

Safeguarding Adults who have Mental Health Needs

Syed & Quinn Ltd 2022



Learning Outcomes.

- Evidence knowledge of the legislative and policy background of adult safeguarding in 2022
- Improving recognition of safeguarding concerns for people with MH problems and issues of misinterpretation/ exclusionary interpretation of what s.42 means by care and support needs.
- Understand the roles of health, social care and other partner agencies in the process.
- Improving awareness of the prevalence of abuse and neglect and self neglect in this cohort and why this is the case.
- Take action to improve safeguarding practice
- Raising awareness of the interaction between abuse and deterioration of mental health.

‘The world is not dangerous because of those who do harm; but because of those who witness harm and do nothing’.

Albert Einstein



Mental Health Needs

- Mental health needs can affect someone's thought processes, feelings, actions, behaviours and personality.
- Everyone experiences times when their mental health is better or worse. Mental health becomes a need if it affects someone's ability to manage day-to-day life.
- Mental health needs are hugely varied, as are the effects they have on people. Some people may experience mental illness for a short amount of time, whilst for others they may be longer-lasting.

The challenges to safeguarding people who have mental health needs.

- Sections of society continue to see many people who have mental health needs as people they need to be protected from, rather than people who need to be safeguarded.
- In consequence there has been less public drive to reduce abuse.
- This is sometimes mirrored in some professional agencies and individuals.
- There needs to be a non-negotiable commitment to preventing and robust responses to any concerns that someone who has mental health needs is being abused.



Are people with mental illness vulnerable to abuse?

- Poor mental health can impact on people's daily life, relationships, social life, employment and finances, making life more challenging and stressful.
- These impacts may lead to wider issues such as substance misuse, isolation, poor physical health and homelessness. These factors can increase vulnerability to abuse and exploitation.
- Although research suggests that there are additional factors that may increase risks of abuse - such as co-occurring substance use, or not being engaged in treatment - people living with a mental illness are 10 times more likely to be victims of abuse than the general population .

10x!!!

Examples.....

- Using mental illness and/or addiction issues to manipulate people into criminal activity, sexual employment, drug selling (eg county lines)
- Cuckooing, people taking over their tenancies, turning them into crack dens, brothels or just simply abusing the accommodation
- Mate crime, convincing people they have made a friend in person or on line and then using the relationship to abuse
- Simple physical abuse, people being kicked, pushed over , mugged in the street or in deed at home or any setting
- Poor medical treatment for physical illness, and sometimes mental illness
- Reactive eviction due to hoarding or other breaches in tenanci y agreements
- Living in poor conditions with private landlords

I am sure you have many more!!

Edward

- Edward rarely goes out, but he allows people into his home because of his loneliness.
- The police were alerted by Edwards neighbours to several domestic disturbances.
- His accommodation had been targeted by a number of local people and he had become subjected to verbal, financial and sometime physical abuse.
- Although Edward initially insisted they were his friends, he did indicate he was frightened.

Edward (Cont)

- **Edward attended a case conference with representatives from adult social care, mental health services and the police, from which emerged a plan to strengthen his own self-protective ability as well as to deal with the present abuse.**
- **Mr A has made different arrangements for managing his money so that he does not accumulate large sums at home.**
- **A community-based visiting service has been engaged to keep him company through visits to his home, and with time his support worker aims to help get involved in social activities that will bring more positive contacts to allay the loneliness that Mr A sees as his main challenge.**

Pearl

- Pearl's mental health social worker became concerned when she had received reports that 2 of Pearl's associates were visiting more regularly and sometimes staying over at her flat.
- Pearl was being coerced into prostitution and reportedly being physically assaulted by one of the men visiting her flat.
- There was also concern that she was being financially exploited.
- Pearl's lack of understanding of how to protect herself when living alone was exacerbated by her mental health needs and consequent inability to set safe boundaries with the people she was associating with.
- **The social worker recognised that the most appropriate way to enable Pearl to manage the risk of harm was to involve Pearl's family, which she agreed to, and other professionals to develop and coordinate a plan which would enable her to continue living independently but provide a safety net for when the risk of harm became heightened**

Pearl (Cont)

- **Tasks were divided between the police, family members and specialist support workers. The social worker had a role in ensuring that the plan was coordinated properly and that Pearl was fully aware of everyone's role. Pearl's family were crucial to the success of the plan as they had always supported her and were able to advocate for her needs.**
- **They also had a trusting relationship with her and were able to notify the police and other professionals if they thought that the risk to Pearl was increasing. The police played an active role in monitoring and preventing criminal activity towards Pearl and ensured that they kept all of the other professionals and family up to date with what was happening.**
- **Pearl is working with a domestic violence specialist to help her develop personal strategies to keep safer and her support worker is helping her to build resilience through community support and activities.**

Who are Adults at Risk of Abuse? Section 42 criteria.

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority 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.

The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the **adult**.



Applying the Section 42 criteria to people with Mental Health Difficulties

- People with a severe mental health diagnosis would meet the section 42 criteria of an adult with care and support needs when they are unwell
- When their illness is well controlled by medication it may be questionable so be ready to evidence the care and support needs they have and how these have made them additionally vulnerable to abuse.
- With non-psychotic mental illnesses it will be down to individual people and circumstances whether the criteria are met.
- The advice is generally if you are concerned always raise the concern to safeguarding, don't screen people out and fail to report because you are not sure the criteria is met.

Issues of engagement and consent

- Some people with mental health needs are hard to engage.
- Perhaps they are cynical about 'services'
- Do not feel comfortable with people generally
- Have had bad experiences with social workers, AMHP, CMHT, hospitals, the police etc
- Don't expect to be believed, and expect to be 'blamed'
- Don't see what is happening to them as abuse!
- The importance of knowing when to set aside the presumption of capacity ([MCA briefing, Mental Capacity: What Practitioners Need to Know \(hillingsab.org.uk\)](https://www.hillingdonsab.org.uk))
- Capacity is difficult to assess in people with mental health needs.
- For many capacity will not be in doubt.
- For others capacity will fluctuate in line with their mental health presentation.
- The presumption of capacity on occasion is being used as a way out of trying to safeguarding and improve outcomes for individuals

Who could abuse?

- Friends, family, people they trust
- Direct support staff
- Health and social care professionals
- Neighbours, tradesmen
- Criminal gangs, traffickers, people who groom vulnerable people
- Other vulnerable people
- Strangers



Why?

Power
Love
Opportunity
Over-protection
Fear
Stress
Greed
Ignorance

- Lack of training
- Lack of information/ knowledge
- Unreasonable expectations
- Lack of understanding/ capacity
- Poor management
- Damaged attitude

Peoples experiences

- People reported every kind of harassment from being stalked, verbal harassment in the street, having their homes vandalised and physical and sexual assault
- Stigma and discrimination against people with mental health problems is still rife, and sadly this can go as far as individuals being victimised in their communities or even targeted in their own homes.



Other factors which increase vulnerability

- People experiencing mental health difficulties may seek, or become dependent on, others who can offer them emotional or practical support.
- The care-giver may use this relationship of trust and dependency to abuse or exploit the individual.
- They may make their offer of support dependent on the person participating in an exploitative situation, or they may act in a coercive, controlling and violent way.



Why don't people disclose?



- Mental health difficulties can affect people's ability to tell others that they are being abused or exploited.
- The nature of their difficulties may make it difficult for them to seek help and support from friends, family and support services.
- During episodes when their mental health difficulties are particularly severe they may not fully recognise that they are being abused or exploited.

Related Legislation and Guidance



- Public Interest Disclosure Act 1998
- Human Rights Act 1998
- The Mental Health Acts 1983 and 2007
- The Mental Capacity Amendment Act 2019
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007
- Equality Act 2010
- Health and Social Care Act 2012
- The Children and Families Act 2014
- Criminal Courts and Justice Act 2015
- The Domestic Abuse Act 2021
- Health and Care Act 2022

The Care Act 2014

The Care and Support Statutory Guidance 2015

Prevention of Abuse and Neglect

Prevention of abuse, neglect and self-neglect through:

- Clear communication and clarity of roles between clinical and social care agencies involved with an adult is vital – if you're not clear what colleagues are doing, talk to them!
- Resolving professional differences through escalation where needed
- The importance of knowing when to set aside the presumption of capacity ([MCA briefing, Mental Capacity: What Practitioners Need to Know \(hillingdonsab.org.uk\)](http://hillingdonsab.org.uk))
- Do what you can to ensure people you support are treated with respect and dignity by yourself and others, in your work setting and in the community as a whole
- Recognise and acknowledge all aspects of each individual's personal identity
- Give people the information they need in order to understand their rights and the expectations they need to have in the way people treat them

What is Abuse?

- People should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. Exploitation, in particular is a common theme in the list of types of abuse and neglect

Care and Support Guidance 2015

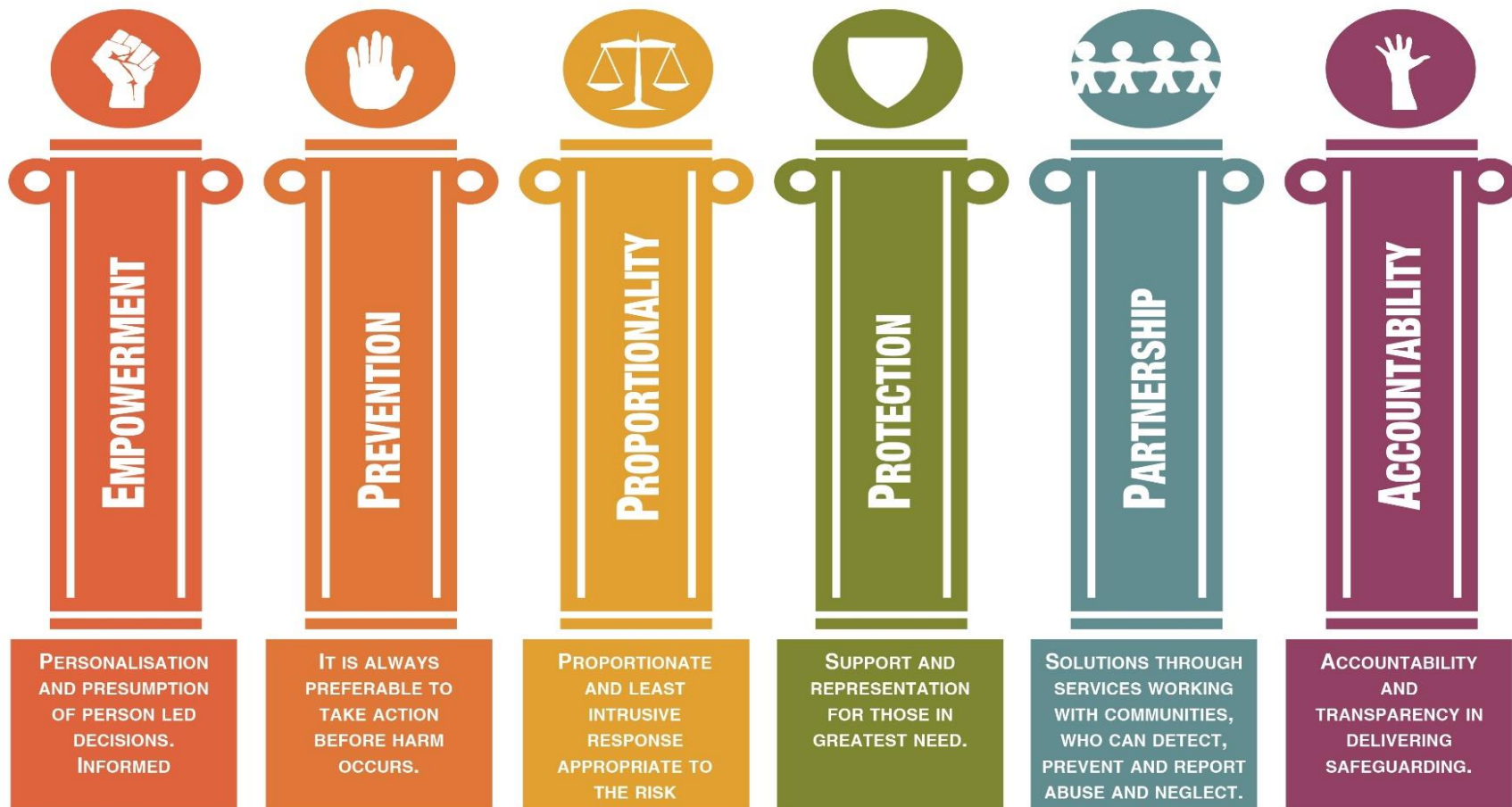
Categories of Abuse (London)

- Physical
- Psychological
- Sexual
- Financial
- Coercion and Control
- Domestic Abuse
 - to include:
 - Forced Marriage
 - Honour Based Violence
 - Female genital Mutilation
- Radicalisation
- Anti-Social Behaviour
- Modern Slavery
- Human trafficking
- Neglect, Acts of Omission
- Organisational
- Mate crime
- Hate crime
- Discriminatory
- Self Neglect; to include Hoarding

What types of abuse and neglect are people with mental health needs additionally vulnerable too?

People who have long term mental health needs who are living in the community are targeted for:

- Mate crime: cuckooing, supporting substance misuse, on-line abuse
- Grooming into sexual employment
- Grooming into criminal activity
- County Lines
- Radicalisation
- Financial abuse by 'friends' neighbours, tradesman, landlords, family, strangers



The Safeguarding Principles

- **Empowerment** – People being supported and encouraged to make their own decisions.
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Recognition of safeguarding concerns where an adult has mental health needs

Promote timely recognition of safeguarding concerns where an adult has mental health needs:

- Prevalence of abuse, neglect and self-neglect within this service user group and the settings where abuse and neglect can occur.
- Be clear when the s.42 criteria apply: avoid exclusionary interpretations of “care and support needs”.
- How mental health support needs can impact the risk of abuse and people’s ability to protect themselves.
- How abuse and neglect can impact a person’s mental health



Involving the adult at risk in the safeguarding process.

Making Safeguarding Personal

- Gaining consent when appropriate.
- Independent advocate
- Autonomous decision making
- Supported Decision making
- Giving clear information to the adult throughout the process
- Finding out the adults preferred outcome, it may not be possible but essential to ask.
- Ensuring the Safeguarding plan for their ongoing safety is fully explained to them, or their advocate of representative

Patterns of abuse may include:



Serial abuse in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.



Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse



Opportunistic abuse such as theft occurring because money or jewellery has been left around.

The Care Act 2014

Roles and Responsibilities

- ▶ M.A.S.H (Multi-Agency Safeguarding Hub)
- ▶ Adult Social Care
- ▶ Managers and Supervisors
- ▶ NHS
- ▶ LA Commissioners
- ▶ CCG
- ▶ CQC
- ▶ Police
- ▶ Provider organisations
- ▶ Safeguarding Adults board
- ▶ Front line staff in all health and social care organisations



Partnership Working

- Partnership working to achieve outcomes from safeguarding enquiries:
- Clinical and social care partners need to work together in safeguarding enquiries in order to achieve positive outcomes for adults at risk (couple of illustrative case examples to demonstrate good practice)
- Adult Safeguarding is everybody's responsibility.
- All professional agencies, statutory, voluntary and private have particular responsibility to work together to safeguard adults with care and support needs from being abused.
- The Care Act 2014 created a duty to integrate. co-operate and work in partnership.



What is Partnership Working?

Adult safeguarding is **everyone's business**.

Any person may recognise and report abuse or neglect and everyone can play a part in building communities where abuse does not happen.

The guidance calls for all agencies responsible for adult safeguarding to work effectively with each other; i.e. Community Healthcare, CCGs, Health and Wellbeing boards, Children's and Adult Safeguarding Boards, and Community Safety Partnerships as set up by the Home Office to create links between Police, Local Authorities, Fire, Health and Probation Services, and Healthwatch.

Remember the central partner in all safeguarding is the adult who may have been harmed!



Safer Recruitment Practice

Safer recruitment practice should be applied at all stages of the recruitment process to support the prevention principle:

- Advertising and information for applicants
- References
- Other checks before interview
- Selection of candidates
- Interviewing short-listed candidates, looking at the attitude of the candidate to people who have mental health needs.
- Use of scenario questions
- Offer of appointment to successful candidate
- Induction and supervision of newly appointed staff



Advocacy

- Care Act Advocates
- Independent Mental Capacity Advocates
- Independent Mental Health Advocates
- Independent Domestic Violence Advocates



Respond

First, do whatever you can do to ensure the immediate safety of all concerned, including yourself, if at risk.
Then:



Report



Record



Monitor

Any Questions?



Thank You

thank you



Resources

- Government Guidance: [Residential care, supported living and home care in the event of a coronavirus \(COVID-19\) outbreak](#)
- Coronavirus (COVID-19): [Support for victims of domestic abuse](#)
- The Care Act
<http://www.legislation.gov.uk/ukpga/2014/23/enacted>
- Care & Support Statutory Guidance
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- SCIE Care Act Resources
<http://www.scie.org.uk/care-act-2014/>
- Skills For Care Briefing
<http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/care-act-implications-for-safeguarding-adults-briefing.pdf>