GPNI
Adult Safeguarding in Primary Care
25th March 2021

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Adult Safeguarding

- What is it? Key definitions
- Patients with specific vulnerabilities
- Learning disability
- Significant mental health issues
- Local referral pathways
- Questions

Adult Safeguarding – Some Legislation:

- European Convention on Human Rights
- Human Rights Act 1998
- Safeguarding Vulnerable Groups Order 2007
- Human Trafficking & Exploitation Act 2015
- Mental Capacity Act NI 2016

Etc etc etc……



Definitions

- **ADULT**- individual over age 18
- **Adult at risk of harm-**
  - Over age 18

  a) Personal characteristics +/-

  b) Life circumstance
- **Adult in need of protection**
  - Over age 18

  a) Personal characteristics +/-

  b) Life circumstances

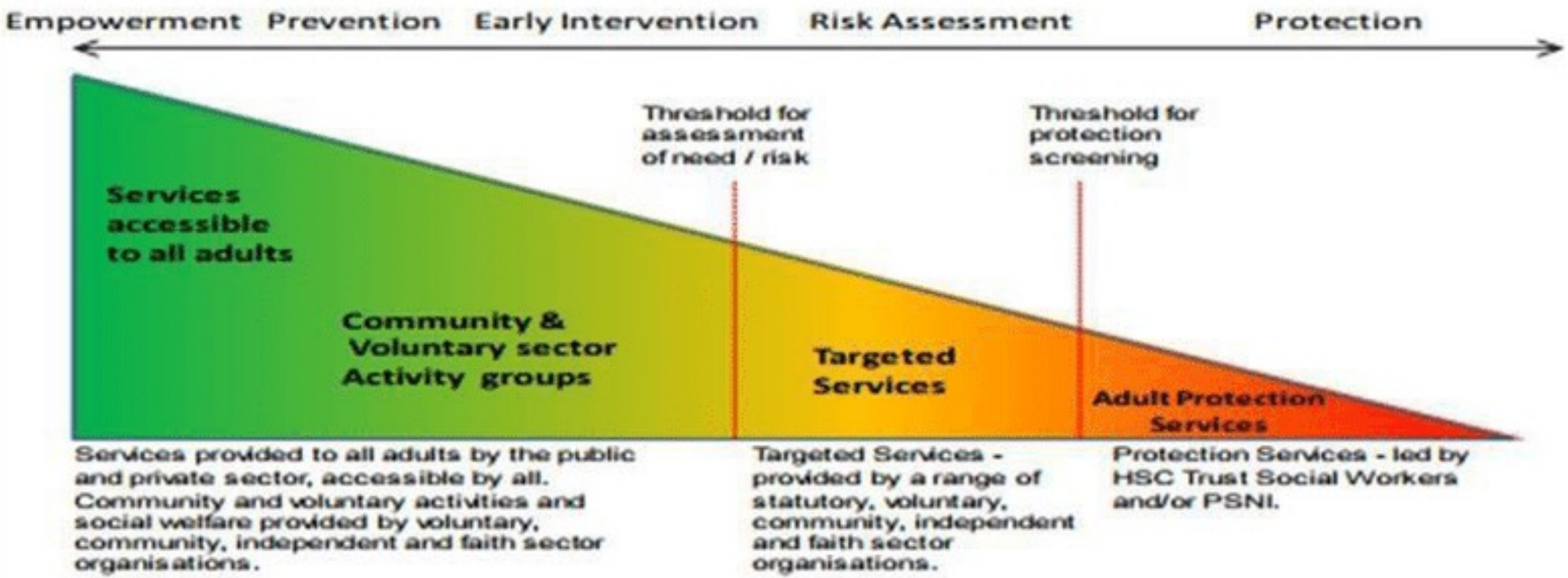
  c) Who is unable to protect self

  d) Where action /inaction of another may cause significant harm

  (a or b) + c + d

Adult Safeguarding: Prevention and Protection in Partnership key documents (health-ni.gov.uk)

Figure 4: THE ADULT SAFEGUARDING CONTINUUM - PREVENTION TO PROTECTION



5 Principles

A rights-based approach	LEGAL
An empowered approach	STRENGTH
Person- centred approach	INDIVIDUAL
Consent-driven approach	CONSENT
Collaborative approach	TOGETHER

Physical Abuse

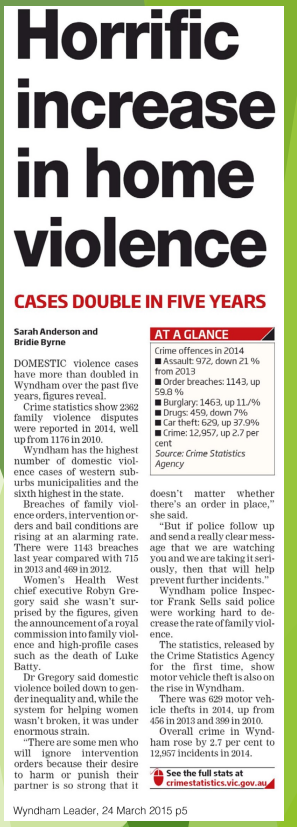
- Assault, pulling hair
- Scalds/burns
- Physical punishment
- restraint – unlawful/inappropriate
- Isolation/confinement
- Mis-use of medication
- Forcible feeding/withholding food



Domestic Violence or Abuse

- Psychological
- Physical
- Sexual
- Financial
- Emotional





Horrific increase in home violence

CASES DOUBLE IN FIVE YEARS

Sarah Anderson and Bridie Byrne

DOMESTIC violence cases have more than doubled in Wyndham over the past five years, figures reveal.

Crime statistics show 2362 family violence disputes were reported in 2014, well up from 1176 in 2010.

Wyndham has the highest number of domestic violence cases of western suburbs municipalities and the sixth highest in the state.

Breaches of family violence orders, intervention orders and bail conditions are rising at an alarming rate. There were 1143 breaches last year compared with 715 in 2013 and 469 in 2012.

Women's Health West chief executive Robyn Gregory said she wasn't surprised by the figures, given the announcement of a royal commission into family violence and high-profile cases such as the death of Luke Batty.

Dr Gregory said domestic violence boiled down to gender inequality and, while the system for helping women wasn't broken, it was under enormous strain.

"There are some men who will ignore intervention orders because their desire to harm or punish their partner is so strong that it doesn't matter whether there's an order in place," she said.

"But if police follow up and send a really clear message that we are watching you and we are taking it seriously, then that will help prevent further incidents."

Wyndham police Inspector Frank Sells said police were working hard to decrease the rate of family violence.

The statistics, released by the Crime Statistics Agency for the first time, show motor vehicle theft is also on the rise in Wyndham.

There was 629 motor vehicle thefts in 2014, up from 456 in 2013 and 399 in 2010.

Overall crime in Wyndham rose by 2.7 per cent to 12,957 incidents in 2014.

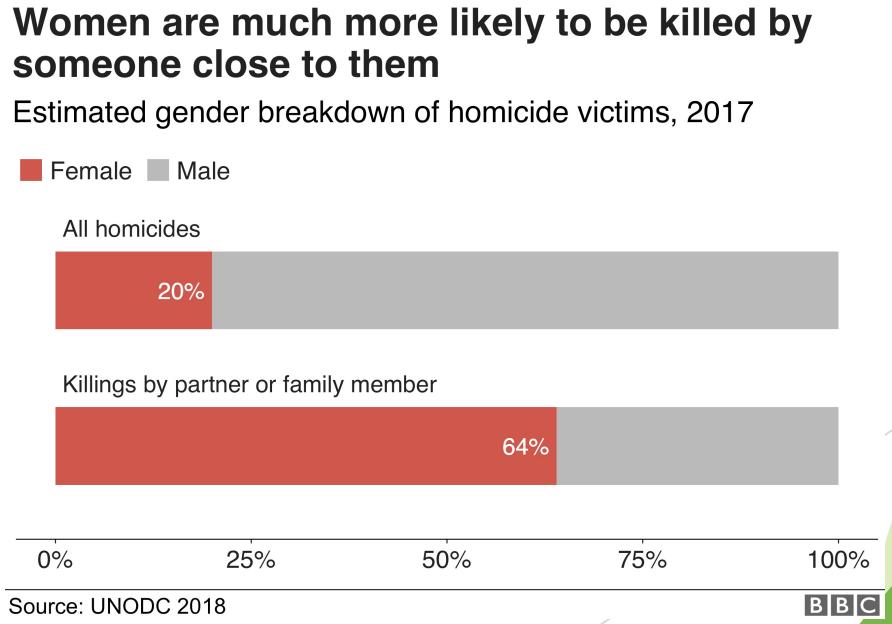
AT A GLANCE

Crime offences in 2014
- Assault: 972, down 21 % from 2013
- Order breaches: 1143, up 59.8 %
- Burglary: 1463, up 11./%
- Drugs: 459, down 7%
- Car theft: 629, up 37.9%
- Crime: 12,957, up 2.7 per cent

Source: Crime Statistics Agency

See the full stats at crimestatistics.vic.gov.au

Wyndham Leader, 24 March 2015 p5



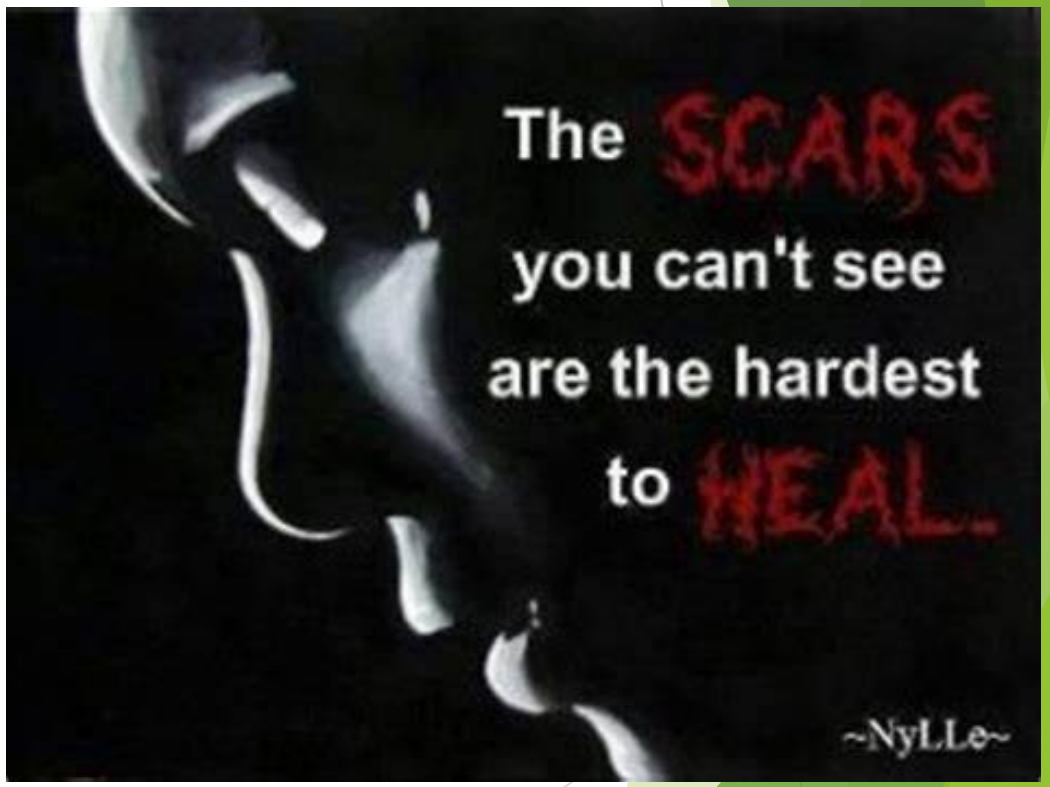
Sexual Abuse

- Rape/attempted rape/sexual assault
- No consensual penetration
- Any sexual activity where pt lacks ability to consent
- Inappropriate looking/teasing
- Sexual photography
- Witnessing sexual acts
- Indecent exposure



Psychological /Emotional Abuse

- Isolation removing education resources/social opportunities
- Remove mobility or communication aids
- Preventing religious engagement
- Preventing choice and opinion
- Failure to respect privacy
- Limiting activities
- Intimidation, coercion, harassment
- Cyber bullying



Financial or Material Abuse

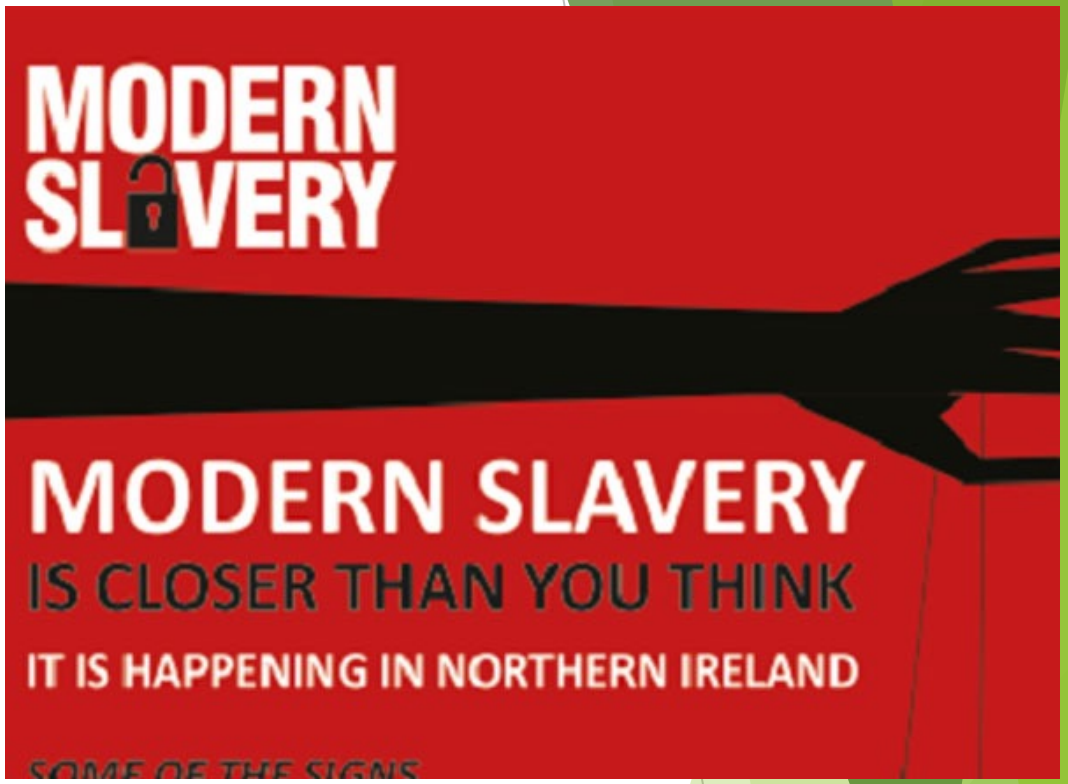
- Scamming /theft
- Prevent access to own monies
- Employees taking a loan from the person using the service
- Undue pressures /threats in regards to loans/wills/property
- Arrange less care that needed to save money/maximise inheritance
- Denying assistance to manage finances
- Misuse of benefits/allowance
- False representation using bank cards /ID





Modern Slavery

- Human Trafficking
- Forced Labour
- Domestic servitude
- Sexual exploitation
- Debt bondage

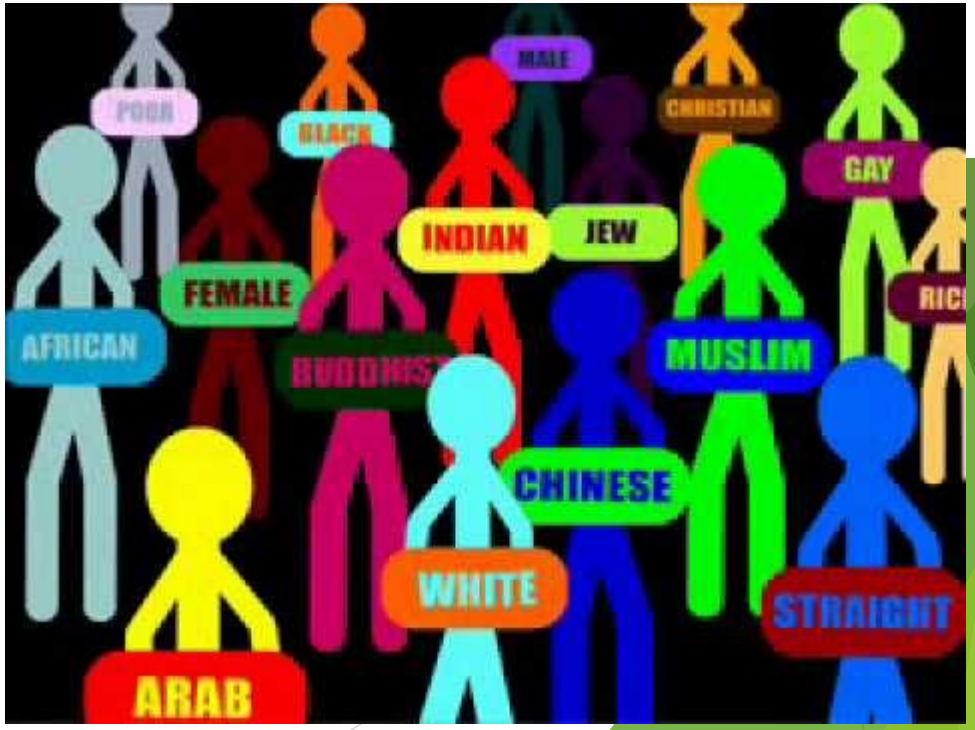




Discriminatory Abuse

Unequal treatment based on age ; disability; gender; marriage/civil partnership; race; religion

- Verbal abuse/inappropriate language
- Denying access to communication aids/interpreter
- Harassment/exclusion
- Denying basic rights eg health care, education, Criminal justice.



Organisational or Institutional Abuse

- Discouraging visits
- Run down or overcrowded establishment
- Authoritarian management
- Lack of leadership/supervision
- Insufficient staff
- Lack of respect/dignity
- Failure to manage patients with abusive behaviour
- Not providing adequate food/drink/assistance with eating
- Medication issues
- Failure to respond to complaints





Neglect or Acts of Omission

- Failure to allow access to food. Shelter, health care, heating, clothing, stimulation
- Providing care in a way a persons dislikes
- Failure to administer prescribed meds
- Ignoring needs- education social
- Preventing access to glasses, hearing aids, dentures
- Preventing person making own decisions





Self Neglect

- Lack of self care affecting personal health and safety
- Neglect to own surroundings
- Inability to avoid self harm
- Failure to seek services- medical social
- Inability to manage own affairs



Video

- http://www.hscboard.hscni.net/niasp/#:~:text=What%20is%20Adult%20Safeguarding%3F%20Most%20adults%20in%20Northern,occurred%20or%20is%20likely%20to%20occur%20without%20intervention%29.

22:01 Tue 23 Mar
16%
Not Secure — lsab.org.uk

NEGLECT & ACTS OF OMISSION Can include (but not exhaustive): Ignoring/failing to respond to medical, emotional or physical needs, failure to provide appropriate care, failure to follow a health plan or advice, failure to comply with a DNA, failure to provide essential services, failure to follow health and safety legislation		
No harm - low risk **Not SAFEGUARDING**	**Possible or some harm - medium risk** **Possibly SAFEGUARDING**	**Harm caused - high risk** **SAFEGUARDING**
• Isolated missed home care visit where no harm occurs. • Adult is not assisted with a meal/drink on one occasion and no harm occurs. • Inappropriate hospital discharge where no harm occurs • Inadequate care that causes discomfort but no harm	• Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. • Occasionally not having access to aids to independence (if regular this may be restraint). • Adult at risk living with family carer who occasionally fails with caring duties. • Temporary environment restrictions but action to resolve is in place. • Occasional inadequacies in care from informal carers – no harm occurs.	• Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Poor transfers between services for example – Hospital discharge without adequate planning and harm occurs. • Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation). • Carers consistently failing to provide care despite advice/guidance. • Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. dehydration, malnutrition, loss of independence or confidence. • Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk • Gross neglect resulting in serious injury or death.
Pressure Ulcers One person one pressure ulcer of low grade (Grade 1 or 2).	Pressure ulcers: multiple Grade 2s	• Preventable Pressure ulcers: Grade 3 or 4. • Mismanagement of pressure ulcers Grade 3 or 4 • Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.

Safeguarding Adults with Learning Disabilities

Dr Michael Kingsley

AimS

- A little background about Learning Disability
- 2 Safeguarding Case Presentations
- Some Key Takeaways





Adults

Approximately **2.16%** of **adults** in the UK are believed to have a learning disability.

mencap
The voice of learning disability



What does Learning Disability really Mean?

- A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which starts before the age of 18.
  - Not the same as learning difficulty (dyslexia, dyscalculia).
  - Internationally referred to as Intellectual Disability (LD preferred term in UK and Ireland).
- Many Co-Occuring Conditions: (Poll)
  - Epilepsy
  - Dysphagia
  - ASD
  - ADHD

Health Inequalities

- People with learning disabilities experience significant health inequalities compared to the general population:
  - In terms of access to services
  - In terms of health outcomes
    - In 2019- according to the LeDeR report
      - Median age of death Females 59
      - Median age of death Males 61
- One of the best things we can do to tackle health inequalities in this population is to make the most of the Annual Health Checks.

1st Case: Connor

- Connor is a 27 year old young man who lives in supported accommodation.
- He has a history of mild to moderate Learning Disability, ADHD, Asthma, Chronic constipation, and Epilepsy. He communicates well verbally but his baseline speech is slightly dysarthric.
- Usually happy, interactive and inquisitive. Always glued to his prized possession, his Ipad, which he usually uses to play games and watch videos.
- You know from his file that as a child he had been the victim of sexual abuse, but as far as we know there are no active concerns.
- He attends work at Extern daily, which he loves.

Connor

- Brought to GP by support worker as had some concern for a possible physical health issue.
- 2 days ago at work he had physically lashed out at another co-worker, seemingly unprovoked, and Extern had advised him he needed to take a break.
- Since then, not eating and intermittently lashing out at even favourite support staff. He gets very upset and doesn't want to talk about the incident. He's worried he won't be allowed back to Extern.

Connor

- A week later, GP had called Connor and his support worker to tell him his normal results and see if he was feeling better
- His support worker was able to inform the GP of what had happened.
- They had received a call from his sister, Connor had told her someone was being mean to him on Facebook, calling him “a paedo”.
- Co-worker had seen Connor accessing some sexually explicit content on his Ipad at work. He had told Connor he was going to tell everyone on FB what he had seen and that they weren’t going to let him back to work. Luckily his support worker was able to liaise with the staff at Extern and had a meeting with the two, and the situation had calmed down.

Connor - Take away POINTS

- People with LD sometimes are placed at risk from their own behaviours (from running in to busy streets, from misreading social cues and provoking the wrong people, sometimes from not knowing how to express frustration).
- People with LD can be subject to the same forms of abuse as others
  - People with LD are often very active online
- People with LD, like the rest of us, long for inclusion and friendship
  - Can be vulnerable to coercive control
  - “Mate Crime”

Steven Hoskin



"Steven was not seen or experienced as a vulnerable adult to abuse, instead he was seen as an instigator of problems."
(Flynn, 2007)

https://www.scie.org.uk/socialcaretv/video-player.asp?guid=55e3a233-c880-4cb4-8701-4acb9d243d39

Katrina

- 35 year old woman with moderate to severe learning disability, chronic constipation and dysphagia.
- She has a rare genetic syndrome which is associated with reduced hearing
  - As a result she can't really communicate verbally
  - She recognizes several Makaton signs but only uses 2 or 3 herself.
- She is very social and tactile and often picks at her skin for the sensory effect
- She is mostly continent but wears a pad to help with occasional incontinence
- Although she loves her mother and sisters, she had to move out of the family's flat when she was 18 as her mother had her own health concerns and couldn't cope.
- During the past 17 years she has lived in 3 different supported accommodations

Katrina

- She presented to her GP with a support worker as they had noted a significant rash
- Extended from lateral right hip, slightly up torso.
- Scaly appearance, well defined borders, and did appear itchy.
  - Despite multiple attempts and swabs, couldn't get on top of rash, spread down to knee and p torso, all only her right side.
- Miraculous Urgent Derm appointment
  - Turns out to be irritant dermatitis, from urine. Patient lies in bed only on her right side, and despite being continent mostly during the day, she isn't at night. Left in wet pad and bed sheets.
  - Started barrier cream, and improved bedtime hygiene, and rash quickly improved.

Katrina

- Katrina came back 3 months later for her Annual Health Check
  - As part of the check was asked about visual changes, and hearing.
  - Support worker stated that Katrina had glasses, but never wore them.
  - In terms of her hearing, you ask about hearing aides as you have seen a reference to these in the notes.
  - The support worker reports that she hasn't used them for the past year she has been working with her, and according to the other staff, she hated wearing them.
    - "Not sure we even have them anymore"

Katrina

- A few weeks after the AHC, the GP was asked to fill out a medical report for her, and you discover a SLT letter, that suggests Katrina did very well with hearing aids.
- You ask her support workers if they could track down the hearing aids.
- They finally found them still at an address she hadn't lived at for years.
- They needed to be fixed, but once placed, Katrina loved them, and has even been starting to use 2-3 words that she had never done in memory.

Katrina - Take Away Points

- Neglect- not always purposeful
  - Sometimes we are too accepting of the status quo
- Reliance on Support Workers for History
  - Support workers/Carers can be incredible resources, but they are always just one view.
  - Keep questioning, ask multiple care workers, ask how long and how well they know the client.
  - Tactfully question received wisdom.
- If at first you don't succeed, try, try again.

Final points

- An Up to Date Learning Disability Register
  - To support people with a learning disability you must first know who they are
  - There are resources from the RCGP to help GPs identify patients with LD
- People with Learning Disability can be victims of all types of abuse
- Keep questioning the status quo
- If possible, attend one of the Mencap Learning Disability Awareness for Healthcare sessions

Adult Safeguarding Pathways, Processes and Resources

Shelley Keenan

Mental Health Lead

Down GP Federation

shelley.keenan@downfederation.co.uk

Adult Safeguarding Pathways

If you are worried about an adult who you believe is at risk from harm and needs help to protect themselves..

Talk to them and Listen to them and record concerns

Contact local adult safeguarding gateway team

Think about immediate risk management and protection plan

If you feel in immediate danger or think they may be in immediate danger contact PSNI on 999

HSC TRUST	TELEPHONE 9-5	TRUST WEBSITE FOR FURTHER INFORMATION
Northern	028 9441 3659	Safeguarding adults at risk of harm or in need of protection - Northern Health and Social Care Trust (hscni.net)
Western	028 7161 1366	Adult Safeguarding | Western Health & Social Care Trust (hscni.net)
South Eastern	028 9250 1227	Safeguarding Adults | South Eastern HSC Trust (hscni.net)
Southern	028 3756 4423	Adult Safeguarding | Southern Health & Social Care Trust (hscni.net)
Belfast	028 9504 1744	Adult Protection Gateway Team | Belfast Health & Social Care Trust (hscni.net)

Adult Safeguarding Pathway out of hours..



Evenings or weekends call:



Regional Emergency Social Work Service



028 9504 9999

Safeguarding Adults
Safeguarding Adults (Level 2) CEC Programmes (hscni.net)

- **Purpose**
- To raise Awareness in the Recognising and Responding to Adult Safeguarding Issues, consistent with the Regional Policy on Adult Safeguarding: Prevention and Protection in Partnership (2015) and the Adult Safeguarding Partnership Training and Development Framework Level 2 (2013-2016).
- **Learning Outcomes**

- Recognise and Respond to Adult Safeguarding issues
- Understand own role and the role of others
- Contribute to the assessment and management of Risk
- Assist in safeguarding and promoting the welfare of Adults at risk

Protection of Adults at Risk of Harm

Physical

Includes hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse/ illegal use of restraint, deprivation of liberty, FGM

Psychological

Includes threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion

Financial

Includes Actual or attempted theft, fraud or burglary. misuse of money, property, benefits, material goods or other asset transactions withholding pension or benefits or pressure exerted around wills, property or inheritance.

Sexual

Includes Non-contact sexual activities - indecent exposure, stalking, grooming. Physical contact, including non-consensual penetrative sexual activities or non-penetrative sexual activities- touching/ groping

Neglect

Includes deliberately withholding/ fails to provide, appropriate care and support, adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned.

Exploitation

Includes deliberate maltreatment, manipulation or abuse of power/ control over a person; usually, but not always, for personal gain from using them as a commodity e.g. slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence, H.T

Institutional

May occur when routines & systems result in poor standards of care and practice and inflexible regimes which violates dignity and human rights It may exist in a culture that denies privacy choice and autonomy

Adult Safeguarding

- Stay calm , listen and hear
- Express concern and sympathy for what has happened
- If urgent medical help is required contact the emergency services
- Reassure the person- they did the right thing in telling you
- Let the person know that the information will be taken seriously
- Explain next steps
- Ensure the immediate safety of the person and any other vulnerable adults or children
- Be aware that medical and/or forensic evidence might be needed
- Report immediately to your line manager.
- Record the disclosure or what you witnessed as soon as possible
- Contact Local Gateway Team

Case Example

Mental Health Practitioner

Primary Care MDT

Mr B

65 year old

- District Nurse – Mental Health Practitioner – Joint visit due to concerns about staff safety
- History of alcohol abuse ? History of violence
- Home visit
- Mental health assessment and assessment of home environment
- Terminal Illness
- Patient concerns
- Past trauma
- Alcohol use

Adult Safeguarding Concerns

- Potential financial abuse
- Recent fires in home
- Other Individuals present in Mr B's home - ? fearful
- Tenancy arrangements

HSC

APP1 FORM

REGIONAL ADULT SAFEGUARDING PROCEDURES

APP1 ADULT AT RISK OF HARM CONCERN

For completion by HSC staff and contracted providers

PLEASE PROVIDE ADDITIONAL INFORMATION IF SPACE PROVIDED FOR ANY QUESTION IS INSUFFICIENT

Name: Mr B	**Date of Birth:** 65 year old *(If not known, please give approx age)*	**Date of Referral:** 12/02/2021
Address: X **Postcode:**	**Gender:** M ■ F ☐ Other ☐ **Ethnicity:** White caucasian	**Service/Client Group:** Primary Care Mental Health
Telephone No:	**Is the person known to the Trust?** Yes ■ No ☐	**H&C / Reference No:**

SECTION ONE

Section 1 – completed by Referrer

Details of Referrer (the person who brings the concerns to the attention of your agency)

Name: MHP	**Relationship to adult at risk of harm:** Mental Health Practitioner
Job title and agency: Senior Mental Health Practitioner	**Contact number:** X

Who was the first person to note the concern

Name: X	**Relationship to adult at risk of harm:** District Nurse	**Contact number:** X	**Date:** 04/02/21

Source/ Origin of Referral

■ Carer	☐ Housing Association	☐ Learning Disability Hospital staff	☐ Regulated Care Home
☐ GP	☐ Social Worker	☐ Adult Mental Health Unit	☐ Other Regulated Facility
☐ RQIA	☐ Other Health Professional	☐ Acute General Hospital staff	☐ RESW
☐ PSNI	☐ Homecare Worker	☐ MARAC	☐ Other *Specify*
☐ DHSS	☐ Prison	☐ Self	
☐ Vol. Organisation	☐ Other Trust	☐ Anonymous	

Location of Incident

☐ Day Care	☐ Acute general hospital	☐ Supported living	☐ Mental Health Unit
☐ Residential home	☐ Nursing Home	☒ Domiciliary/ Own home	☐ Adult Hostel
☐ A&E	☐ Statutory home	☐ Intermediate Care	☐ Learning Disability Hospital
☐ Prison	☐ Other specify		

Key Contacts

	Name	Address	Contact number
Key Worker			
Care Manager			
G.P			
Family/Carer			
Significant other			X
Other			

What is the PRIMARY form of suspected, admitted or known harm or abuse? *(tick one only)*

☐ Physical	☐ Sexual *(incl. distance)*	☐ Psychological	■ Neglect
■ Financial	☐ Exploitation	☐ Institutional	

Does the PRIMARY form of alleged harm or abuse also relate to the following definitions?

☐ Domestic & sexual violence	☐ Hate crime	☐ Modern slavery/ Human trafficking

INCIDENT REPORT

Background Information

Home circumstances

Does the adult at risk of harm live alone? ☐ Yes ■ No

Does the person who is suspected to have caused harm live with the adult at risk of harm? ■ Yes ☐ No

Is the adult at risk of harm present location different from home address? ☐ Yes ■ No

If Yes give present location

Provide details of the supports available to the adult at risk of harm Care manager, district nurses, SET Outreach team for addictions

Factors precipitating incident

Physical illness and alcohol misuse, financial abuse, verbal abuse

Issues of capacity and communication needs of adult at risk

On home visit yesterday, Mr B disclosed he feels his benefits have been stolen by housemate and ex-partner. Mr B appeared sober as was nil odour of alcohol or slurred speech. Same concurred by X South Eastern Low Threshold Team. Nil obvious signs of impaired capacity.

Incident Report – Location / Date / Time *(Please give exact details of what has been reported and if appropriate include names of any witnesses and note injuries on ABFI body chart)*

Home visit completed with DNS on 04/02/21 following a discussion on concerns on his home, house mate, finances,physical state and reports of young people using his home to drink in. Revisited 11/02/2021 at 17.00hrs with SE Threshold worker

Details of any witnesses:

1. Name:
   Address:
   Contact No:

2. Name:
   Address:
   Contact No:

Referral and Risk Management Plan

- APP1 completed – advice given
- Referral to South East Outreach team
- Terminal illness
- Allocated case worker
- Comprehensive assessment
- Daily check in calls
- Meals on wheels
- Benefits arranged to be paid in to sisters account

Follow up

- Liaison with NIHE
- Individual removed from property
- Locks changed on property
- Good rapport established with case worker
  Shared learning
  Adult Safeguarding gateway team updated.

Resources on GPNI

- 2015 Regional policy
- 2016 Regional Procedures
- Providers Index
- Poster re. Adult Protection Services
- Adult Safeguarding and Adult Protection Hyperlinks
- Human Rights in Health Care
- NI Care Home Abuse Review
- Online Training Resources
- Resident to Resident harm review
- Directory of services for Victims of Domestic Violence
- Regional pathways/APP1 form