JSNA OP Factsheet 17: Protection and safeguarding of older people

Summary

- Everyone deserves to be treated with dignity and protected from neglect or abuse regardless of where they live.
- In Southwark there have been year on year increases in the number of safeguarding alerts since data was first collected in 2006-7, reflecting better awareness of abusive and neglectful behaviour.
- The majority of safeguarding alerts (59%) that progressed to investigation in 2010-11, similar to earlier years, concerned older people. There were 223 investigations, a high proportion concerning those over the age of 75.
- Analysis shows that the majority of safeguarding alerts for older people in Southwark relate to financial abuse, usually committed within the victim's own home and often by members of their own family or by friends.
- Women are more likely to be the subject of a safeguarding investigation than men.

Definitions - elder abuse

Elder abuse is defined by the World Health Organisation as ‘a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.’ The abuser is usually known to the person being abused and may be a partner, child or relative; friend or neighbour; a paid or volunteer care worker; a health or social worker or other professional; and older people may also be abused by a person they care for.

One of the most common forms of abuse is neglect or failure to fulfil a care giving role, sometimes but not always intentionally.

Other types of abuse include:

- psychological or emotional abuse (e.g. denying freedom or respect, removing personal control from the lives of older people)
- bullying or threats of withdrawing care
- financial abuse (e.g. exploiting the wealth of an older person, including misappropriation of property and affairs)
- physical abuse (e.g. hitting or slapping, physical restraint or unnecessary sedation with medication)
- sexual abuse

Safeguarding encompasses:

- Prevention of harm and abuse through provision of high quality care
- Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures
- Using learning to improve service to patients.

The Government has agreed safeguarding principles that provide a foundation to achieve good outcomes for patients and service users.

Principle 1 – Empowerment - Presumption of person led decisions and consent
Principle 2 – Protection - Support and representation for those in greatest need
Principle 3 – Prevention - Prevention of neglect harm and abuse is a primary objective.
Principle 4 – Proportionality - the least intrusive response appropriate to the risk presented
Principle 5 – Partnerships - Local solutions through services working with their communities
Principle 6 – Accountability - Accountability and transparency in delivering safeguarding

DH Safeguarding Adults:

In 2010-11 a total of 429 safeguarding alerts were received. This is 13% increase in the number of safeguarding alerts raised compared with 2009-10. 378 alerts led to safeguarding investigations in 2010-11, 223 of which related to older people. In part the increase is thought to derive from a continuing campaign to raise public and professional awareness of the issue of abuse, the steps people can take to report it and a programme of comprehensive training across all health and social care settings, including the acute trusts.

Figures 1 and 2 provide further detail from safeguarding investigations in 2010/11. The four largest categories of alleged abuse of older people in 2010-2011 were financial (117); physical (64); neglect (54); and emotional (38).

Figure 1: Abuse by client group 2010/11
The numbers of investigations for each age group were:
65-74 - 48
75-84 - 98
85+ - 77
which indicates greater risk as age increases. This is in line with what is known of the prevalence of abuse of older people at national level. Higher levels of age related cognitive impairment and dementia may contribute, underscoring the need to improve the identification of people with dementia.

The main locations of alleged abuse of older people were the older person’s own home (157 cases), residential care (40) and nursing care (16).

Figure 2: Location of abuse 2010/11

Increasingly older people may be provided with personal budgets that they or a carer/family member administers, Councils will need to regulate personal budgets to ensure abuse does not occur, as financial abuse is the commonest category of abuse, see above.

Alerts and investigations often lead to service improvement plans which may include an increase in monitoring of the provider service by commissioning officers, see the Safeguarding Adults Annual Report 2010-11 for further details.

Dignity in care

One of the most powerful protective factors against elder abuse is the cultivation of working practices across all sectors in health and social care and other services to ensure that older people are treated with courtesy, consideration and dignity. Such a culture also makes it easier for everyone, including older people themselves who may
observe dubious care practices, to recognise that abuse is being committed and seek help.

**Influences on dignified care**

A review of the literature on dignity and dignified care within the UK context (Tadd, W et al, 2011) found that dignified care was characterised by:

- Respectful communication.
- Respect for privacy.
- Promotion of autonomy and a sense of control.
- Addressing basic human needs such as nutrition, going to the toilet, and personal hygiene/appearance in a respectful and sensitive manner.
- Inclusivity and encouraging participation.
- Promoting identity.
- Focusing on the individual.
- Recognising human rights such as fairness, equality, respect, dignity and autonomy.

Understanding the practices and attitudes that make up dignified care is a key priority. This needs to be reflected both in staff training; management; supervision and commissioning. A recent report from the Equality and Human Rights Commission highlights the poor treatment of many older people in home care, which it claims is breaching their human rights. The Commission has called for councils to build the Human Rights Act into their commissioning process to improve standards.

**Local action**

A Charter of Rights has been developed specifying the rights that people will have in relation to their care and support including the right to control over their own care and to be safeguarded from abuse. (see Appendix).

A general safeguarding adults and children e-learning induction course is now mandatory for all new members of staff and is available to all partner agencies should they wish to use it. A more in depth range of Safeguarding Adults training courses is available for all Southwark Council Staff and staff from partner agencies.

Commissioners incorporate safeguarding into service contracts with all providers. Key performance indicators in the contracts measure the performance of providers and their use of safeguarding monitoring tools. Registered services report on serious incidents such as falls, serious injuries and illnesses, accidents, thefts, staff misconduct etc.

For domiciliary care services a system of quality risk alerts allows professional staff can report issues that require investigation. The Council has introduced new contracts in 2011 with additional monitoring requirements, and electronic monitoring of all visits will be introduced to pick up problems quickly, such as missed or late visits. (See Table 1 in the Appendix)

Safeguarding audits may be targeted, or non-targeted audits done monthly. Findings are used to improve practice and inform training needs and to celebrate and share good
practice, particularly around enabling the person at the centre of the enquiry to be actively involved:

The Pan-London multi-agency policy and procedures to safeguard adults from abuse will be adopted across the Southwark Safeguarding Adults Partnership Board.

A new competency based training programme is being developed together by all partner agencies based on a competency framework developed in line with CQC and SCIE guidance.

References


Safeguarding vulnerable adults - a toolkit for general practitioners accessed at http://www.bma.org.uk/ethics/doctor_relationships/safeguardvulnerableadults.jsp on 25.11.11
Southwark Adult Social Care Charter

The charter is designed to highlight broadly what the council aims to achieve for adult social care services, along with the type of service that people should be able to expect when they approach us about adult social care and accessing support.

The council is clear on its national legal duties and operates within the national legislative framework. This includes a range of duties, for example in the Equality Act and community care legislation. It also includes areas such as obligations in safeguarding and statutory rights for individuals around access to records, confidentiality and sharing information about individuals.

- We will provide you with good information and advice about all the support and services that are available in Southwark
- You should be treated with dignity and respect and be treated fairly
- Vulnerable people, those who are at risk due to disability or frailty, have the right to be safeguarded from abuse
- You are entitled to request an assessment of your social care needs to help you maintain your health and wellbeing and you will be encouraged to complete this yourself
- Carers are entitled to a separate assessment of their needs to identify what support would enable them to continue in that role
- Our aim is to assist you to regain your independence so that you do not need long-term support
- If you have longer term eligible needs we aim to give you control over your social care support so that you can make choices about what works for you
- We will let you know who to contact in the council if required.
- We aim to have skilled and trained staff to provide timely, clear, high quality responses
- You will be given information about your statutory rights (for example access to your records, confidentiality, how information about you is shared with other organisations and how to feedback comments during your assessment)

If you need to contact our adult social care services, you can call us on **0845 600 1287**.

Summary of main Quality Risk Alerts for Domiciliary Care Services 2010/11

The most common issues were as follows:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasks not completed</td>
<td>44.2%</td>
</tr>
<tr>
<td>Carer arrived late or left early</td>
<td>43.6%</td>
</tr>
<tr>
<td>Carer did not visit</td>
<td>42.9%</td>
</tr>
<tr>
<td>Care provider not notified of care plan changes</td>
<td>39.1%</td>
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</tbody>
</table>

There were 156 Quality Risk Alerts for 23 domiciliary care services during the year. It was found that 93 alerts (60%) were fully upheld and 59 (40%) were partially upheld.