Department of Health

Adult Safeguarding - not business as usual.

CLAIRE CRAWLEY
SENIOR POLICY MANAGER
ADULT SAFEGUARDING
Six Principles of Adult Safeguarding

• **Empowerment** - Presumption of person-led decisions and informed consent.

• **Prevention** - It is better to take action before harm occurs.

• **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

• **Protection** - Support and representation for those in greatest need.

• **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

• **Accountability** - Accountability and transparency in delivering safeguarding.
Making Safeguarding Personal (MSP)

- MSP means safeguarding should be person-led and outcome-focused.

- MSP engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

- All safeguarding partners should take a broad community approach to establishing safeguarding arrangements—particularly important in prevention.

- Adult safeguarding arrangements are there to protect individuals and their wishes.

- We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a pre-determined process that must be followed whenever a concern is raised.
Core duties of all professionals

- Understand types and signs of abuse and neglect
- Supporting adults to exercise choice and control and keep safe
- Know what to do if suspect abuse or neglect
- Personal and professional accountability
- Appropriate sharing of information - seek advice
Mental Capacity Act

- People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions.

- Where an adult is found to lack capacity to make a decision, any action taken, or any decision made for or on their behalf, must be in their best interests.

- Professionals should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision-making if possible.

- Regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations.
Use of professional judgement

From BMA Adult safeguarding toolkit:

“...where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. If, for example, there may be an abusive adult in a position of authority in relation to other vulnerable adults [sic], it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take legal advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that she or he can take up the offer of assistance at any time.”
Safeguarding is not a substitute for:

- Providers’ responsibilities to ensure care is safe and of high quality
- Commissioners’ roles and responsibilities including quality assurance
- Clinical investigations by skilled and knowledgeable staff
- Regulation- both of the service (CQC) and the individual
- Core duties of the police to prevent and investigate crime
Enquiries

- Section 42 Enquiry - what is it? Other enquiries
- Criteria for intervention
- Make or cause to be made—although not delegation the pre-existing ability for NHS and local authorities to enter into prescribed partnership arrangements under Section 75 NHS Act 2006 continues.
- Responses critical
Response and outcome

A resident at a local care home told the district nurse that staff members spoke disrespectfully to her and that there were episodes of her waiting a long time for the call bell to be answered when she wished to use the commode. She wished to leave the home as she was very unhappy with the treatment she was receiving and was regularly distressed and tearful.

She was reluctant for a formal safeguarding enquiry to take place, but did agree that the issues could be discussed with the manager. The district nurse negotiated some actions with the manager to promote good practice and address the issues raised. When the district nurse reviewed the situation, she found the manager had dealt with the matter appropriately and devised an action plan.

The resident stated she was now happy at the home. Staff “couldn’t be more helpful” and she no longer wanted to move.
Consider what other advice/action or information is still needed

Further Section 42 action not identified

Local Decision Making process

Decide if any action required

Report criminal activity to police

Further possible actions identified

Agree who is to take the action

Feedback to relevant people

Next steps planned. Desired outcomes established

Outcomes achieved. Section 42 duty ends. Agree other actions, e.g. review care plans

- Agree who will do what?
- Timescales to be agreed

The local authority retains accountability and oversight of the enquiry and outcomes.
Section 42 duty continues

Outcomes achieved, no further Section 42 action required, agreed by local authority

Evaluate need for other actions as necessary, e.g. advice

Yes

No

Decide on actions:
Advice and information
Assessment and support planning

Further action needed as adult deemed to be at continuing risk of harm

Continue to work with individual(s) and develop strategies to reduce/manage risk

Final evaluation of outcomes

Safeguarding Plan:
Timescales for review and monitoring to be agreed
Agree who will be the lead professional to monitor and review the plan?
Ensure all professionals clear about their roles and actions
Safeguarding Adults Boards

- Mandatory
- Core membership but...
- Strategic and leadership function
Revisions to statutory guidance following 2014 consultation

- Prevention
- Partnership
- Carers
- Decision Tree
- Self-neglect - will refresh
- Strategic SABs v operational LA duties - emphasis added
- Designated Adult Safeguarding Managers - LA DASMs guidance to be revised. Health DASMS correspond to current named/designated roles
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