SAFEGUARDING ADULTS

**Table of Contents**

[Introduction 3](#_Toc152447976)

[Discussion 3](#_Toc152447977)

[Conclusion 11](#_Toc152447978)

[Reference List 12](#_Toc152447979)

# Introduction

Safeguarding adults is about protecting those who are at risk of harm and suffering from neglect or abuse (Brammer and Pritchard-Jones, 2019). Abusive activities on adults can take place anywhere and by anyone in their own houses by their relatives or close ones. Thus, this essay will analyse the processes of safeguarding vulnerable adults in the care scenario of Mr B.C. by examining the policies involved with the care of the person with the need of identifying to allegations of neglect or abuse. The thesis statement of this essay is using safeguards and specific policies can help vulnerable adults stay safe from abuse or negligence.

# Discussion

The term ***“Vulnerable Adults”*** means an individual who is aged or above 18 and asks for community care due to their specific disability and illness. In addition, an individual is considered vulnerable who is unable to look after themselves or protect themselves from any harm or are not capable of reporting abuse. This highlights that vulnerable adults can be physically or mentally challenged, which stops them from taking responsibility for themselves on their own and gives other people the scope to use their ill condition for their own good (Care Check, 2023). Thus, safeguarding vulnerable adults is more important than protecting them from any kind of illegal or abusive activities (Griffith and Tengnah, 2006). As per observation, it has been understood that it is right of every person to know that being able to live happily and safely from any abuse or fear. When someone is in a vulnerable position whether due to any disability or illness, they are expected to give proper care to make sure that their right is thoroughly maintained (Britten and Whitby, 2018), however, it has become common for people specifically for vulnerable adults keep it a secret that they are being abused, which can happen due to fear or low self-esteem.

Abuse of vulnerable adults can happen in different forms such as physical, sexual, verbal, self-abuse and financial (Price, 2022). However, it is imperative to keep an eye on the symptoms of abuse with the help of a healthcare professional or a trained caregiver. For example, in the given case scenario, Mr. B.C. who was 72 years old died due to a fire at his home in the year 2014 on 7th November. He was an alcoholic and heavy smoker with different health issues such as diabetes, and high blood pressure, which resulted in him having poor incontinence, mobility and balance. Mr. B.C were verbally and physically abused by a neighbour and thing were stolen from his apartment by the visitors of the building. This highlights that because of his physical illness and mental sickness, many people have taken advantage of his situation and it has caused physical and verbal violence. Verbal abuse takes place by humiliating someone with bad or curse words, which affects the mental health of a vulnerable person and physical violation can cause internal and external injuries. Therefore, it can be said that Mr. B.C indulged in self-abuse as well where he was not focusing on maintaining a good lifestyle as he was a heavy smoker and drinker.

From the case scenario, it has been observed that in this case, Mr. B.C has faced abusive activities and negligence as well due to his vulnerable behaviour. In addition, it has been understood that in some scenarios, he has been the reason for abuse such as when his son stayed with him and tried to moderate his drinking habits, and indulged in arguments. Furthermore, he threatened to burn the house on fire but his son did not try to substantiate criminal obligation. This highlights that the mental condition of Mr. B.C is the reason behind his unstable behaviour. From the case, it has been observed that after the death of his wife, his mental condition worsened as it was difficult for him to deal with the loss. The support of his daughters and sons cannot help him as well as their care because he started living on his own and was comfortable living alone. One of his daughters declined the carer assessment when other daughters and sons decided to undertake a detox treatment.

As it has been mentioned earlier Mr. B.C was a heavy drinker and smoker, thus, his family decided to indulge him in a detox treatment to help his leave drinking and smoking to help him live a healthy life. As opined by Maqbool *et al.* (2019), detox treatments incorporate chemical withdrawal, which takes place when an individual with addiction stops taking addictive substances. However, this process does not refer to treating mental illness treatment as detoxification is the first step to recovering from addiction.  This highlights that one of his daughters made the right decision to help him maintain his physical and mental condition but one of his daughters declined the need for care assessment. Here, the evidence of negligence can be seen, which might be the reason for his worse conditions. Two daughters gave daily visits to him with food, housework, financial management and supervision of medication but they avoided the need for specialised care for him. As it has been observed that Mr. B.C has many health issues including high blood pressure, hip placement, strokes, diabetes, and other issues, it has made him vulnerable at the age of 72.

There are several signs of abuse presented in the case study, which are as follows:

Physical abuse of a vulnerable adult incorporates being slapped, hit or pushed, which may result in cuts, and external and internal injuries (Katerynchuk *et al.,* 2021). In addition, physical abuse is a deliberate action taken against someone that results in bodily injury, which might possess serious consequences and can be life-threatening. From the case, it has been identified that Mr. B.C has died due to a fire in his apartment and from his post-mortem report it has been observed that he has died due to smoke inhalation. This indicates that though his family members were concerned about him and he was being given personal care for 14 hours every week, they failed to take care of him as his death is proof of negligence.

Abuse that is incorporated with emotional or psychological abuse involves deliberate actions that hurt someone and cause emotional pain, which cannot be identified externally (Craddock, 2022). From the case scenario, it has been observed that Mr B.C has been abused by his neighbour physically and verbally, which caused him external injury and mental sickness as well. When some alarms in his home were activated no one in the building cared about his condition and his personal usable things were stolen by the visitors as well. This highlights that he was not capable of managing his own staff as most of the time he was drunk for which he got into a fight with his son.

Verbal abuse takes place when a person uses words to hurt someone as a process of humiliation, and harassment (Makarova *et al.,* 2020). It can include using slang or curse words, which affects the mental health of people specifically in the case of vulnerable adults. In this case, the neighbour of Mr. B.C verbally abused him as well as physically. For a person who is already mentally disturbed and lives upon taking alcohol and smoking, verbal abuse can create a double negative effect.

This is the most impactful abuse that one individual does to himself or herself because, in this abusive process, a person abandons himself or from living a happy life (Downey and Crummy, 2022). In the case scenario, the same situation of Mr. B.C can be seen because, after the death of his wife, he isolated himself from his sons and daughters who were worried about his health. He was admitted to the hospitals for different reasons such as he was admitted into the hospital for urinary infections between the years 2007 to 2010. In addition, in the year 2008, he went through a CT scan as he was unable to take care of himself. Furthermore, he had a long history of alcohol consumption, which caused him disparity in maintaining mental health. All these signs indicate that he was a self-abuser and was living an unhealthy life due to a poor diet and less desire to live.

However, it has been identified that the presence of indicators of negligence or abuse does not prove that a vulnerable adult has been abused such as in the case, there is no specific evidence of Mr. B.C being abused or neglected. As per the statement of Griffith and Tengnah (2006), abuse indicators offer proper guidance on potential concerns and possible cause relationships. These indicators act as a trigger, which encourages people to consider whether a specific behaviour or injury increases the possibility that a vulnerable adult is at risk of significant harm, from neglect or abuse. In this case, specific indicators that could have helped the person get over the fire is a significant increase in Mr. B. C’s personal dependence on others but he was unable to accept the fact. This has stopped him from asking for help from his family who were furious about his condition and tried to help as much as they could.

Furthermore, when the firm alarm was activated, could have tried to go out of his apartment but he did not try to run or ask for help, which resulted in his death due to smoke inhalation. The reason behind this could be he was drunk as his drinking habits had created a fuss in his life earlier or it could be his physical illness that stopped him from going out when the fire alarm was activated. Therefore, it can be said that if his family had identified this indicating factor earlier, he would have been able to stay alive or avoid the vulnerable situation. His physical condition was poor as well, which made him physically weak and his drinking or smoking has made his behaviour worse, which can be the reason to indulged in fights with his neighbour.

The case study on Mr. B. C. is responsible for being able to represent a complex level scenario which is also capable of involving early-aged individuals having a multitude of health issues. Due to the history of substance abuse, this involves social care. This section is going to involve exploring an effective level of application of the policies in the context of giving care to Mr. B. C.’s care. In this matter, emphasize the role of giving care to the workers in managing the response to the abuse (Baten and Wehby, 2022). The policies in this matter are related to safeguarding, monitoring health and Social care, and then providing them with housing support which is going to be examined effectively in order to be involved in underlying the essentiality of the comprehensive approach taken in order to provide care.

Caring for vulnerable adults such as Mr. B. C. combined with multiple policies, which are designed for making sure that the dignity, protection and well-being of the people. In this case, the UK is responsible for making necessary policies involving the Care Act of 2014, and another important act known as the Mental Capacity Act of 2005 which is a popular framework for taking care of the assessment and the provision of services (Burn *et al.* 2023). Besides this, the goals needed to be getting promoted with the help of individual people capable of safeguarding themselves from getting abused and managing neglect.

In the case of Mr B. C., it can be illustrated that multiple times abuse and neglect are considered as relevant with the help of care employees. Recurring episodes here involving verbal and physical levels of abuse by the neighbours where domestic incidents in a family are taking place. Family should have been triggered, which is immediately in order to manage the safeguarding components (Wahid *et al.* 2023). Therefore, the role of the employees is to provide physical assistance, which can be effective in recognizing the effective signs responsible for managing the abuse and then managing the reporting concern, which is collaborative with relevant authorities.

The effective level of care in this case is involved with early Intervention and it is continuing the risk assessment. In this matter, Mr. B. C.'s health is being affected due to extreme levels of alcohol abuse and due to the rise of many other medical conditions. These are all required to have a holistic level of approach. The policies in this matter emphasize the essentiality of the risk factors with utmost comprehensive consideration in managing the health and social factors (Lemos *et al.* 2022). Having an 11-year-old grandson in the household is an additional issue that is prompting managing the coordination from efforts among the social services in taking care of other levels of relevant agencies.

In this case, the most important policies underpinning effective care were adults such as Mr. B. C. needs safeguarding. The policies in this matter aim to protect individual people from getting abused and facing neglect and any kind of exploitation. The care workers are responsible for playing a pivotal level of role in taking care of the implementation of safeguarding measures. Identification of the signs regarding abuse, conduction of the risk assessment and effective collaboration with the relevant agencies in this matter is extremely noticeable. Early level of involvement where the adult level of social care in the life of Mr. B. C.'s overall life is concerned with their family. Highlighting the essentiality of the usefulness of the integration level of the approach (Cocker *et al.* 2022). In this matter, challenges are getting arises with the individuals are seen to be in denial about their own level of vulnerabilities. Particular levels of substance abuse are policies which should be emphasised on the requirement of the proactive level where engagement in offering the support where the individual circuses are taking place.

Mr B. C.'s complex level in the management of healthcare issues is responsible for taking care level of approach where it is involved in managing the medical intervention where the social and support regarding emotional state. Policies in this matter, social care domain stress has the importance of the care in recognizing which is having a unique level of needs with different individuals (Lowe *et al.* 2022). The comprehensive level of identification to take care of the growth responsible in the care package is involved in taking care of supporting the care agency.

In this case, it can be highlighted that the issues are associated with the multiple individuals who can neglect their health and manage their living conditions. The care employees might be navigating through the complexity while being respected to manage autonomy where choices of the people are available. The policies involve stress-related components on the assessment of the effective adaptability in managing the care-related plans in addressing the evolving requirements.

An assured level of shelter on housing where Mr B. C is seen to be entitled to the support in relation to housing support. In this case, the housing policies are also needed to be suitable. In this case, the rise of incidents is responsible for raising effective questions which are capable of landing the adequacy and housing level of support. In addition to this, the care-related workers are also responsible for managing the housing support which should be getting trained in managing the risks regarding environmental risk and managing the relevant authorities to address effectively. Policies related to this are required to manage the regular shelling components regarding housing in order to prevent incidents, which might be having vulnerable issues (Wendt, 2022). Therefore, Mr. B. C. is having multiple complexities in caring for the adults and their respective requirements. Therefore, effective care is required to have a holistic level of approach effective in managing people's health and giving them the necessary support.

Safeguarding vulnerable adults in care homes can be given using partnership work as it helps to take care of needy people more effectively. The motto of caregiving companies is to make sure that vulnerable adults are protected from any kind of abuse or neglect. The role of statutory agencies promotes adult protection works, which is complex to understand due to government regulations (Penhale *et al.,* 2007). In addition, adult protection is a complex area to investigate and it has been only accepted by the people in the UK as a ***“legitimate matter of concern”***. There are sensitive matters included such as family conditions, the relationship of the vulnerable adult with family members and other concerns. Thus, adults who are at risk have to be central to the partnership either as a participant in prevention activities or as contributors to making strategic decisions connected with the development of safeguarding procedures, policies and strategies. Furthermore, it has been observed that multi-agency partnerships have become popular and have been accepted as a central feature of safeguarding policies, which outline the advantages of agencies working together (Emerald Publishing, 2023). Thus, it has been understood that partnership work could enhance the care process of vulnerable people and increase their scope to have a better lifestyle.

Safeguarding adults is very complex and difficult work to do and is challenging as well as the intervention strategies need to be the promotional activities of measured and proportionate approaches to balance the risk of harm. It also respects the choice of the adult and their preference for any outcome, which is related to their personal circumstances. For example, in the case study, Mr, B.C did not co-operate with the caregivers and his children, which is the result of his pathetic death. He was living in an assured flat as a tenant in sheltered housing and he was given personal care by ***“London Borough of Hackney Adult Social Care”*** where he was receiving personal care for 14 hours each week. His adult sons and daughters also took care of him but still, he was not capable of living a healthy life, which indicates that he did not want to recover from the situation he was living in. Thus, it can be said that he did not actively participate in the safeguarding process, which caused his death and poor lifestyle when he was alive.

There were some assisting factors, which resulted positively in partnership working, which are as follows:

The ***“National Police Chief’s Council”*** in the UK published a document in the year 2018 in partnership with other agencies analysing several points focusing on the improvement of well-being and health, protection and prevention of vulnerable adults. This can be completed through cross-sectional collaboration of social and health care services, police, community sectors and volunteers (Iriss, 2023). In the case of Mr B.C, the caregiving company ***“London Borough of Hackney Adult Social Care”*** should have worked with police collaboratively to help him be safeguarded because he had been abused by his neighbours and the police were involved in the matter as well. Thus, if the caregiving company asked for help from the police earlier, then he should have been able to avoid verbal and physical abuse by his neighbour. This would have given him the new hope to relive his life. However, his negligence in his own life has caused difficulty for the caregivers to help him actively. He did not actively participate in the whole process of mental health assessment, which was the major drawback. However, his adult children took good care of him and his finances and other matters, which was a positive sign of collaborative work.

They asked for help from the caregiving company to help their father live a safe life as they cannot be able to be there for their father all the time because they have their own lives. However, they tried their best as his son lived with him and also took the initiative to help him quit smoking and drinking but he did not reciprocate with his son positively. However, he had been living in a rental flat but it was not been mentioned in the case who paid for his rent as he was not able to manage his own expenses as one of his daughters took care of his finances. This highlights that people around him such as his family, and caregivers worked collaboratively to help him get over the vulnerable situation. Furthermore, he was hospitalised many times before his death and his children assisted him every time to hospitals. This also indicated collaborative work to safeguard his vulnerability. Therefore, it can be said that the safeguarding process could have been enhanced by increasing the interaction with Mr B.C by asking for help from psychologists.

In contrast, there are some inhibit factors, which restricted partnership working in the case study are below:

As it has been mentioned before for better support, the interaction between the caregiving companies and the patient needs to be increased, but in the case of Mr. B.C partnership work did not work well because of self-abuse and his own negligence. For vulnerable adults, it is important to feel the urge to ask for help to live a better life because if the vulnerable adults do not feel like living anymore, nobody can help them. In this case, the children of this person tried their best to help their father live a healthy life but he followed a poor diet and was addicted to smoking and drinking. The children could have used indicators or signs of abuse, which could have helped them to identify that their father has a poor mental connection, thus, they should consult a psychologist to help their father. Smoking and drinking could have been quitted by the person if he had taken the detox treatment but one of his daughters rejected the idea. This indicates that though his children cared for him but failed to identify the factors that triggered his situation. They could have incorporated home in a caregiving home for 24/7 surveillance rather than asking for care only 14 hours a week.

An incident here could be highlighted, which took place in the year 2008 when his excessive drinking habits caused poor balance and made him fall. This situation highlights he did not have anybody around him to take care of his drunk situation, which reflects the negligence of the caregivers and his family as well. When his son was living with him, he indulged in fights with his son but still, they did not identify the need to get him into cessation treatment. Here, the combined help of caregivers, community volunteers and police was needed and active participation of his adult children. However, when the fire alarm rang, nobody was there to help him and when the emergency service workers came, he was already dead. The court gave a verdict that his death was accidental and no one was accused of that but if people around him specifically his neighbours had helped him, he could have been able to live or avoid this pathetic death.

# Conclusion

From the above discussion, the importance of safeguarding adults specifically vulnerable adults has been identified along with the importance of promoting collaborative work. Observation, it has been observed that there are different types of abuse such as physical, verbal, mental and self-abuse. Identifying the type of abuse or negligence is necessary to recognise which safeguard process would be most effective for needy people. Thus, it can be concluded that the application of specific policies needs to be applied to help caregivers recognise and respond to abuse efficiently and effectively. The identification of the triggers through proper signs and indicators can save one's life who is needy.

# Reference List

Baten, R.B.A. and Wehby, G.L. (2022). Effects of the 2014 Affordable Care Act Medicaid Expansions on Health Care Access and Health Status of Poor Adults Aged 60–64 Years: Evidence From the First 6 Years. *Gerontologist*, *62*(6).

Brammer, A. and Pritchard-Jones, L. (2019) *Safeguarding adults*. Bloomsbury Publishing.

Britten, S. and Whitby, K. (2018) Self-neglect: a practical approach to risks and strengths assessment. St Albans: Critical Publishing. Available From:<https://ebookcentral.proquest.com/lib/bolton/detail.action?docID=5314596.> [Accessed on 2 December 2023].

Burn, E., Redgate, S., Needham, C. and Peckham, S. (2023). Implementing England’s Care Act 2014: was the Act a success and when will we know?. *International Journal of Care and Caring*, pp.1-17.

Care Check. (2023) The Definition Of ‘Vulnerable Adults’ And The Services They Receive. Available From:<https://www.carecheck.co.uk/the-definition-of-vulnerable-adults-and-the-services-they-receive/> [Accessed on 2 December 2023].

Cocker, C., Cooper, A. and Holmes, D. (2022). Transitional safeguarding: Transforming how adolescents and young adults are safeguarded. *The British Journal of Social Work*, *52*(3), pp.1287-1306.

Craddock, C. (2022) I thought MATH was actually Mental Abuse To Humans”: Reframing Student Engagement with Mathematical Literacies. *The Journal of Teacher Action Research*, *9*(1).

Downey, C. and Crummy, A. (2022) The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation*, *6*(1), p.100237.

Emerald Publishing. (2023) Practitioner Perspectives of Multi-Agency Safeguarding Hubs (MASH). Available From:<https://clok.uclan.ac.uk/31074/1/Accepted%20Proof%20Copy.pdf> [Accessed on 2 December 2023].

Griffith, R. and Tengnah, C. (2006) Protecting vulnerable adults and children from sexual abuse. *British journal of community nursing*, *11*(2), pp.72-77.

Griffith, R. and Tengnah, C. (2006). *Protecting vulnerable adults and children from sexual abuse*, *British journal of community nursing*. Available at: https://pubmed.ncbi.nlm.nih.gov/16493311/ (Accessed: 03 December 2023).

Iriss. (2023) Collaborative practice to support adults with complex needs. Available From:<https://www.iriss.org.uk/resources/esss-outlines/collaborative-practice> [Accessed on 2 December 2023].

Katerynchuk, K., Diorditsa, I., Kovalenko, I., Kyrenko, S. and Trotsiuk, N. (2021) Protection of human health: medical and legal aspects. *Cuestiones Políticas*.

Lemos, J., Gaspar, P.D. and Lima, T.M. (2022). Environmental risk assessment and management in industry 4.0: a review of technologies and trends. *Machines*, *10*(8), p.702.

Lowe, M., Adlakha, D., Sallis, J.F., Salvo, D., Cerin, E., Moudon, A.V., Higgs, C., Hinckson, E., Arundel, J., Boeing, G. and Liu, S. (2022). City planning policies to support health and sustainability: an international comparison of policy indicators for 25 cities. *The Lancet global health*, *10*(6), pp.e882-e894.

Makarova, E.A., Makarova, E.L. and Maximets, S.V. (2020) Intentional concepts of verbal bullying and hate speech as a means of expressing intolerant attitude to the speech object. *Медиаобразование*, *60*(3), pp.443-453.

Maqbool, M., Dar, M.A., Rasool, S., Gani, I. and Khan, M. (2019) Substance use disorder and availability of treatment options: an overview. *Journal of research in health science*, *1*, pp.4-10.

Penhale, B., Perkins, N., Pinkney, L., Reid, D., Hussein, S. and Manthorpe, J. (2007) Partnership and regulation in adult protection: the effectiveness of multi-agency working and the regulatory framework in adult protection. *Department of Health*.

Price, C. (2022) The Correlations of Financial Exploitation on Senior Adults Over 65.

Wahid, N., Lee, J., Rosenblatt, R., Kaplan, A., Tipirneni, R., Fortune, B.E., Safford, M. and Brown Jr, R.S. (2023). Affordable Care Act Medicaid expansion associated with increased liver transplant waitlist access without worsening mortality. *Liver Transplantation*, pp.10-1097.

Wendt, P.F. (2022). Housing Policy, the Search for Solutions: A Comparison of the United Kingdom, Sweden, West Germany, and the United States Since World War II.