisions about their safety?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | **No** | | | | ✓ | | |
| **If no, has a mental capacity assessment been undertaken?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | **No** | | | |  | | |
| **Do you think the adult at risk would have substantial difficulty in participating in the safeguarding adults process?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | ✓ | | | | | **No** | | | |  | | |
| **If yes, is there a suitable person who could represent them? (e.g. family member, friend, advocate)** | | | | | | | | | | | | | **Yes** | | | | | | ✓ | | | | | | | **No** | | | | | |  | | | | | | | **Unknown** | | | | | | | | | |  |
| **Please provide the name and contact details of this suitable person:** Carly (Social Support Worker) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the adult at risk’s family been informed of the concerns (where the adult has consented to this)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | **No** | | | | |  | | --- | | ✓ | | | |
| **If you think the adult at risk may need support to participate in the safeguarding adults process, please provide details of what support may be required: (*For Question 3 about consent maximum 200 words)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To support Ellie who is an adult at risk of abuse, and who has a learning disability, it is required to ensure she gets all the information about abuse which she is capable of understanding. This would enable her to recognise abuse, and report it as appropriate. It is also important to ensure self-advocacy services and advocacy groups are available. Importantly Ellie should get adequate help to complain, where she is given accessible information about where and how to complain, and also services ensuring it is easy for people like Ellie to complain and that she gets an answer when she complains. Moreover to provide good quality support services to Ellie it is important to make sure that patient-centred approaches are used, and Ellie is empowered to say how she would like to be treated. Support should importantly be offered to ensure Ellie is given the chance to make choices. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(4) What does the adult at risk (or their representative) say that they want to happen as a result of this meeting and as a result of a safeguarding enquiry (what are the client’s desired outcomes)? *(Max words 200)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As a result of the safeguarding enquiry, Ellie’s representative (Carly the support worker) requires an adequate protection plan to be put in place so arrangements can be made to keep Ellie safe from abuse and neglect. Hence as a result of this enquiry, Ellie’s representative wishes that Ellie’s needs for protection, support and redress would be assessed and met adequately. Importantly, due to Ellie being an adult with a learning disability, it is important that she lives with people whom she likes and feels safe with. It is also desired that counselling and therapy are available for Ellie who has been abused. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** |  | | | | | | | | | | | | | **Date:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Printed:** |  | | | | | | | | | | | | | **Time:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

# **Task 2: Assessment of Ellie’s mental capacity**

## 2.1 Introduction

This task focuses on assessing the mental capacity of the adult at risk in the given scenario, Ellie. The Mental Capacity Act 2005 serves as an important law for people with learning disabilities and requires an assessment of mental capacity to be made before carrying out any treatment or care (Mencap, 2021). This mental capacity assessment (MCA) tests if Ellie is able to make a decision whether Bernard should continue to live with her.

## 2.2 Assessing Ellie’s mental capacity

The Mental Capacity Act is centred around five key principles. These principles state that it must always be assumed that a person is capable of making the decision unless there is proof that the person is not capable (principle 1); all possible means must be tried to support a person in making the decision themselves (principles 2); it must not be assumed that the person is not having the capacity of making a decision, just because they may make a decision that is unwise (principle 3); decisions made for someone who cannot make decisions themselves, must always be done in their best interests (principle 4); and any decisions and treatments for someone lacking capacity always needs to follow the path least restrictive towards their basic freedom and rights (principle 5) (Barcham, 2018).

A MCA comprises two main stages, commencing with stage 1. This determines if the person is unable to make a particular decision and is often referred to as the *diagnostic test of capacity.* This test considers evidence related to impairment or disturbance in functioning of the brain (Barcham, 2018). In Ellie’s case she is having a learning disability since childhood, depicting the existence of impairment in brain functioning. The second stage of the MCA is 4-step *functional test* that identifies if a person is unable to make their own decision if they are incapable of doing one or more of the following four: understanding information given to them, retaining the information long enough to enable making the decision, weighing up information available to make the decision, and communicating their decision (Mackenzie, 2020).

When carrying out the second stage the first three principles of the Mental Capacity Act stated above are applied. Notably while Bernard seemed to be using Ellie’s flat like a hotel for himself without paying for food or doing chores, she could not understand that he was making use of her. All this depicts Ellie is *not capable of understanding information given*, thereby meeting one of the four elements of the functional test. Further, when Bernard got his girlfriend Lizzy to stay at Ellie’s flat and Ellie was sad and withdrawn, she only felt she had no choice. This depicts *Ellie is not capable of weighing up information available to make the decision,* thereby meeting another element of the functional test.

## 2.3 Conclusion of assessment of mental capacity

Based on the MCA carried out on Ellie, stage 1 (diagnostic test of capacity) depicted the existence of impairment in brain functioning due to her learning disability; stage 2 (functional test of capacity) depicted that Ellie lacks capacity to make the decision of whether Bernard should continue to live with her.

# Task 3: Making Safeguarding Personal for Ellie

## 3.1 Introduction

Over the past, service users involved in adult safeguarding processes claimed to sometimes have felt they are having little or no control over what is happening to them, tend to be rushed towards making decisions over which they are having very little say, and are also not engaged or involved in discussions (ADASS, 2014). The concept of ‘’Making Safeguarding Personal’’ (MSP) is therefore a shift in paradigm, incorporating a change in practice and culture, ensuring that safeguarding is considered more effective from the perspectives of the adult at risk involved in the enquiry. This task looks at how the concept of MSP can be applied considering Ellie’s circumstances, and also discusses a chosen intervention to safeguard Ellie from neglect and abuse.

## 3.2 Approach of ‘’Making Safeguarding Personal’’ for Ellie

### 3.2.1 MSP approach relative to Ellie’s circumstances

The MSP approach to safeguarding focuses on ensuring that the adult at risk and/or their advocate (if the person is lacking mental capacity) are consulted and fully engaged throughout the enquiry, whilst their views and wishes remain central to the outcomes of the enquiry as far as possible (SPBA, 2020). When applying the concept of MSP in Ellie’s case it is important to put her, as the adult at risk, at the heart of the enquiry. Notably the adult at risk is having rights under the policy and procedures for safeguarding adults to be represented and supported by an independent advocate upon meeting certain conditions (SPBA, 2020). However the adult at risk needs to be empowered as much as possible to b having control and choice throughout the intervention for safeguarding. Considering Ellie’s circumstances given in the case study, and the mental capacity assessment (MCA) undertaken in Task 2, it is identified that Ellie is lacking mental capacity which could be attributed to her learning disability. When the adult at risk lacks mental capacity, the MSP approach identifies advocates/best interest assessors to engage in best-interest decision making and find out what the adult at risk wants to achieve and how best to go about achieving these desired outcomes (Cooper *et al*, 2018).

In Ellie’s case her support worker Carly is identified as her representative engaging in best-interest decision making. As identified from the Section 42 enquiry form completed in Task 1 above, in Ellie’s best interests, Carly states the desired outcomes of the safeguarding enquiry to involve an adequate protection plan being put in place so arrangements can be made to keep Ellie safe from abuse and neglect. It is also desired by Carly that counselling and therapy are available for Ellie who has been abused, to support redress. While recording at the outset what the adult (and/or representative) wishes to be the outcome of the safeguarding process, the MSP process requires their wishes to be recorded on an on-going basis to clearly identify progress being made against the desired outcomes, and if any change is needed to these outcomes (Manthorpe *et al*, 2014).

### 3.2.2 Applying the MSP throughout Ellie’s safeguarding

Importantly the MSP approach is underpinned by the six principles of adult safeguarding which include protection, empowerment, proportionality, prevention, partnership and accountability, all of which inform the way how professionals and other staff need to work with adults as specified by the Care Act 2014 (SPBA, 2020); the MSP helps translating these principles into practice. Notably MSP needs to be applied in every stage in the process of safeguarding the adult at risk, particularly because such people could easily feel disempowered and damaged by the interventions for safeguarding unless they know what is going on, options they have and their implications, and the choices they have (Starns, 2019).

Therefore applying MSP throughout Ellie’s process of safeguarding it is important to ensure that support is provided to enable the adult at risk (Ellie) making decisions where appropriate, Ellie (the person at the heart of the enquiry) and her representative are fully involved from the beginning, and also the locations and pace of meetings will be guided by the circumstances, needs, choices and lifestyle of the adult at risk (Ellie). It is also important to ensure that accessible advice and information is readily available, Ellie and her advocate are kept aware of the various possible options and outcomes from an intervention, support is provided to help decision-making where appropriate, and also Ellie and her advocate are agreeing that their wishes and views could be proportionately shared with other professionals involved in her care planning (Spreadbury, 2020).

## 3.3 Intervention to safeguard Ellie from abuse and neglect

The chosen intervention to safeguard Ellie is *advocacy.* This intervention involves empowering Ellie to recognise the potential for abuse or neglect, whilst raising concerns about the same (ADASS, 2017). Currently, when Bernard her perpetrator *financially abuses* her by taking her money, *neglects* her by making her sleep on the couch while he occupies the room and does not consider her needs, and also *emotionally abuses* her by getting angry when challenged about not attending to bills or chores, etc., Ellie is not capable of recognising this abuse and is left to feel she has no choice.

Therefore empowering Ellie to recognise this potential for abuse and neglect, whilst enabling her to raise concerns about such abuse would support her being safeguarded from Bernard’s abuse and neglect. This intervention of empowerment thereby recognises existing skills of the adult at risk (Ellie) and supports her in developing new skills and confidence to speak for herself (Cooper *et al*, 2018). Ellie would also be enabled to access relevant support services. This will be done in accordance with the aforementioned six safeguarding principles of the Care Act 2014.

## 3.4 Conclusion

Applying the MSP approach to safeguarding Ellie places her at the centre of the enquiry. The intervention of advocacy was chosen empowering Ellie to recognise the potential for abuse and neglect, and access support services. This would help meet the desired outcomes of Ellie’s safeguarding enquiry specified in the Section 42 form.

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