

Safeguarding adults and personalisation

Life



This essay will focus on adult safeguarding and how law and policy applies to working with vulnerable adults, which in turn will recognise how this can protect or hinder their rights. In addition to this, it will also demonstrate my understanding of what the role and responsibilities of a social worker is in regards to safeguarding and personalisation. The adult safeguarding national policy agenda was set out in 2000 by the department of health called ‘ No Secrets’; named such to outline that there can be no secrets or somewhere to hide when it comes to exposing the abuse of vulnerable adults.

This guidance defined a vulnerable adult as ‘ a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to protect him or herself against significant harm or exploitation’. (Department of Health, 2013) However, safeguarding services have considerably developed since then and in the draft Care and Support Bill 2012, a new term, ‘ adult at risk’ has now replaced ‘ vulnerable adult’ as a more acceptable alternative and because the term ‘ vulnerable adult’ may wrongly imply that some of the fault for the abuse lies with the adult abused.

It was proposed by the Law Commission and it is now defined as: ‘ anyone with social care needs who is or may be at risk of significant harm’. Although this is a much shorter definition it is still clear that no matter what your circumstances, anyone can be classed at risk and is entitled to be safeguarded and protected from abuse. (Department of Health, 2013) Many social workers feel frustrated by the fact that when dealing with adult abuse cases there is no statute that is equivalent to the Children Act 1989.

However, there are several pieces of policy and legislation that social workers can draw upon to support their practice that will both empower and protect individuals who find themselves in vulnerable situations. (Pritchard, 2009) Legislation dating back from 1948 to the present day provides a range of duties and powers based on various definitions and criteria. In England and Wales there is not a statutory duty to investigate abuse, however, No Secrets clearly places a responsibility on social services as the key agency responsible for adult protection and this position is strengthened by the Human Rights Act 1998.

(Wilson et al, 2008) The Human Rights Act didn't come into force in the UK until October 2000 and it meant people could take cases regarding breaches of their human rights into a UK court. This would have provided a breakthrough to victims who thought that their perpetrators would always get away with abusing them. Although, without the help of a social worker encouraging them to seek help and support this would not be able to happen. (Galpin & Bates, 2009)

There are particular articles within the Act that are relevant to safeguarding adults such as; Article 2, everyone has a right to life; Article 3, the prohibition of torture, inhuman and degrading treatment and Article 5, everyone has the right to liberty and security. In addition to this, the right to respect a person's home, private and family life under Article 8; investigating and responding to the risk of abuse will almost invariably involve this article; interventions must be lawful, justified and proportionate given the risk. (Pritchard, 2009)

The Mental Capacity Act 2005 provides a framework to support individual decision-making, allowing choice of appointing their own decision maker and

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to also promote decision-making in a person's best interests should they lack capacity. The Act encourages forward planning, for example, people who have capacity but feel that they would lack capacity in the future they can nominate others to act for them under a Lasting Power of Attorney which would involve decisions about welfare, health and financial matters.

Where decisions have to be made regarding serious medical treatment, long-term accommodation moves or an adult protection investigation, an Independent Mental Capacity Advocate (IMCA) may be appointed to support and represent the individual. (Wilson et al) The IMCA service started in 2007 when it provided a service for 5, 266 people and has been providing a statutory service for five years. Although the IMCA service is a statutory service, it is provided by the voluntary sector and is a national service provided by 60 local providers which sets out to both empower and to safeguard people.

It is accountable to local commissioners as well as local clients; it works with both the NHS and 152 local authorities and it is designed to support and represent people as well as challenge and change organisations and their practices. In 2009, IMCAs were given additional duties under the Deprivation of Liberty Safeguards (DOLS). Their focus was to safeguard some of the most vulnerable circumstances that people can find themselves in.

Therefore, where, for their own safety and in their best interests, people need to be accommodated under care and treatment regimes that have the effect of depriving them of their liberty, but where they lack capacity to consent to the regime. (Department of Health, 2013) Another act that is relevant to adult services is the NHS and Community Care Act 1990 which
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provides a framework for all assessments of vulnerable adults. It emphasises the importance of case monitoring and reviewing. (Pritchard, 2009) Prior to the act there had been criticism about the way in which community care services were organised.

Therefore, when the Act was implemented, qualified social workers were given the task as care managers and many going into adult services for the first time. A key aspect of care management was that the assessment process should be based on an individual's needs rather than the service they require which would enable user empowerment and choice; and in turn provide a personalised approach. (Parker&Bradley, 2010) Personalisation means starting with the person rather than the service and it reinforces the idea that the person should know best what their needs are and how they can be met.

The social workers job working with adults at risk would be to ensure they had the right information and support to access the appropriate services. Personalisation is about giving people much more choice and control over their own lives and good social work practice is about putting the individual first. (SCIE, 2008) The personalisation agenda was outlined in three important documents. Firstly, Fair Access to Care Services (FACS) which called for local authorities to set eligibility criteria for providing services based on balancing resources against need.

Secondly, Transforming Social Care which was introduced to develop a personalised approach to the delivery of adult social care through the use of direct payments and personal budgets. Finally, the document, Putting People First placed personalisation at the centre of social care policy, practice and <https://assignbuster.com/safeguarding-adults-and-personalisation/>

performance. These policies were introduced to promote independent living and the funding for these initiatives took on two forms in the way of Direct Payments and Personal Budgets. (Trevithick, 2012) The legislation for direct payments is incorporated in the Community Care Act 1996.

The Act gave local authorities the power to implement direct payments. However, it was not until 2000 that the service was extended to people over 65 which obviously led to them being more vulnerable and unable to access services. Direct payments is a way of enabling people to manage their own care and support services; it is seen as a right not a privilege. (Parker&Bradley, 2009) Although direct payments are seen as central to the government's agenda for the modernisation and transformation of adult social care, it needs to be noted that there are concerns regarding risks and possible reduction in rights for people who use direct payments. (Galpin&Bates, 2009)

The main concern is that people will use their direct payments to employ unregulated care workers or relatives or will not manage well which may leave them open to a greater risk of poor quality care or even abuse through neglect, exploitation, physical, etc. (CommunityCare, 2013) On the other hand, whom the service user employs is generally their choice and responsibility which would give them a sense of independence. However, regulation and training of personal assistants is not compulsory, therefore, evidence of qualifications or certificates is at the employer's discretion.

This in itself poses a risk to service users who take this route. (Galpin&Bates, 2009) Personal budgets or individual budgets refers to funding that is allocated by the local authority to enable service users to buy services in <https://assignbuster.com/safeguarding-adults-and-personalisation/>

regards to their personal and social care needs which can include domestic, social leisure and educational activities. Administration is viewed as less intrusive than direct payments, for example, receipts are not required for individual expenditure. It is the responsibility of a social worker to play a key role in delivering this personalised service. (Parker&Bradley, 2010)

In 2010, the UKCoalitionGovernment confirmed its commitment to the principles which are embodied in the personalisation agenda and the target was for local councils to offer personal budgets to one million social care service users by 2013 as part of its social care provision. (Trevithick, 2012) However, a joint discussion document on the future of services for older people called ‘ The Case for Tomorrow Facing the Beyond’ was produced in 2012. The document addressed that the opportunities of personal budgets and direct payments have not been a constant acceptance by all those who are entitled to them.

Whilst people have usually been very positive about the impact of personal budgets on their lives, older adults report less satisfaction than other adult groups. More older people receive adult social care services than any other age groups but the amount that are actually receiving personal budgets or direct payments is small. In addition to this, the legal responsibilities of the personal budget holder are also presenting some challenges in the way of the holders acting as employers. When a service user directly employs someone to deliver a service, issues of employment law, quality and safeguarding still remain.

There is a challenge for policy makers, local authorities and their partners to balance concerns about the impact of less well monitored systems on <https://assignbuster.com/safeguarding-adults-and-personalisation/>

quality, reliability and safeguarding on one hand and the bureaucracy and cost of additional monitoring on the other. (Adass, 2013) As mentioned previously, FACS is a national eligibility framework which allocates social care resources to individuals, carers and communities based on four eligibility bands – critical, substantial, moderate and low risk to independence.

However, in 2010 it was said to have proved difficult to adhere to, especially in the economic climate with rising cost pressures and an increasing need to ration services. The BASW's joint manager noted there was a need for a national framework and more should be left to the professional discretion of social workers, working with the personalisation agenda and a person-centred approach. However, this can only happen if councils are given enough resources to manage people's care. (CommunityCare, 2013)

Putting People First; a shared vision and commitment to the transformation of adult social care was a key document from the government to outline the future of adult service provision. It sets out the government's commitment to independent living for all adults. In addition to this, it seeks to develop a collaborative approach between local and central government, providers and regulators to facilitate the development of a personalised system of adult social care. The first step in a personalised approach to social work practice is Person Centred Planning (PCP).

PCP addresses issues of exclusion that can be overlooked in the assessment process because it focuses on the person's capacities and not their impairments. The listening involved in PCP is good social work practice and can be used to understand a person's choices and abilities. It also helps to

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ensure that the person is placed at the centre of the assessment and planning process. However, there is an issue of funding when it comes to PCP for all individuals with a learning disability and can rely heavily on the trust of the individuals informal or unpaid support network to make their aspirations and plans a reality.

Although in my opinion I do think PCP is the way forward and should be used more frequently in social work practice. (Galpin&Bates, 2009) In conclusion to this essay and with the information gathered it can be noted that there are several policies and legislation that support the safeguarding of adults. Therefore, it seems unimaginable as to why vulnerable adults or adults at risk find themselves in a position of abuse or neglect. However, unfortunately due to the recent Winterbourne View scandal and others like it, abuse obviously still remains of individuals who are clearly too vulnerable to speak out.

It does appear that although guidance and policies are in place to safeguard adults who may be at risk, it obviously doesn't seem to be enough or it is simply that abusers are getting away with their crimes. The future of adult safeguarding must be improved and to do this, all agencies should work together in partnership and ensure the implementation of policies; procedures, etc. are in place. Outstanding social work practice is of the utmost importance.