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NORTHAMPTON

Safeguarding Adults in Healthcare

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This session will cover the following areas

- identifying safeguarding concerns in healthcare
- ensuring frontline NHS staff understand which course of action to take
- understanding of who is an adult at risk, who the potential abusers are, and the actions you must take where abuse is disclosed
- developing a trauma informed practice approach
- current issues in the NHS, and other care settings



identifying safeguarding concerns in healthcare

‘What we’ve learned this year is that now, more than ever, we need to ensure we engage in trauma-informed practice; we need to recognise what people have been through and not see safeguarding incidents as isolated problems, because that doesn’t help individuals or communities move forward. Trauma-informed practice helps us understand the necessity of working with others to address fundamental issues and bring about healing, restoration and change’.

NHS annual safeguarding report .

Data reporting and partnerships

Priority areas

To focus on preventing domestic abuse and violence (DAV); to tackle serious violence (TSV) and to prevent child sexual exploitation (CSE).

To continue to profile the voice and lived experience of young carers and care-experienced people in the NHS

To sustain positive partnership engagement with key stakeholders, to ensure the continuation of robust and transparent conversations in addressing and identifying solutions to rapidly evolving safeguarding issues

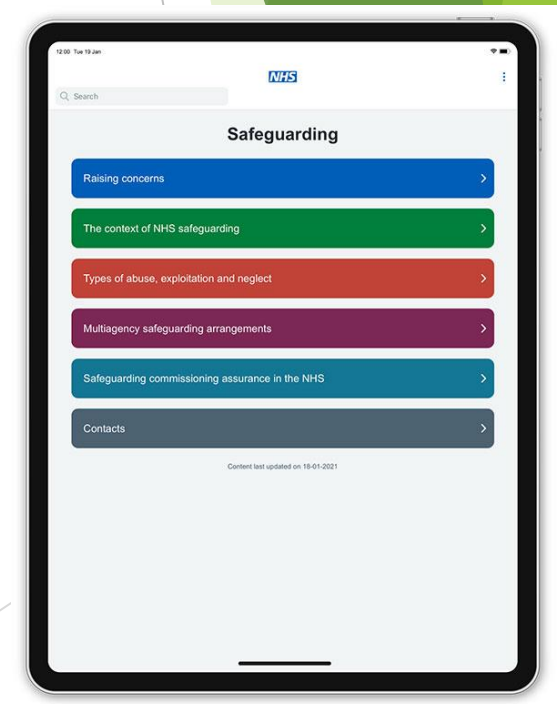
To ensure we engage in trauma-informed practice;

Safeguarding is everybody's business: continue to raise the profile by championing professional curiosity, aiding restoration, embracing new ways of working and supporting transformation

Ensuring frontline NHS staff understand which course of action to take

- Raising concerns
- Any form abuse unacceptable
- A situation which is identified as warranting a safeguarding alert from ot to health service locally managed by ICB designated staff , LA, police MASH teams
- Professional curiosity

Allegations against staff – PIPOT LADO >DASM reports if primary care member of staff the ICB also has to be alerted.





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developing a trauma informed practice approach

Developing a trauma informed practice approach

Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes

So what is it?

- Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.
- Aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.



Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'

Trauma-informed practice seeks to avoid re-traumatisation by using the principles of safety, trustworthiness, choice, collaboration, empowerment and cultural consideration.

There is a natural crossover with this approach from the principles of adult safeguarding, which are empowerment, prevention, proportionality, protection, partnership and accountability.

Key principles of trauma-informed practice in safeguarding



1.Safety. Efforts made by practitioners and organisations to ensure the physical and emotional safety of people in safeguarding and those supporting adults in safeguarding is of paramount importance. This includes ensuring reasonable freedom from threat or harm and attempts to prevent further re-traumatisation. As well as the Care Act 2014, Article 3 of the Human Rights Act provides a duty not to be tortured, suffer degrading treatment or punishment, and Article 2 of the Human Rights Act gives a positive obligation to prevent a death.

2.Choice. Adults and frontline staff have meaningful choice and a voice in the decision-making processes of safeguarding. Making Safeguarding Personal embeds personal choice in safeguarding process. Rights and responsibilities should be informed clearly and in away the adult understands.

3.Collaboration. Organisations should recognise the value of people using services and frontline staff and their role in improving knowledge of how to overcome challenges and improving the system as a whole. Adults have a significant role in planning and overcoming challenges and developing services.

Trustworthiness. Transparency exists in an organisation's safeguarding policies and procedures, with the objective of building trust among staff, clients and the wider community. Recent feedback from a transitions audit clearly showed the trust that young people had in their Leaving Care Workers had a positive effect on safeguarding and the adult's safety.

Empowerment. Skills of adults in services and empowerment should be prioritised by those working with them. Efforts should be made by organisations and practitioners to share power and give adults a strong voice in addressing needs around safety, developing resilience and improving their lives. Organisations should use this voice in service development and improvement, recognising trauma and how to work with its affects in structural improvements (Filson & Mead, 2016)

Cultural consideration. Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by offering access to gender responsive services. They understand the healing value of traditional cultural and incorporating policies, protocols and processes that are responsive to the needs of individuals served

Understanding of who is an adult at risk, who the potential abusers are, and the actions you must take where abuse is disclosed

Anyone

An adult might be considered at risk if they are aged 18 years or over and:

- has needs for care and support (whether or not the local council is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult at risk may be a person who:

- Is elderly and frail due to ill health
- Has a learning disability, Has a physical disability and / or a sensory impairment
- Has mental health needs including dementia or personality disorder
- Has a long -term illness /or condition, Misuses substances or alcohol
- Is unable to make their own decisions and is in need of care and support
- Is young adult, over 18, who has care and support needs. is 'in transition' from childrens' to adults' services
- Is a carer (looking after another person with care and support needs)

This list is not exhaustive,



Who the potential abusers are, and the actions you must take where abuse is disclosed

Safeguarding means 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.

Abuse is when someone does or says something which harms you and makes you upset and scared. It is always unacceptable; everyone has a right to be treated with dignity and respect. No-one has the right to abuse you.

Abuse can be a single one off act or something that happens over weeks, months or years. It can be accidental or deliberate. Just because there is no injury does not mean there is no abuse.

Abuse can happen in lots of different ways. Abuse and neglect can be defined in many ways and there can be no exhaustive list



Action to be Taken by Professionals Receiving the Disclosure from ADULT

Practitioners should make clear at the time of disclosure, circumstances where information may need to be shared and explain that some types of information may need to be shared without consent in order to prevent further abuse. This is in line with current information sharing protocols and is particularly relevant to those in a therapeutic role.

When an adult discloses that they were abused as a child, if you are confident then you should gather enough information to decide what the appropriate next steps are, including:

- What has been disclosed and by whom; anonymous referrals will be received if this is the request of the disclosing adult, however the professional cannot be anonymous.
- When the abuse occurred (and if possible, over what period);
- Where did the abuse take place, were there any other victims;
- Who the perpetrator was (if the person will not name the perpetrator, try to establish the relationship, e.g. family member, teacher);
- If the alleged perpetrator of the abuse is still alive, and where they may have lived;
- Whether the alleged abuser is known to be in contact with children currently and the identity of any child who may currently be at risk, if known.

Try to avoid asking further leading questions or specific detail of the abuse. However, if the individual starts to speak in detail, let them finish telling their story; be careful to accurately record what is said.

You should discuss the matter with your manager and designated lead for child protection.

Once it is believed sufficient information or evidence is known to actively investigate an allegation a referral should be made to the Police:

- If the alleged perpetrator is still alive and is known or suspected to have contact with children a referral should be made to social care in the area the perpetrator is currently residing. If this is in a position of responsibility authority or trust working with children, either paid or in a voluntary capacity, the Local Authority Designated Officer (LADO) should also be informed
- If the alleged perpetrator is deceased or is known to have no contact with children, a referral should be made via 101 to the police

Whilst acknowledging that there are balances and challenges in supporting adults who make historical disclosures of abuse, decisions regarding referral to the Police must be taken in a timescale that protects children

Spotting signs of abuse in older people:

It's not always easy to spot the signs of abuse.

Someone being abused may make excuses for why they're bruised, may not want to go out or talk to people, or may be short of money.

It's important to know the signs of abuse and, where they're identified, gently share your concerns with the person you think may be being abused.

If you wait, hoping the person will tell you what's been happening to them, it could delay matters and allow the abuse to continue.

Behavioural signs of abuse in an older person include:

- becoming quiet and withdrawn
- being aggressive or angry for no obvious reason
- looking unkempt, dirty or thinner than usual
- sudden changes in their character, such as appearing helpless, depressed or tearful
- physical signs – such as bruises, wounds, fractures or other untreated injuries
- the same injuries happening more than once
- not wanting to be left by themselves or alone with particular people
- being unusually light hearted and insisting there's nothing wrong

Also, their home may be cold or unusually dirty or untidy, or you might notice things missing.

Other signs include a sudden change in their finances, such as not having as much money as usual to pay for shopping or regular outings, or getting into debt.

Watch out for any official or financial documents that seem unusual, and for documents relating to their finances that suddenly go missing.

If you feel someone you know is showing signs of being abused, talk to them to see if there's anything you can do to help.

If they're being abused, they may not want to talk about it straight away, especially if they've become used to making excuses for their injuries or changes in personality.

Do not ignore your concerns, though. Doing so could allow any abuse to carry on or escalate.

Current issues in the NHS, and other care settings

Safeguarding people

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

•STAFF

•Reporting

Safeguarding concerns

There were an estimated 541,535 concerns of abuse raised during 2021-22, (last annual data) an increase of 9% on the previous year, which is slightly above the average annual growth rate per year for the previous four years (8% per year on average between 2016-17 and 2020-21).

Type and location of risk

The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 31% of risks, and the most common location of the risk was the person's own home at 48%.



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