



Adult safeguarding dilemmas: empowering people to make informed choices

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Six safeguarding principles

- Empowerment
 - Protection
 - Prevention
 - Proportionate responses
 - Partnership
 - Accountability
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- ***They apply to all sectors and settings***
 - ***They should inform the ways in which professionals and other staff work with people at risk of abuse or neglect***



(Care and support statutory guidance)



Wellbeing



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Local authorities must have regard to:

- the importance of beginning with the assumption that the individual is best-placed to judge their wellbeing
- respecting an individual's views, wishes, feelings and beliefs
- the individual's circumstances when making decisions
- the need to protect people from abuse and neglect



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Empowerment

- Raise awareness and educate people to protect themselves
- Empower people with information, advice and advocacy
- Avoid risk averse practice – losing independence, choice and control can have worse outcomes
- Reduce social isolation
- Practice relationship-based, person-centred working
- Recognise the central role of carers
- Ensure appropriate access to advocacy, or an Independent Mental Capacity Advocate (IMCA)
- Minimise risk with the options least restrictive of the person's rights and freedoms
- Consider the use of mediation and family group conferences

Working in partnership

- Joint working, co-operation, sharing information
- Communication - common understandings – shared language, training and policy development
- Clarity and understanding of the law relating to information sharing, confidentiality, data protection and human rights
- Links between public protection forums (Safeguarding Boards, MARACs, MAPPAs, Health and Wellbeing Boards and Community Safety Partnerships)
- Joint work to resolve issues where the individual may not be eligible for social care support, people who refuse support and those who self-neglect
- Recognition of the role of different partners



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Proportionate responses

- Person centred - what does the person want?
- Mental capacity issues
- Coercion or duress
- Is anyone else at risk?
- Who needs to be involved (police?)
- Support for victims
- Support for abusers



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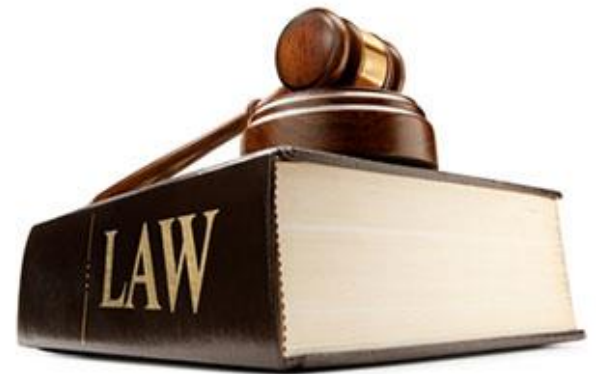
Sharing information

All staff should understand their responsibilities in relation to sharing safeguarding information:

- the duty of confidentiality
- the Data Protection Act 1998
- the Human Rights Act 1998
- the Mental Capacity Act 2005
- the Crime and Disorder Act 1998



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Respecting people's wishes

If a person refuses intervention or does not give consent to share their personal information and they have the mental capacity to do so, their wishes should be respected unless:

- other people are at risk
- the alleged perpetrator has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- coercion is involved
- there is a vital interest



Sharing information without consent

Remember:

- Always try to gain consent – explain the advantages and what help might be available
- Reassure them that as far as possible they will remain in control of decision making
- Unless it increases the risk - always tell the person you will need to share their information and why



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Mental capacity issues

‘Professionals and other staff need to understand and always work in line with the Mental Capacity Act. They should use their professional judgment and balance many competing views. They will need considerable guidance and support from their employers if they are to help individuals manage risk in ways that put them in control of decision-making.’



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Care Act statutory guidance

Making decisions with capacity

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- **understand** information given to them
- **retain** that information long enough to be able to make the decision
- **weigh up** the information available to make the decision
- **communicate** their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.



The big issues

- High risk – people making unwise decisions / refusing support / putting themselves at risk
- Ethical dilemmas – respecting choice / safeguarding
- ¼ LAs – self-neglect featured in a SCR (SCIE 2014)
- When does self-neglect per se constitute ‘care and support needs’?
- Coercion or duress influencing decisions



Being equipped to respond

- Multi-agency strategic and operational infrastructure
- Coordinated interdisciplinary involvement
- Clear referral routes
- Shared risk assessment and management (risk enablement)
- Respect and support for professional judgement - justify decisions
- Strategic overview by the SAB
- Legal literacy
- Access to mediation / FGC
- Training, supervision and support
- Relationship-based practice: long term, trust building
- Joint work (health, environmental health, mental health, housing, domestic abuse services, police)
- Creative responses



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Alice 1/3

Alice lives in a housing association flat. She is known to have a hoarding disorder but has not previously neglected her own hygiene and health needs. Housing officers have intervened before, following concerns raised by neighbours. They have advised Alice that she needs to keep her hoarding under control so that it does not become a fire or health and safety risk.

An immediate neighbour has called the housing office to complain about the smell coming from Alice's flat. She said that Alice seems increasingly unable to cope and is looking dirty and dishevelled. The housing officer, Don, visits. Alice answers the door – she does look dirty and unwell and there are unpleasant odours coming from the flat. Alice does not want to let Don enter the flat.

- **Is this a safeguarding concern?**
- **What needs to be considered?**
- **What action could be taken?**

Alice 2/3

Don asks Alice why she thinks things might be getting more difficult for her. Alice says that her mother recently died. She was close to her mother, who also used to help and encourage her to keep the hoarding under control. Don says he's worried about the possible health and safety implications of Alice's hoarding for her and for her immediate neighbours. He asks permission to talk to the local authority about his concerns.

Alice says she does not mind if Don talks to the local authority. Don's manager suggests he raises a safeguarding concern with the local authority but when he does the local authority say that Alice is not eligible for social care services so they cannot provide a safeguarding service. Don argues that Alice is vulnerable and at risk; he finds the continued reluctance to engage very unhelpful. He discusses this with his manager.

- **What options could be considered?**



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Alice 3/3

The Manager talks to the safeguarding lead in the local authority and explains the details of Alice's case and the limited options that housing alone have to support her. They agree to arrange a joint visit (a social worker and Don) to further assess the situation.

Don and the social worker go to see Alice. The situation is not improved. Alice is still reluctant to allow them access but admits she needs help to get both her hoarding and her self-care under control.

- **What options should be considered?**



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David 1/3

David is a 45 year old man with learning disabilities; he lives in a housing association flat and has support from social services to manage his finances. Recently there have been complaints about noise from the neighbours. The social worker, Geoff, visits David in the flat during the day; he notices that there are lots of empty alcohol containers lying around. Geoff asks David about the cans and bottles and David says that he has friends who come around in the evening and drink in his flat. Geoff also notices that there is graffiti on the wall in the living room, he asks David about that and David says that his friend did it. Geoff asks about the friends and learns that there are a number of younger men who appear to have befriended David.

- **Is this a safeguarding concern?**
- **What action should Geoff take?**



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David 2/3

Geoff talks to David about his friends and explains that he is concerned that they may be exploiting him. He explains that he wants to make sure that David is safe in his flat.

Geoff says he'd like to contact community safety to see if officers could visit in the evening to see who David's new friends are and have a chat with them.

David is adamant that he has the right to make friends and he does not want the community safety officers to visit.

- **What should Geoff do?**



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David 3/3

Thinking about the MCA: Geoff is sure there is an impairment – David's learning disability - and he is not sure that David can appreciate that he may be being exploited or understand the possible risks or consequences.

Geoff discusses with his manager and they take the decision that David may lack the capacity to make decision about letting the young men into his flat.

Geoff explains to David that he is concerned about his safety and that he needs to balance that with the choice that David is making about his friends.

What options could be considered?



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Jack

Jack has a range of physical and sensory disabilities that limit his mobility and independence, but his mental capacity is unaffected. He is cared for at home by his partner, Ted, who has given up paid employment to become a full-time carer.

There is evidence that Ted is violent towards Jack, he also controls the household money giving only limited pocket money to him.

When asked Jack is insistent that he wants to stay at home with his partner, he does not agree to see a social worker alone to discuss his needs. It is clear from the way that Jack talks that his self-esteem is very low.

What should be considered?



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