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Author	Lauren Sayers
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Safeguarding Vulnerable Adults

The term 'vulnerable adult' constitutes those who are in need of a service due to their age, disability or illness who are unable to protect themselves. Some of the types of safeguarding (SG) issues that arise are physical, verbal emotional and/or mental abuse. Unfortunately, vulnerable adults are less likely to seek help as they are scared no-one will believe them or take their accusations seriously, they think it is something they have to put up with, they are worried what will happen next or do not know how to report their issues. Services have to ensure that their processes and systems engage both vulnerable adults and those around them, allowing them to get support.

One way of effectively engaging adults with services that address SG issues is to make it personal and individual. Adhering to a pre-determined process for every SG issue would be extremely unproductive as every adult's values, life-styles and concerns influence the situation. SG should be outcome- focused rather than process-focused, engaging the individual with their situation to enhance their involvement, choice and control. Solihull local authority has redeveloped their SG approach to adhere to an outcome-driven approach. They have encouraged services to develop tools that are person-centred and individualised. For instance, leaflets, IT and training systems have been adapted, professionals are encouraged to review adult's experiences and user forums have been produced to give adults an opportunity to provide feedback. Importantly, during the process Solihull found a positive attitude to change from all practitioners was vital for effective implementation of person-centred services in their community and thus demonstrating all staff need to understand, act upon and believe in care that is personalised to establish effective SG.

When adhering to a person centred SG process, six key principles should be employed. Services should primarily aim to prevent SG issues, they should have the least intrusive response relative to the risk, should protect those in greatest need, create partnerships within the community to endorse a responsibility for preventing, detecting and reporting issues, should empower the adult to make their own decisions and lastly services need accountability and transparency when delivering safeguarding in the community.

Although there are many ways services can improve their SG processes, SG can fail. The Equality and Human Rights Commission (2011) conducted an inquiry, reviewing 10 serious SG cases to recognise the errors that occurred and to implement national changes to prevent them occurring again. The review revealed a primary reason for failure was due to a lack of communication between services (police, social care, and housing etc.) or associates of the vulnerable adult (friends, family and neighbours etc.). Crimes may have been reported or dealt with but normally in isolation, resulting in fragmented short-term resolutions rather than sharing information to identify the bigger picture and implement a definitive resolution that will stop the harm in the long-term. Additionally, it was found there needed to be urgent changes in the attitude of professionals and the public about reporting harassment and taking allegations made by vulnerable adults seriously.

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Information sharing is vital in order for services, who have been separately involved in an adults' life, to come together to construct a profile of the adult to take necessary action relative to the risk. For instance, in Shaowei Hu's case published in the Equality and Human Rights inquiry, if her neighbours, co-workers and the environmental health workers had reported their concerns, the police would have had a better idea that she was being abused. Similarly, in Steven Hoskin's case the police, ambulance, health services, housing and social services, had all been alerted to his SG issues at some stage but not followed up or linked together. He was also in contact with the NHS for mental health issues and when weekly visits were stopped at Steven's request (although he was probably coerced by his killer who lived with him at the time), a risk assessment was not conducted. Opportunities to intervene to halt his abuse were missed.

Multi Agency Risk Assessment Conferences (MARACs) are meetings whereby representatives of different agencies, within a geographical location, share information about high-risk cases. From this, services can construct a profile of vulnerable adults and to allow each service to take responsibility and accountability in their actions to help those in need. Therefore, information sharing not only needs to be more productive and evident across Britain by endorsing strategies like MARACs, but importantly the public needs to be made aware of their role in society and how they can report SG concerns. In Steven Hoskin's case, if a service like MARACs was used, his SG issues may have been more evident and his death may have been avoided.

It may not be the services that do not take necessary action, but rather some vulnerable adults may not want to cooperate as they are scared or they do not think a crime has been committed. For instance, a patient may not want to convict their mental health worker that had sex with them as they believe that they are in a relationship. However, services should not walk away from SG situations believing that without immediate consent they cannot do anything; they have a responsibility. The adult may in fact just need support and time, or is scared and need additional reassurance. Moreover, there are statutory duties in place if consent is not given or if the adult does not have capacity to make their own decisions (the Mental Capacity Act). If this is required, actions taken should be in the individual's best interests and workers should use their professional judgement to decide how to proceed. Importantly, the individual should be in control of their situation and decision making as much as possible. Conversely, when adults do consent and cooperate with services to resolve their SG issue, support and help needs to be available at every stage of the process, even after the SG issue is resolved. Again, multi-agency partnerships are invaluable for this to happen effectively.

References

Information gathered from the Healthcare Conference 'Safeguarding Vulnerable Adults' on 1st December 2015

Equality and human rights commission. (2011). *Hidden in plain sight: Inquiry into disability-related harassment*. Retrieved 11 April, 2016, from http://www.equalityhumanrights.com/sites/default/files/ehrc_hidden_in_plain_sight_3.pdf