

Safeguarding adults

Remaining safe is a basic human right. Some adults may be unclear, unrealistic or ambivalent about their personal circumstances and it is incumbent upon healthcare professionals to work with those adults to understand what “being safe” means to them, and how that can be best achieved.

Basic considerations

All healthcare professionals have a duty to protect vulnerable adults from abuse or neglect, and it is important that responsible clinicians feel confident and equipped to raise concerns. This means being familiar with both local and national arrangements on reporting, as well as knowing who to contact for further advice. Local procedures should ordinarily be followed in cases of suspected abuse or neglect of a vulnerable adult.

It is important at the outset to understand what ‘adult safeguarding’ means. Recognised principles include:

- **Protection** – the right to live safely, free from physical and psychological abuse and neglect.
- **Proportionality** – interventions by health and social care professionals should be the least restrictive possible.
- **Empowerment** – supporting adults to make decisions which are in their best interests.
- **Partnership** – where adults fully participate in decisions being made, with health professionals working collaboratively to provide support and help.

In relation to potential cases of adult abuse or neglect, these can manifest themselves in various forms or combinations, including physical abuse (such as domestic violence), psychological and emotional abuse, sexual abuse, financial abuse, institutional abuse, modern slavery and neglect of care (including self-neglect).

Adults at risk refusing offers of help

UK adult safeguarding laws do vary but all demand that a person-centred approach must be taken, which respects the wishes and views of the adult in question. It should never be viewed as “something that is done to them”.

A competent adult’s right to confidentiality must be weighed up against the health professional’s duty of care to protect and promote the health and welfare of patients, and this can present obvious dilemmas. A key consideration would be – does the adult have capacity to decide for themselves? The starting point here is a presumption that an adult has capacity to make decisions and this should be established at the outset.

In cases where an adult is at risk of experiencing abuse or neglect but does not have capacity to consent to disclosure of this information, it is usually in that patient's best interests to report such concerns to a relevant person or agency.

It can be helpful to explore with a patient the reasons behind a decision to provide help and to encourage them to see potential benefits in accepting assistance. You can outline possible consequences of no action being taken and provide information about any independent support that may be available to them.

While it is important to respect a competent adult's wishes, if the circumstances could place someone else at risk of serious harm, there may be a public interest argument to disclose relevant information to an appropriate person or agency. In exceptional circumstances, there may be justification to disclose information without consent if it is necessary to prevent a serious crime.

Common Pitfalls

- Disclosing confidential information about an adult without consent or other lawful basis for doing so.
- Failure to take into account the views of an adult at risk in weighing-up important decisions.

Key points

- Take action promptly if you consider that a patient's safety is or could be seriously compromised.
- Respect an adult patient's rights to dignity and privacy, offering support where indicated and empowering them to maintain and improve their own health and wellbeing.
- Maintain a patient's right to confidentiality, other than in unusual circumstances where the public interest may justify disclosure.
- Should disclosure be deemed necessary to safeguard an adult, only disclose information to which the patient has consented, or that which is in the patient's best interests to disclose (if capacity is not present to make this decision).
- Listen to the wishes of adult patients who are considered to be at risk, take their views and wishes into account and respond openly and honestly.
- Present the available options in a way that they can understand.
- Contact MDDUS for advice on the various jurisdictional requirements for disclosure and reporting for England, Scotland, Wales and Northern Ireland.

Further guidance

- Department of Health and Social Care. Care and support statutory guidance: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- Department of Health, Social Services and Public Safety. *Adult Safeguarding - Prevention and Protection in Partnership*: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

- GMC. *Adult safeguarding*: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding>
- Scottish Government. *Adult Support and Protection (Scotland) Act 2007 -Code of Practice*: <https://www2.gov.scot/Resource/0045/00455465.pdf>
- Welsh Government. *Codes of practice and statutory guidance*: <https://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en>
- Northern Ireland. *Adult Safeguarding: Prevention and Protection in Partnership*: <https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents>
- GDC *Standards for the Dental Team Standard, 8.5*: <https://standards.gdc-uk.org/pages/principle8/principle8.aspx>
- GDC *Guidance on child protection and vulnerable adults*: https://www.gdc-uk.org/docs/default-source/guidance-documents/guidance-on-child-protection-and-vulnerable-adults.pdf?sfvrsn=eebbd01b_2

MDDUS Training & CPD resources: <https://www.mddus.com/training-and-cpd/training-for-members>