

ADULT SAFEGUARDING BRIEFING

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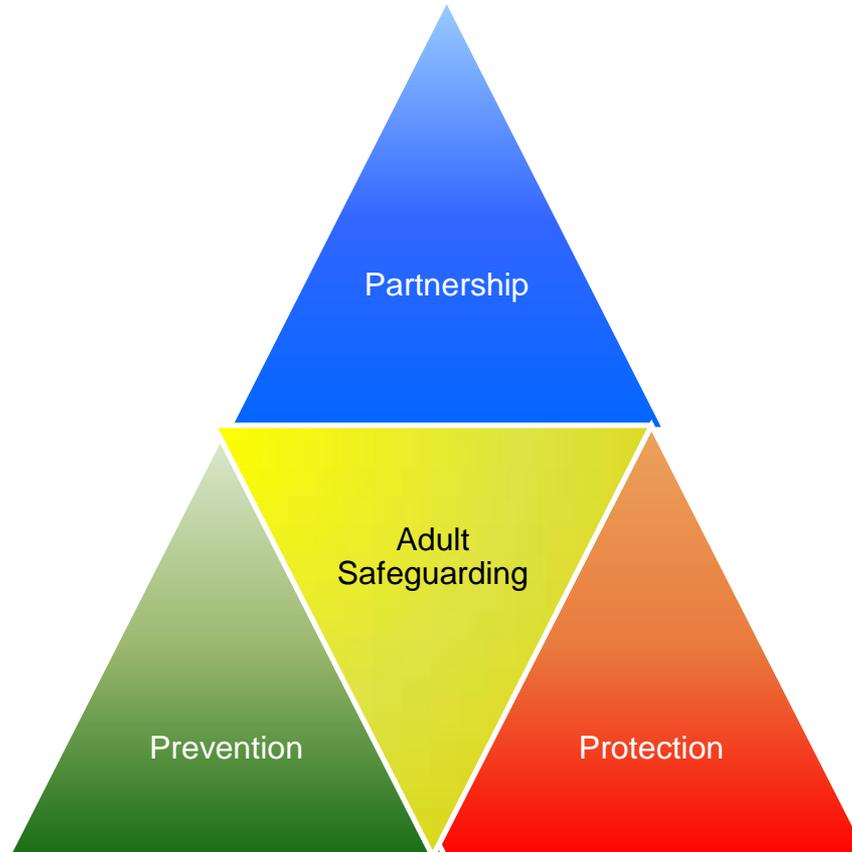


A Brief History of Adult Safeguarding

- **1969** Ely Hospital, Inquiry
- **1996** Emergence as a policy issue.
- **1997/8** Organisational procedures
- **2000** No Secrets
- **2001** A Regional Adult Protection Forum
- **2003/4** Training and awareness raising
- **2006** Regional procedures
- **2008** Revised joint working protocols
- **2010** NIASP and LASPs established



ADULT SAFEGUARDING: Prevention and Protection in Partnership



WHAT IS THE POLICY FOR?



PREVENTION



- Community Initiatives
- Reducing social isolation
- Peer support and education
- Early intervention



PROTECTION

- Victim Focused
- Alternative interventions
- Personalisation
- Least restrictive options
- Effective



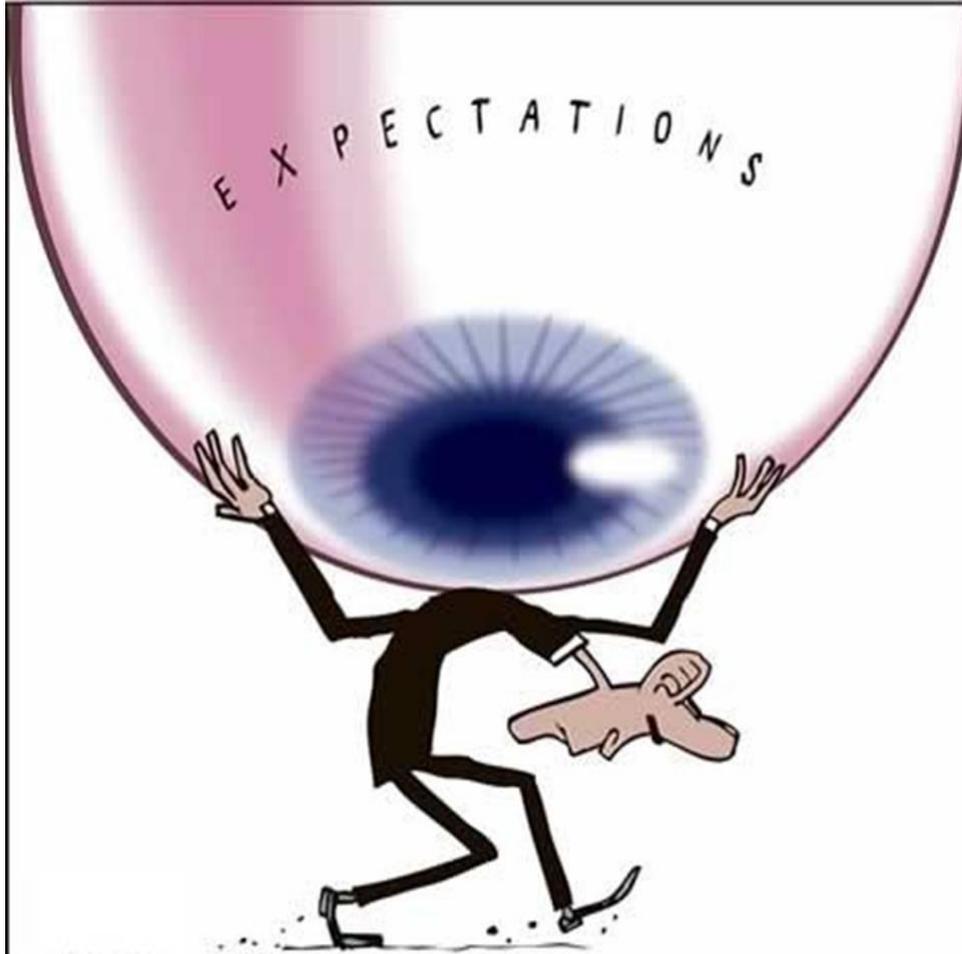
PARTNERSHIP WORKING



- HSC Trusts
- PSNI
- RQIA
- Independent Contractors
- Independent and Voluntary Sector Providers
- Other Government Departments
- Service Users and Carers



MINIMUM EXPECTATIONS



- **RECOGNISE** that adult harm is wrong and should not be tolerated;
- **BE AWARE** of the signs of harm from abuse, exploitation and neglect;
- **REDUCE OPPORTUNITIES FOR HARM** from abuse, exploitation and neglect to occur; and
- **KNOW HOW AND WHEN TO REPORT** safeguarding concerns to HSC Trusts or the PSNI



KEY ELEMENTS OF THE POLICY

- Rights-based approach;
- Zero tolerance approach;
- User focused outcomes;
- Large scale investigations;
- Consent and capacity;
- Continuous learning approach



ADULT AT RISK

A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- Personal characteristics
- AND/OR**
- life circumstances



ADULT IN NEED OF PROTECTION

A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- Personal characteristics
- AND/OR**
- life circumstances
- AND**
- Who is unable to protect their own wellbeing, property, assets, rights or other interests
- AND**
- Where the action or inaction of another person or persons is causing or is likely to cause him/her to be harmed



PHYSICAL ABUSE

- Misuse of medication;
- Bruising;
- Burns;
- Marks;
- Not wanting to be touched;
- FGM ;
- Inappropriate or unlawful restraint



SEXUAL ABUSE



- Changes in appearance;
- Behaving in a sexually inappropriate way;
- Not wanting to be touched;
- Unusual physical symptoms



FINANCIAL ABUSE

- Unusual difficulty with finances;
- Not having enough money;
- Not paying bills;
- Unusually defensive about money;
- Not having adequate food or heat



INSTITUTIONAL ABUSE



- No Care Plan;
- No personal possessions;
- Frequent admissions to hospital;
- Unprofessional conduct by staff;
- Inflexible routines;
- Restricted access to residents



PSYCHOLOGICAL/EMOTIONAL ABUSE

- Withdrawn;
- Not able to concentrate;
- Overly compliant;
- Restricted activities;
- Decline in self –esteem;
- Increase in self-doubt



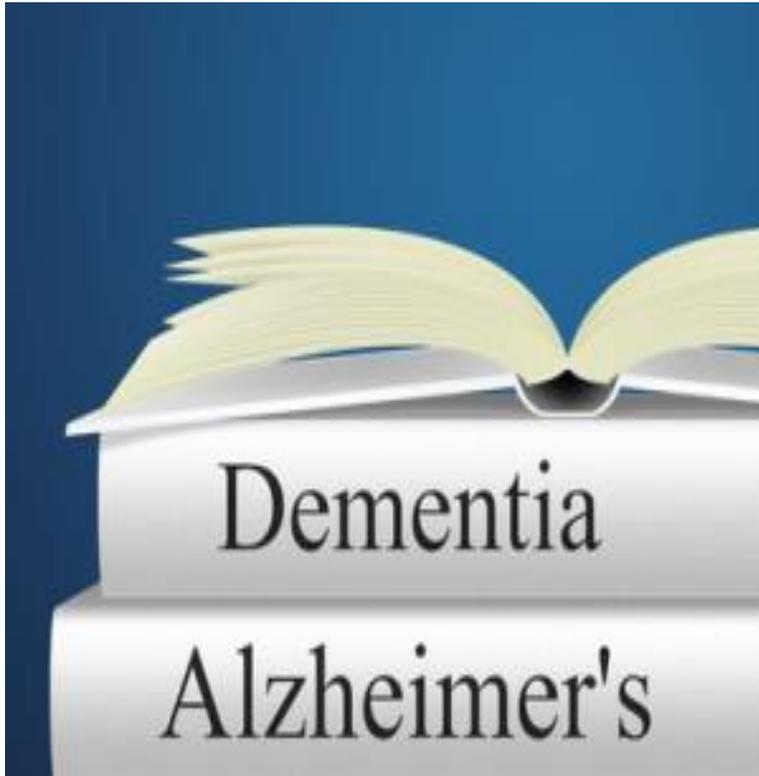
HUMAN TRAFFICKING/MODERN SLAVERY



- Delay in seeking treatment;
- Never left by themselves;
- Lives with group of people of same gender but not related;
- No official papers



CAPACITY AND CONSENT



SHARING INFORMATION



- Duty of confidentiality;
- Lawful and ethical sharing of appropriate information between relevant agencies



SHARING INFORMATION WITHOUT CONSENT



- Confidentiality overridden by court order or other legal authority;
- Public interest eg prevention of significant harm to others;
- Prevention or prosecution of a serious crime



DEALING WITH A DISCLOSURE



DO

- Ensure immediate safety of individual(s) concerned;
- Seek consent to pass information on to relevant agencies;
- Re-assure the individual;
- Make the referral



DEALING WITH A DISCLOSURE



DONT

- Ask leading questions;
- Make promises you can't keep;
- Jump to conclusions;
- Speculate or accuse anybody



REPORTING A CONCERN



Northern Trust	028 256 35512
Western Trust	028 716 11366
South Eastern Trust	028 925 01227
Belfast Trust	028 950 41744
Southern Trust	028 374 12015 or 028 374 12354.
Emergency (Out of Hours) Social Work	028 9504 9999

Action on Elder Abuse

080 8808 8141



WHAT HAPPENS NEXT?



- Information gathering
- Risk assessment
- Protection Planning
- Review



CASE STUDY 1

Sam – 28 years of age; mild/moderate learning disability; lives in own one-bedroomed flat with pet dog.

Receives little support from local services – one visit per month from a support worker.

Eager to make friends but has some issues about boundaries.

Keeps all appointments with community health services eg flu jab; dental; etc.

Gradual change in behaviour over 6 months – generally appears less happy.



CASE STUDY 1

Sam starts to talk about making new friends and them having parties in his flat. He seems excited about this.

Sam appears at the local ED with abrasions and ? fractured arm.

Social Services become concerned that a 15 year old girl is spending time in Sam's flat. Police and social services call out and find Sam with a man in his 20s along with an underage girl who is pregnant plus 2 underage males.

Sam appears at ED three times in the next fortnight.

His support worker calls with Sam and finds him agitated and worried about his dog.



CASE STUDY 1

Police interview the man in his 20s who claims that Sam is a “paedo”. There is no evidence of this.

Graffiti appears locally that labels Sam a “paedo”

Sam again appears at ED. He is dishevelled and has lost weight. He misses his flu jab appointment.

Housing authorities issue Sam with an eviction notice – too much noise from his flat and he is in rent arrears.



CASE STUDY 2

Mrs X is 73 years of age. She lives in a detached house in the country.

Her son does not live with her, but runs his business from her home (he is a cutler and specialises in hunting knives).

Mrs X has arrived at the local ED with extensive bruising and is unable to explain how it happened.

Her son is constantly in attendance and answers all questions for his mother.

Mrs X appears frightened and over-complaint.



CASE STUDY 2

When the District Nurse calls for a routine check-up, Mrs X tells her that she is afraid of her son.

Mrs X has been giving him large sums of money to leave her alone. The last time she said “No”, he hit her.

Mrs X does not want her son to know she has told anyone that he is violent towards her. She refuses to make a complaint to the police.



CASE STUDY 3

Jean is 46 years of age and has a complex learning disability. She lives in a specialist residential facility.

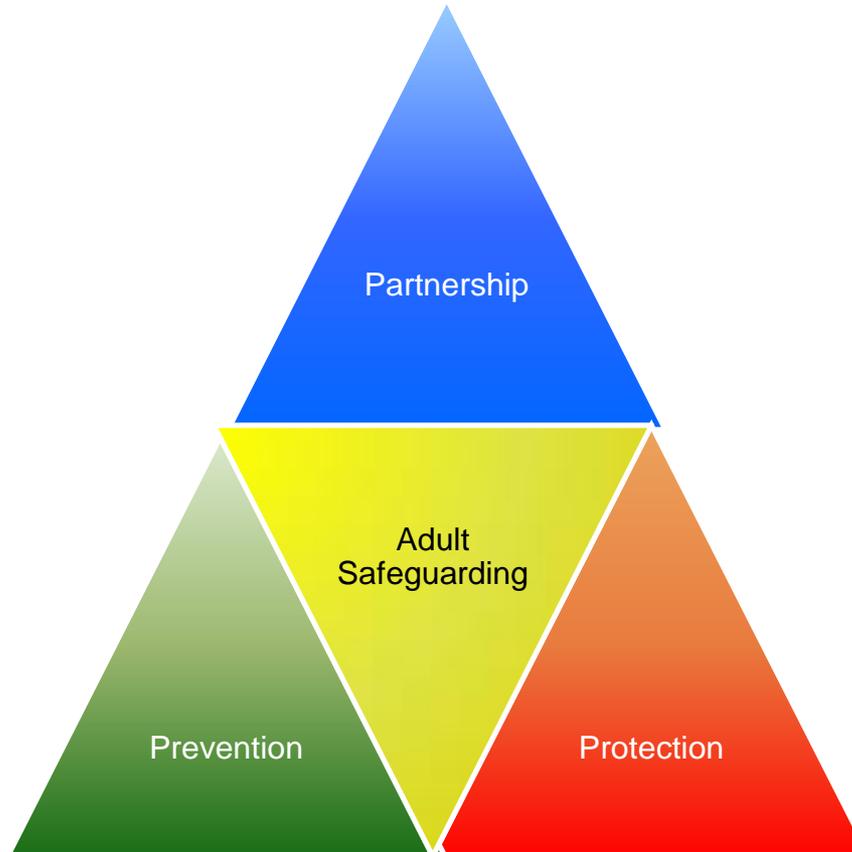
Jean is found by staff tucked up in bed. She complains of pain in her hips.

After some delay an ambulance is called and the decision is taken to bring her to hospital for assessment. Jean is helped walk to the ambulance

Jean has been admitted to hospital where she is assessed as having bi-lateral fractures of the neck of femur



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RESOURCES

- NIASP

http://www.hscboard.hscni.net/NIASP/Publications/index.html#P-1_0

- Volunteer Now – Safeguarding Vulnerable Adults: A Shared Responsibility

<http://www.volunteernow.co.uk/training-and-standards/safeguarding-vulnerable-adults-a-shared-responsibility>

- Safeguarding Vulnerable Adults – A Toolkit for General Practitioners

<http://www.bing.com/search?q=Safeguarding+vulnerable+adults+a+tool+kit+for+general+practitioners&src=IE-TopResult&FORM=IETR02&conversationid=&adlt=strict>

