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Aims

• Legal and historical context.
• Signs and symptoms of adult abuse.
• Responding and reporting an allegation or concern about adult abuse.
• Multi-agency working - Information sharing.
• Awareness of principles used to determine capacity.
• Latest trends in adult abuse
Steven Hoskin—missed chances in Cornwall

Had Severe Learning Disability
Reading Ability of 6yr old
Fear of heights
Cancelled Community Care support 2005
His bedsit became a place habited by local youths.
Lodgers- abusive
Forced to wear a dog collar
Criminal behaviour
Police, Social Care, Health, Housing
AND Voluntary agencies involved
**Murdered July 2006**
70 paracetamol tablets, alcohol and cigarette burns – made to jump from railway viaduct
Why Us?

• The General Dental Council (GDC) expects all registrants to be aware of the procedures involved in raising concerns about the possible abuse or neglect of children and vulnerable adults.

• From April 2011, primary dental practitioners will be required to register with the Care Quality Commission (CQC) and comply with the regulations for safeguarding. (Regulations of the Health and Social Care Act 2008 Section 20)
Safeguarding Vulnerable Adults
Basic Awareness

- No Secrets DOH 2000
- ADSS 2005
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
  ISA – vetting and barring scheme
- No Secrets Consultation 2009-2011
- Law Commission Report May 2011
- Adult Social Care Bill 2012
Safeguarding Vulnerable Adults
Basic Awareness

- There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults.

- Identified "the need for immediate action to ensure vulnerable adults, who are at risk of abuse, receive protection and support."

- Recognised the need for an inter-agency framework leading to inter-agency arrangements and joint working.

- The lead agency with responsibility for co-ordinating the activity should be the local Social Services Authority but all agencies should designate a lead officer.

‘NO SECRETS’ DOH 2000’
Vulnerable Adult-definition

“Any adult who is **vulnerable** because of mental disorder, learning difficulties, physical and/or sensory impairment, other impairment or older age and who is unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation”-

‘No Secrets- DOH 2000’
Safeguarding Vulnerable Adults
Basic Awareness

Standard 7
There is a local multi-agency ‘Safeguarding Adults’ policy and procedure describing the framework for responding to any adult ‘who is or may be eligible for community care services’ and who may be at risk of abuse or neglect
Safeguarding Vulnerable Adults
Basic Awareness

Standard 8
Each partner agency has a set of internal guidelines, consistent with the local multi-agency ‘Safeguarding Adults’ policy and procedures, which set out the responsibilities of all workers to operate within it.
What is Adult Abuse?

Abuse is a violation of an individual’s human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (No Secrets D.O.H.2000)
Forms of Adult Abuse

Physical
Sexual
Emotional
Neglect
Financial
Institutional
Discriminatory
Safeguarding Vulnerable Adults
Basic Awareness

- **Physical:**
  hitting; shaking; biting; grabbing; withholding food or drink; force-feeding; wrongly administering medication; unnecessary restraint; failing to provide physical care and aids to living.

- **Sexual:**
  sexual assault, rape; inappropriate touching/molesting; pressurising someone into sexual acts they don’t understand or feel powerless to refuse.
Safeguarding Vulnerable Adults
Basic Awareness

• **Emotional or psychological:**
  verbal abuse; shouting; swearing; threatening abandonment or harm; isolating, taking away privacy or other rights; bullying/intimidation, blaming, controlling, or humiliation.

• **Neglect:**
  withholding food, drink, heating, and clothing; failing to provide access to heath, social and educational services; ignoring physical care needs; exposing a person to unacceptable risk, or failing to ensure adequate supervision.
Safeguarding Vulnerable Adults
Basic Awareness

• **Financial or material:** withholding money or possessions, theft of money or property; fraud; intentionally mismanaging finances; borrowing money and not repaying.

• **Institutional abuse:** the use of systems and routines which neglect a person receiving care. This can happen in any setting where formal care is provided.

• **Discriminatory abuse:** slurs, harassment, and maltreatment because of someone’s race, gender, disability, age, faith, culture, or sexual orientation.
Safeguarding Vulnerable Adults
Basic Awareness

Fiona Pilkington and her daughter Francesca Hardwick

- Severe disability – mental age of 4yrs
- 14 yr old severely dyslexic son
- 10yrs of abuse from local gang
- Verbal and physical abuse
- Police and Council officials accused of failing to protect

Fiona set fire to herself and her daughter in their family Austin Maestro in a lay-by near their home 2009
HOW TO RESPOND?

1. Remaining calm and not showing shock or disbelief
2. Listening carefully to what is being said
3. Do not asking detailed or probing questions
4. Demonstrate a sympathetic approach by acknowledging regret and concern that what has been reported has happened
5. Ensure that any emergency action needed has been taken
HOW TO RESPOND?

6. Confirm that the information will be treated seriously
7. Give information about the steps that will be taken
8. Inform them that they will receive feedback as to the result of the concerns they have raised and from whom
9. Give the person contact details so that they can report any further issues or ask questions
Sharing Information- the law

• Frame work for sharing information safely
• Be open and honest
• Seek Advice
• Share with consent where appropriate
• Consider Safety and Wellbeing
• Shared information is necessary, proportionate, relevant and timely
• Keep a record of information shared

Information Sharing Guidance DCFS 2008
Making a Referral

Do not seek consent if so doing would:

• Place a person (vulnerable adult, child, family member, yourself) at increased risk of significant harm, or serious harm to an adult, or
• Prejudice the prevention, detection or prosecution of a serious crime, or
• Lead to an unjustified delay in making enquiries about an allegation of significant harm to a child or serious harm to an adult.

Information Sharing Guidance DCFS 2008
Sharing Information- the law

**Refusal to consent** – you may still lawfully share confidential information without consent if you judge it is in the public interest. e.g. To protect children from significant harm or adults from serious harm.

Information Sharing Guidance DCFS 2008
Safeguarding Vulnerable Adults
Basic Awareness

How to Report/refer concerns/allegations

• Share Concerns
• Consider Emergency action
• Report to line manager/safeguarding lead (PCT)
• Refer to Statutory Agencies (e.g. Adult Social care, Police etc)
• Record decisions and actions
Safeguarding Vulnerable Adults
Basic Awareness

Dave Askew – Taunted to death

• Had moderate learning disability
• Taunted by local youths for 17 years
• Known as ‘Dopey Dave’
• Lived with his elderly disabled mother
• Waiting for a Council house relocation
• Stopped complaining in last 12 months of his life- “nothing gets done”

March 2010 Suffered a heart attack and died in his front garden after challenging local youths who had been interfering with his mother’s mobility scooter
Mental Capacity Act 2005

• Provides legal framework for making decision on behalf of those who lack capacity.
• Assists and supports those who lack capacity by discouraging carers from being over restrictive and controlling
• Advocates a ‘Best Interest’ checklist when making decisions on behalf of those w/o capacity
Mental Capacity Test – PART 1

Mental capacity is the ability to make a decision. Any assessment should be in two stages:

PART 1

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn’t matter whether the impairment or disturbance is temporary or permanent.) e.g mental disability from acquired brain injury

- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Time and decision specific
Mental Capacity Test- Part 2

Part 2- Capacity Assessment - Decision making

• Does the person have a general understanding of what decision they need to make and why they need to make it?

Does the person understand that they need to have a tooth cavity filled and why it is needed?

• Does the person have a general understanding of the likely consequences of making, or not making, this decision?

YES - then the pain decay would be halted. NO – continued pain which would get worse
Mental Capacity Test- Part 2

• Is the person able to understand, retain, use and weigh up the information relevant to this decision?
Cost, pain and discomfort, considered other methods for treatment, timing of treatment.
• Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?
Orally or written communications

complex or serious decisions
• Is there a need for a more thorough assessment (perhaps by involving a doctor or other professional expert)?
Mental Capacity - Principles

• Assume capacity
• Use all practical steps to assist decision making
• Those with capacity can make Unwise decisions
• All decisions or acts must be done in their best interests
• Least restrictive
Best Interest - check list

• Not make assumptions on the basis of age, appearance, condition or behaviour.

• Consider all the relevant circumstances.

• Consider whether or when the person will have capacity to make the decision.

• Support the person’s participation in any acts or decisions made for them.

• Not make a decision about life-sustaining treatment “motivated by a desire to bring about his (or her) death”.

• Consider the person’s expressed wishes and feelings, beliefs and values.

• Take into account the views of others with an interest in the person’s welfare, their carers and those appointed to act on their behalf. e.g. Independent Mental Capacity Advocate
Safeguarding Updates

www.fakemate.com
Safeguarding Updates

Gangs of organised criminals are grooming vulnerable adults on dating sites.

- Establish fake relationships
- Groom unsuspecting adults
- Con gifts and money out of victims
- Online is an easier place to groom vulnerable people
- Low reporting due to embarrassment
- Criminal Offence
Vulnerable Adult Protection

Safeguarding Vulnerable Adults is
A Shared Responsibility

General Dental Council  http://www.gdc-uk.org
Care Quality Commission  http://www.cqc.org.uk
Local Safeguarding Vulnerable Adults Boards
Contact Numbers

LANCASHIRE - Adult Social Care
Customer Services - 0845 053 0028
Emergency Duty Team – 0845 6021043

LANCASHIRE – Police
0845 1 25 35 45 Or 999 in an emergency

CUMBRIA- Adult Social Care
Carlisle Area - 01228 227000
Allerdale Area – 01900 706325
South Lakeland Area -01539 713377
Eden Area - 01768 812242
Copeland Area - 01946 506352
Barrow-in-Furness Area -01229 407444 and 407446
Emergency Duty Telephone - 01228 526690

CUMBRIA – Police
0845 33 000 247
Contact Numbers

GREATER MANCHESTER- Adult Social Care
0161 255 8250

Greater Manchester Police: 0161 872 5050
In an emergency ring 999.
Safeguarding Vulnerable Adults
Basic Awareness

QUESTIONS?

THANK YOU