



UNIT-12

Safeguarding Adults

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Understand the meaning and importance of adult safeguarding
- ✓ Discuss the six primary principles of safeguarding adults
- ✓ Differentiate between the different classifications of abuse and neglect

Unit 12

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Definition of Adult Safeguarding

Interpretations as to what exactly 'adult safeguarding' means often vary from one person to the next. In an attempt to standardise the concept at least to an extent, the formal definition of adults safeguarding as provided in the Care Act is as follows:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Safeguarding Adults - What Does it Mean?

In the simplest terms possible, safeguarding adults means proactively protecting the health, wellbeing and human rights of those considered to be 'at risk'. The objective of adult safeguarding is to enable those concerned to live freely, safely and without falling victim to neglect or abuse.

Importantly, adult safeguarding is only effective when *everyone* plays a role in the process.

In the United Kingdom, various organisations and individuals work together to ensure that adults at risk are protected from harm and supported accordingly. While at all times making sure that the values, beliefs, feelings, wishes and views of the individual in question are taken into account.

Where it is determined that action must be taken, it must be decided upon and implemented as a collaborative effort with the individual it concerns - not simply on their behalf and without their involvement.

Who is an 'Adult at Risk'?

An 'at risk' adult is defined as anyone who may be particularly vulnerable to exploitation or harm, due to their current situation or their care and support requirements.

The term 'abuse' refers to any kind of physical or psychological harm inflicted on a person, or mistreatment of any kind - irrespective of whether it is deliberate or accidental. Contrary to popular belief, it is not necessary for physical injury to occur for an individual to be considered to have suffered abuse.

The term 'neglect' applies when an individual who is responsible for taking care of someone else does not adequately provide the care and support they need. Again, neglect can be deliberate or accidental.

The Various Forms of Abuse and Neglect

Identifying instances of abuse or neglect can be challenging, given how both can occur in various different forms. Abuse is generally defined as the violation of a person's civil and human rights by any other third party, which causes them harm.

Neglect can likewise result in harm, though is typically the result of *inaction* or irresponsible behaviour on the part of the individual designated with the victim's care.

Just a few of the most common forms of abuse include the following:

- **Physical abuse** – pushing, slapping, hitting, restraining and all types of physical 'attacks' fall within this bracket.
- **Domestic violence** – domestic violence is defined as any type of aggression or abuse that occurs between partners or family members.
- **Sexual abuse** – non-consensual sexual activity of any kind is classified as abuse, as is harassment, indecent exposure, rape and inappropriate physical contact.
- **Psychological abuse** – many cases of abuse do not involve any physical contact whatsoever, but may instead concern instances of bullying, verbal abuse, blackmail, coercion and threats.
- **Financial or material abuse** – instances that are financial in nature, such as fraud, deception, coercion and theft.
- **Modern slavery** – human trafficking and forced labour both fall within the bracket of modern slavery and are serious criminal offences.
- **Discriminatory abuse** – this applies to slurs, insults and general harassment in relation to an individual's gender, sexuality, disability, age, gender, race or religion.
- **Organisational abuse** – applies to instances of neglect, inadequate care or abuse that take place in care settings or under the responsibility of a care provider.
- **Neglect and Acts of Omission** – failure to act or ignoring medical, emotional or physical care needs.

- **Self-neglect** – it is not uncommon for an individual to neglect their own health, hygiene and general lifestyle requirements, if not provided with adequate support.

The Six Principles

Cemented in the Care Act though initially outlined in 2011, the Department of Health publishes six key principles that must be upheld in every health and care setting across the UK.

These six principles as outlined by the Department of Health are as follows:

1. Empowerment

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

“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”

2. Prevention

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”

3. Proportionality

The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.”

4. Protection

Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

5. Partnership

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

6. Accountability

Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Source: Care Act, Department of Health

What is Adult Safeguarding and Why Does it Matter?

Where adult safeguarding is effective, it enables those concerned to live a safe, free and fulfilling lifestyle, without the risk of neglect or abuse.

Accordingly, every Local Authority in the United Kingdom is obliged (under the terms of the Care Act) to do the following:

- Make enquiries or assign others to do so if there is any indication a suspicion that an adult is experiencing or at risk of abuse or neglect.
- Establish by way of enquiries if and to what extent action needs to be taken and who needs to take it.
- Set up a safeguarding adults board with appropriate personnel.
- Where appropriate, organise an independent advocate to support and represent the individual at the centre of the safeguarding inquiry.
- Cooperate with all relevant partners to ensure that adults experiencing or at risk of neglect or abuse are protected.

By definition, an ‘at risk’ adult is any individual aged 18 or over who is considered to be at risk of neglect or abuse, due to their current circumstances or their requirements for care and support.

The Aims of Safeguarding Adults

According to NHS England, there are four primary objectives that those involved in safeguarding adults should prioritise at all times.

These so called ‘aims’ of safeguarding adults are as follows:

- ✓ To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

- ✓ To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives “Making Safeguarding Personal”.
- ✓ To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- ✓ To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

Source: NHS England

The NHS also outlines some of the most important steps that must be taken in order to ensure these objectives are achieved. Specifically, NHS England states that for adult initiatives to succeed, it is essential:

- ✓ To ensure that the roles and responsibilities of individuals and organisations are clearly laid out.
- ✓ To create a strong multi-agency framework for safeguarding.
- ✓ To enable access to mainstream community safety measures.
- ✓ To clarify the interface between safeguarding and quality of service provision.

Source: NHS England

Who Takes Responsibility for Safeguarding Adults?

Adult safeguarding can only be effective when it is shared collectively between as many contributors as possible. In fact, *all* staff who work within the health and care sector are expected to take responsibility for the safety and wellbeing of their patients and their colleagues alike.

Everybody has the basic human right to live a life free from harm and abuse (inflicted or threatened), though not everyone is able to speak out and admit they need help and support. Adult safeguarding works to uphold the best interests of all adults, though ensures additional measures are provided for those who may be less able to protect themselves from abuse, harm or neglect.

The principles of adult safeguarding are entrenched in everything the NHS does and form an integral part of each and every worker’s responsibilities. Adult safeguarding isn’t just a case of morals or ethics - it is a formal requirement in order to ensure those working with patients (directly or indirectly) comply with all applicable legislation.

Specific responsibilities vary from one care provider to the next, but anyone who has any safeguarding concerns whatsoever is duty bound to do the following:

- Quickly determine whether the emergency services should be called and involved

- Take steps to ensure the safety and wellbeing of the individual
- Consult with the individual to establish their wishes, views and preferences
- Preserve and safeguard any evidence that may be required later
- Ensure all local risk and incident reporting procedures are followed
- Remain calm, professional and objective at all times, keeping emotions in check
- Demonstrate empathy, understanding and concern while listening carefully
- Make sure the individual knows you are obliged to share key information
- Keep a detailed account of what the individual tells you and your own observations

However, it is also important to remember that an individual suspected to be a victim (or at risk) of abuse or neglect is perfectly within their rights to refuse help and support. As outlined in the Health Professions Council standards:

‘A person who is capable of giving their consent has the right to refuse treatment. You must respect this right. You must also make sure they are fully aware of the risk of refusing treatment, particularly if you think there is a significant or immediate risk to life.’

This principle also applies in the context of safeguarding adults.

All healthcare and support workers have a ‘duty of care’ to the individuals they work with and their colleagues alike. This means they are duty bound to ensure duty of care is reasonably met, which means ensuring the following requirements have been fulfilled:

- The worker has taken all reasonable and appropriate steps
- An appropriate and thorough assessment has been carried out
- All important information has been collated and considered
- The worker has followed all applicable procedures and policies
- Every step of the process has been documented in detail
- The individual in question has been informed of the risks of inaction

Where an individual who has have been the victim of abuse or neglect (or is considered to be at risk) is unwilling to cooperate or take action, it is often due to fear of the consequences of doing so. This is why it is essential to ensure that such persons are treated with respect and dignity, making every effort to make them feel safe, confident and empowered to make appropriate decisions.

The involvement of friends, family members, advocates and significant others in general can be helpful in such instances, though must be agreed by the individual in question. Nevertheless, an individual who has the capacity to provide consent and make decisions on their own behalf is perfectly within their rights to refuse care.

There is little you can do to ‘force’ an individual to accept care and support, if it goes against their wishes.

What is 'Whistle Blowing' in the Context of Adult Safeguarding?

The term 'whistleblowing' applies when an individual exposes or reports the illegal or unethical actions, activities or behaviours of someone else, which would otherwise have gone undetected. A whistle blower may have direct ties or no ties whatsoever to the perpetrator(s) or victim(s) - they may be a completely external, independent and neutral party.

Whistle blowing isn't the same as when a person reports falling victim to a criminal or unethical act - it requires third-party involvement and the whistle blower will usually wish to remain anonymous. Whistle blowers are given protection under the Public Interest Disclosure Act 1998, and are therefore encouraged to come forward where they have important information or evidence that could help safeguard adults.

Conducting an Assessment

Where it is believed that abuse or neglect may be occurring (or an individual is at risk of either), a formal assessment will take place to investigate the situation in depth. During which, the person conducting the assessment will be expected to take into account the individual's emotional, social, physical and psychological condition/situation at the time.

Some of the core components and considerations during the assessment where abuse or neglect are suspected include the following:

- Ascertaining the wishes and views of the individual
- Noting inconsistencies in their explanation or account
- Any potential signs of physical abuse (bruises, scratches etc)
- Inexplicable refusal to seek or receive treatment
- An unkempt appearance or poor personal hygiene
- Frequent attendances to health services
- Regular failures to attend (DNAs) where appointments are made
- The capacity of the individual to make informed decisions
- Additional risk factors such as children or dependants
- Whether or not immediate protection is required
- If consent should be sought or you should take action regardless
- Evidence that a crime has been committed and must be reported
- The presence of evidence that should be collected and preserved
- Whether the perpetrator poses a threat to anyone else

Where an individual is unwilling to offer their full cooperation for any reason, a certain amount of intuition is essential. Nevertheless, going directly against the wishes of a person who is

perfectly capable of making a coherent a decision is inadvisable - unless the circumstances are urgent enough to call for such action.

Sharing Information

In all instances where a care or support provider has genuine safeguarding concerns, they are duty bound to share information with others. Poor communication and a lack of information sharing can cause severe complications and make it difficult or impossible to provide adequate care and support.

However, it is always preferable for information to be shared with consent where possible.

This means taking all reasonable steps to ensure that the individual in question provides their consent and understands the importance of information sharing. They have every right to confidentiality, but where sharing information may be necessary to support a police investigation or protect the public in general, this right to confidentiality can and must be overridden.

A few important pointers and guidelines for sharing information responsibly and appropriately:

- Don't misinterpret the Data Protection Act as a measure that prevents you from sharing important information. It is instead a framework to make sure important information is shared *responsibly and appropriately*.
- Always be as honest and open as possible with the person in question from the first moment of contact, keeping nothing from them with regard to how their information will be shared, who it will be shared with all why it needs to be shared.
- Ensure they are made aware of the potential consequences of failing to provide their consent to share information, while informing them of your duty to share information *without* their consent if deemed necessary.
- Don't forget that you can always seek further advice and consult with others on the matter in fairly advanced detail, without necessarily disclosing the identity of the individuals concerned.
- Respect the wishes of those you work with and avoid treating them with disdain, even in instances where an unwillingness to share information is clearly the wrong decision and potentially harmful.
- Consider the extent to which the way you share information and who you share it with could affect the safety and wellbeing of the individual you are working with.
- Make sure that your information sharing habits are necessary, proportionate, relevant, accurate, timely and secure. Only share the information you need to share with those you need to share it with, rather than being *too* open and liberal.

- Always keep a detailed record of all of the information you share, who you have shared it with, when and why. You may be required to justify your actions at a later time for any number of reasons.

In addition, any of the information you choose to share with anyone else must be:

- ✓ As clear, concise and to the point as possible
- ✓ Based exclusively on facts and evidence - never assumptions
- ✓ Passed only to those who need to know the information
- ✓ Relevant to the incident or case in question
- ✓ Recorded in writing, dated and signed
- ✓ Issued with clear reasons for sharing the information

The subject of information disclosure becomes increasingly difficult when dealing with an individual who lacks the mental capacity to make appropriate decisions on their own behalf.

In such instances, the healthcare or support worker will need to carefully consider their decisions and intentions against the conditions laid out in the Data Protection Act, ensuring they are able to justify their actions and demonstrate that sharing information is in the best interests of the individual concerned.

Domestic Violence and Abuse

By a clear margin, domestic abuse is the single most common type of abuse perpetrated and encountered in the United Kingdom. Two alarming facts to illustrate just how widespread the problem is:

- One in three women experience domestic violence during their lifetime
- One in three men experience domestic violence during their lives
- Two women die each week at the hands of a current or former partner

Roughly defined, domestic violence and abuse is classified as “any incident of threatening behaviours, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality”.

While most people think of physical attacks and violence when the subject of domestic abuse is raised, it can also be entirely emotional or psychological in nature.

It is therefore considered a form of abuse if a current or ex partner or any family member:

- Deliberately intimidates or frightens someone
- Uses threatening or insulting behaviour

- Attempts to undermine someone's self esteem
- Pushes or shoves an individual (irrespective of how hard)
- Makes an individual fear for their safety and well-being
- Demonstrates jealousy, suspicion and possessiveness
- Attempts to restrain or control an individual
- Follows, stalks or spies on someone
- Attempts to blackmail a person for any reason

In short, anything that poses a threat (directly or indirectly) to a person's health, safety or wellbeing may fall within the bracket of domestic abuse, if perpetrated by a family member or a partner (current or previous).

Important Principles

Outlined by NHS England, the following key principles must be kept in mind at all times when dealing with a confirmed or suspected domestic abuse victim:

- **Act** - under no circumstances should you assume that someone else will take action. It is up to you to act accordingly at the earliest possible juncture.
- **Respect** - it is neither your right nor your responsibility to advise someone to leave their partner, or to comment on their personal circumstances.
- **Revisit** - if you suspect that the individual has not been honest with you, offer additional opportunities to talk in the future.
- **Act** - share information as the situation necessitates, ensuring you follow all applicable policies and procedures accordingly.

Encouraging a victim (or suspected victim) of domestic abuse to open up in the first place can be extremely challenging. You first need to consider whether it is both conducive and safe to ask, ensuring difficult questions are never asked in the presence of other friends or family members.

In addition, attempts to 'force' suspected victims of domestic abuse to disclose information are rarely productive. If they are unwilling (or feel unable) to discuss the matter openly with you at the time, provide further opportunity for them to do so at a later date.