10 things that work in adult safeguarding

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Session aims

• Update on adult safeguarding developments but with a focus on ‘what works’
• Overview of recent research findings
• Moving safeguarding from ‘problem finding’ to cost-effective responses
• Thinking through learning – from problem/scandal focus to appreciative inquiries
1) People feel safer following safeguarding

- Following a completed safeguarding investigation people feel safer (or a proxy response)
- How do we know that? (338 interviews in 38 LAs, 2015/16)
- Impact on practice?
“Do you feel that you are safer now because of the help from people dealing with your concern?” SOM results (Norrie et al 2016)
2) Probably DBS works

• We don’t have much evidence on prevention
• We do have views that DBS works in preventing or dissuading high risk people from working/volunteering with vulnerable adults
• Tweaks always needed, but DBS system is seen as broadly acceptable, broadly feasible (it works) and is legitimate (legal process) and in line with other countries’
3) Abuse/neglect is not worse because of personalisation

- We heard cogent concerns about possible heightened risk of personal budgets in the form of direct payments in particular.
- We know that monitoring varies.
- We know that safeguarding referrals are not higher for people with PB/DP but some people do abuse in this context.
- We could keep an eye on it (also appointees and on people with LPA powers).
4) Practitioners think MSP works

- We have firm evidence that those involved in the pilots think it works, meaning that person-centred outcomes are discussed up front and that a ‘user’ focus is being embedded in safeguarding practice and culture – replacing process and time pressures.


5) It is possible to ask people about safeguarding experiences

- Several LAs or SABs are doing this, by various means
- Language of safeguarding adapted
- Awareness of risk of re-traumatising
- Developing the acceptability of asking others
- How would you do it?
6) No one way of organising safeguarding seems better than another

• MASH? Hub? Everyone’s business?
• Specialist or generic (age-old question)
• Follow children or go a different way?
• Does it matter?
• Not hugely, but maybe more prosecutions when specialists are prominent
• So the implications are...
7) Some training works ‘somewhat’ and might last

- ‘Somewhat’ effective – more to do
- Training can increase confidence, competence & knowledge – and skills

- But training linked to confidence in referring
  https://ipc.brookes.ac.uk/publications/pdf/Evidence_Review_-_Adult_Safeguarding.pdf
8) We are beginning to know what we don’t know

http://www.cochrane.org/CD010321/PUBHLTH_interventions-preventing-abuse-older-people

• ‘It is uncertain whether the use of educational interventions improves knowledge and attitude of caregivers, and whether such programmes also reduce occurrence of abuse, thus future research is warranted’.
Baker et al (summary)

There's inadequate trustworthy evidence to assess the effects of elder abuse interventions on occurrence or recurrence of abuse, although some evidence suggests they may change the combined anxiety and depression of caregivers. We need high-quality trials to determine whether specific intervention programmes, and which components, are effective in preventing or reducing abuse. All research should include some cost-effectiveness analysis, implementation assessment and equity considerations of the specific interventions reviewed.
9) The MCA offences have helped

- 2013-14, 349 charges were made and reached a first magistrates’ court hearing re offences of ill-treatment or wilful neglect under s. 44 Mental Capacity Act 2005 v 168 in 2012-13
- Same periods 6 LPA charges versus 1.
- And 47 prosecutions in relation to ill-treatment or neglect under s. 127 Mental Health Act 1983, down from 57 in 2012-13.
- Await Criminal Justice and Courts Act 2015 extension details (all care workers/providers)

http://www.legislation.gov.uk/ukpga/2015/2/section/20/enacted
Any other benefits?
10) Self-neglect as hoarding can be helped

- Others’ involvement & interest (GP treatment)
- Check about children
- MH/MCA routes
- Hoarding disorder DSM 5
- Use of Environmental Protection Act 1990 & Public Health Act 1936

http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx
Varied definitions of self-neglect

- Living in very unclean, sometimes verminous, circumstances;
- Hoarding large numbers of pets;
- Neglecting household maintenance;
- Portraying eccentric behaviours/lifestyles;
- Poor self-care leading to a decline in personal hygiene (Halliday et al, 2000).

Use checklist as guide (see Help for Hoarders http://www.helpforhoarders.co.uk/resources/)
Treatment Options (not for safeguarding alone)

Main treatment - cognitive behavioural therapy (CBT) to help the person to understand what makes it difficult to throw things away and why clutter has built up.

Combine CBT with practical tasks and a plan to work on. It's important that the person takes responsibility for clearing the clutter from their home. The therapist will support and encourage this.

Antidepressant medicines - selective serotonin reuptake inhibitors (SSRIs) have also been shown to help some people with hoarding disorders. Some services offer CBT groups.

http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx
BBC TV My Hoarder Mum and ME

• Great website – checklists, help for family, resources, etc
• Help for Hoarders
Thank You

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The views expressed in this presentation are those of the authors, not necessarily those of the Department of Health.