

# Safeguarding Concerns



'SCIE has been told of local authorities ....who will only accept a referral after two or more incidents involving a person, and of medication errors being viewed as a safeguarding issue in one local authority, but not in a neighbouring one. This can leave support organisations uncertain how to proceed and lacking the confidence to challenge local authorities about their decisions. Staff and safeguarding leads in particular, should be aware of what they are entitled to expect from statutory services'.

*SCIE 2017*

'GPs and service providers have mentioned to SCIE that CQC offers helpful guidance and support around safeguarding adults. There are, however, also reports of inconsistent approaches, with different CQC inspectors having a different understanding of what constitutes safe practice, and what should be raised as safeguarding concerns'. *SCIE 2017*

*(Adult Safeguarding Triage Practitioner)*

*".....However, I sometimes wonder who's safeguarding who or what is being 'safeguarded' – is it people covering their own backs, following a directive just because it's there, looking for a magic bullet, an instant solution – or could it be the case that we need to just change some beliefs, behaviours, expectations and perceptions in relation to the whole area".*

*(Community Activism)*

*".....'Safeguarding' is not our everyday language – it's our everyday LIVING. It's what we see, what we face, what we support on an ongoing basis across our community.....so, I have some simple questions for all safeguarding authorities and services: How connected are you to your local communities; how well do you know them; how often do you get out more?*

*From our perspective, it's not often enough!.*

### (Social Worker)

".....Far too often, MSP is seen as something that needs to be RECORDABLE rather than an exercise in demonstrating HOW we made it REAL – just a series of boxes desperately seeking ticks! Job done – move on. Policing practice via this approach is oppressive and, at times, intimidating – when we talk about 'prevention' in relation to safeguarding, I don't think we had the prevention of good practice in mind!"

*(Homelessness Worker)*

*".....I've heard it said that "less is more".....so, when they eventually manage to access mental health services for example and the appointment is sent to their last 'known address' and they don't receive it because they're no longer there and they don't turn up for the appointment – nor to the follow up appointment sent in similar vein – that means a trip to the 'two strikes and you're out' resort – less does NOT mean more – in fact, forget 'more', SUFFICIENT would be a good start!"*

*(Care Home Manager)*

*"When we raise a safeguarding concern, we often experiences inconsistencies from different Adult Social Care Teams, they often seem to have very different views about what a safeguarding concern is, it's all very confusing".*



***(Volunteer)***

*"She tells me she is frightened of her son, he gets angry with her when she struggles to get up out of the chair, she says he gets frustrated with her, but he is doing his best to care for her. All I want to do is to help her, find her someone she can talk to about all of this, but when I referred to Social Services I was told they could do nothing because I did not have her consent to share, it's so frustrating, what do I do if she refuses to give me consent to share?"*

**(Whistleblower)**

"I raised concerns about the quality of care in the care home I had been working in, I was told by Social Services to report my concerns to CQC, but CQC told me to report my concerns to Adult Social Care".

*(Housing Worker)*

*"I reported a safeguarding concern to Social Services, but was told that because my tenant is able to phone the Police, which she has done on previous occasions, therefore she can protect herself from the domestic abuse from her partner, so it wasn't a safeguarding concern, but they never suggested where else I go with my concerns. The next day I had to phone for an ambulance for her as she had been attacked by her partner".*

**(Family member)**

"I told the community nurse about my concerns about mum's care, she is losing weight and I frequently find her in a bed soaked in urine, when I tell the staff, I can tell that they just think I am a troublemaker.

Mum went into hospital, she was admitted malnourished and had pressure wounds, I told the staff about my concerns about mum's care whilst in the home. 2 weeks later mum died.

I found out that nobody had reported my concerns to anyone else, I just feel angry, let down and will always wonder if my concerns had been taken seriously and reported mum might not have died".

"I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens."



"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to as much as I choose."

"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."

## 'No Decision About Me, Without Me'

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

"I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."



"I understand the role of everyone involved in my life and so do they."

The pilot phase identified both positive themes in current safeguarding practices and themes for service improvement.

Many respondents described situations which were felt to be traumatic and confusing, although, in keeping with other studies (Hopkinson et al., 2015).

Respondents also highlighted the value of a trusting social work relationship which enabled safe choices to be made.

10,000 Voices  
Service User  
Experiences  
2017  
Queen's  
University  
Belfast

Develop protective interventions that build on the service user's resilience and existing community strengths.

The need for professionals to support service users and carers to consider alternative parallel approaches to safeguarding that result in change and increased safety, was highlighted.

This may include developing protective interventions that build on the service user's resilience and existing community strengths.

‘What is the point of me being safe if it makes me miserable?’

