Social Work and Safeguarding: Implications for Practice

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IFSW Europe September 2015
Workshop Outline

* Safeguarding adults – key concepts
* The role of social work in safeguarding – mental health social work and decision-making
* Discussion
* Safeguarding children – key lessons for inter-professional education
* Discussion
Safeguarding principles

- **Empowerment**  People being supported and encouraged to make their own decisions
- **Prevention**  It is better to take action before harm occurs
- **Proportionality**  Least intrusive response appropriate to the risk presented
- **Protection**  Support and representation for those in greatest need
- **Partnership**  Working with our partners in the police and local authorities
- **Accountability**  Transparency in the delivery of safeguarding and reporting procedures (Care Quality Commission and Commissioners).
Categories of Abuse Listed in the Care Act 2014

- **Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- **Domestic Violence** - including psychological, physical, sexual, financial, emotional abuse, ‘honour’ based violence
- **Sexual abuse** - including rape, indecent exposure, sexual harassment, sexual photography, sexual assault, or act to which the adult has not consented or was pressured into consenting
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, verbal abuse, cyber bullying, isolation, unreasonable withdrawal of support networks
- **Financial or material abuse** - including theft, coercion in relation to a persons financial affairs. Misuse or misappropriation of property, possessions or benefits.
Categories of Abuse …...continued

- **Modern Slavery** - encompasses human trafficking, forced labour, domestic servitude and inhuman treatment
- **Discriminatory abuse** - harassment, slurs or similar treatment because of race, gender, age disability sexual orientation or religion
- **Organisational abuse** - neglect, poor care practice. This may range from a one off incident to on-going ill-treatment, resulting from poor practice, processes, structure, polices and practices within an organisation
- **Neglect and acts of omission** - ignoring medical, emotional or physical care need. Withholding the necessities of life, such as medication, adequate nutrition, heating
- **Self-neglect** - this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings, and includes behaviours such as hoarding.
Mental Capacity – 5 principles to guide practice

* 1. A person must be assumed to have capacity unless it is established that they lack capacity.

* 2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

* 3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

* 4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

* 5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.
Decision-making in social work: a question of capacity

* Approved Mental Social Work reports of Mental Health Act (1983) assessments

* November 2014 – new paperwork incorporating a mental capacity assessment

* 97 reports

* What is the decision to be made? What was the outcome?
What was the specific decision relevant to the MHA assessment?

* To decide whether to be admitted to a psychiatric unit (82%)
* To decide whether to remain in hospital for treatment (15%)
* To decide whether to take anti-psychotic medication (1%)
* To decide whether to work with crisis services (1%)
* To decide to whether to go to emergency health services (1%)
### Assessing Capacity: functional questions

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Can the person understand the information relevant to the decision?</td>
<td>67%</td>
<td>33%</td>
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<tr>
<td>Can the person retain the information long enough to make the decision?</td>
<td>69%</td>
<td>31%</td>
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<td>Can they use or weigh that information as part of the decision-making process?</td>
<td>44%</td>
<td>56%</td>
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<tr>
<td>Can they communicate their decision by any means available to them?</td>
<td>84%</td>
<td>16%</td>
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Assessing Capacity: Diagnostic Questions

* If the answer is ‘no’ to any of these four questions ask:

* Is there an impairment of, or disturbance in, the functioning of the person’s mind or brain?
  
  Temporary: 65%  
  Permanent: 24%  
  None: 11%

* Does the impairment or disturbance make the person unable to make the decision, or is it likely to interfere with their ability to do so?
  
  Yes: 79%  
  No: 11%
Example One – service user with a diagnosis of dementia

- Mr. Smith does not recognise his own needs and that admission to hospital may be a helpful intervention. He repeatedly refers to hospital as the place where his mother died.
- Mr. Smith demonstrated his memory for new information is very limited and could not recall conversations that had occurred minutes earlier.
- Mr. Smith did not understand the information or weigh up the information in decision-making.
- Mr. Smith had excellent communication skills
- Mr. Smith has a diagnosis of dementia
- The symptoms of Mr. Smiths’ dementia meant he was unable to make an informed decision to admission.
Jenny’s current mental state makes it difficult to assess how much information she is able to process and retain.

I went over the process of admission to hospital and that is was a psychiatric hospital several times. Jenny said “yes” but then was unable to explain what she had agreed to.

Jenny said she felt confused and needed time to ‘sort herself out’ but couldn’t link that with the purpose of the assessment.

Much of what Jenny was saying was incoherent and she had difficulty communicating with me.

Jenny has used legal highs and cannabis in the previous 2 days and appears to be experiencing the effects of these on her mental health.

This is interfering with her ability to make a decision about hospital admission.
There was an equal split between service users who were assessed as having capacity and those who did not. For those with capacity:

- Not admitted: No Further Action 13%
- Not admitted: Alternative Care Plan 13%
- Admitted: service user decision 13%
- Admitted: social work decision 11%
Social Work Decision-making: service users assessed as lacking capacity

* Not admitted: alternative plan under MCA
  Best Interest Decision 5%

* Admitted: as a Best Interest Decision 0%

* Admitted: social worker makes decision to detain service user 45%
Outcome of the decision

- Not admitted 26%
- Informal admission (capacity) 13%
- Detained for assessment 43%
- Detained for treatment 13%
- MCA Best Interest decision not to admit 5%
The interface between the Mental Health Act (1983) and Mental Capacity Act (2005) is a complex legal area which may impact on how social workers make decisions (Taylor, 2013)

88% of service users, assessed as not having capacity, are compulsorily detained by the Approved Mental Health Professional

There seems to be a reliance on the Mental Health Act (1983) where least restrictive alternatives under MCA may have been options

Nov 2015 – repeat the process to discover if social workers are making different decisions under the legal frameworks
Thank You

Any thoughts? Comments?

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