

# Safeguarding v Risk

**Danielle Monaghan**- Assistant Team Manager MASH

**Hanna Roslund** – Named Professional Safeguarding Adults  
Mersey Care NHS Foundation Trust

# Agenda

- Introduction/ Housekeeping
- Referral examples and exercise
- Legislative recap
- Professional Curiosity and Consent
- Examples of risk and guidance to support practitioners
- Summary
- Useful Links



# Referral 1

A referral is received by MASH from Housing. Mr Taylor resides on his own following the death of his wife, he has no other family or friends; he is socially isolated. Mr Taylor has been seen by his neighbours intoxicated and struggling to walk and there's concerns he has had falls whilst intoxicated, especially due to Mr Taylor getting older and frailer. His neighbours have contacted housing as they worry that he is not able to look after his home environment and manage his general day to day tasks such as taking medications and managing personal care.



Safeguarding is defined under section 42 of the Care Act 2014 which places a duty on the Local Authority to carry out enquiries where there may be concerns of abuse or neglect towards an individual.

Section 42 Criteria applies to an adult who:

- (A) Has needs for care and support (whether or not these are being met by the local authority)
- (B) is experiencing, or is at risk of experiencing, abuse or neglect
- (C) As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

# Categories of abuse

**Physical**

**Emotional/Psychological**

**Sexual**

**Financial/Material abuse**

**Domestic Abuse**

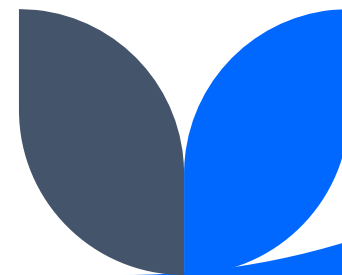
**Organisational**

**Modern Slavery**

**Discriminatory abuse**

**Neglect and acts of omission**

**Self-neglect**



## Principles of Safeguarding:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

**Making safeguarding personal is of paramount importance when completing safeguarding enquiries.**

- This includes the importance of trying to gain consent when making a referral to MASH.
- Professional curiosity



# What is risk?

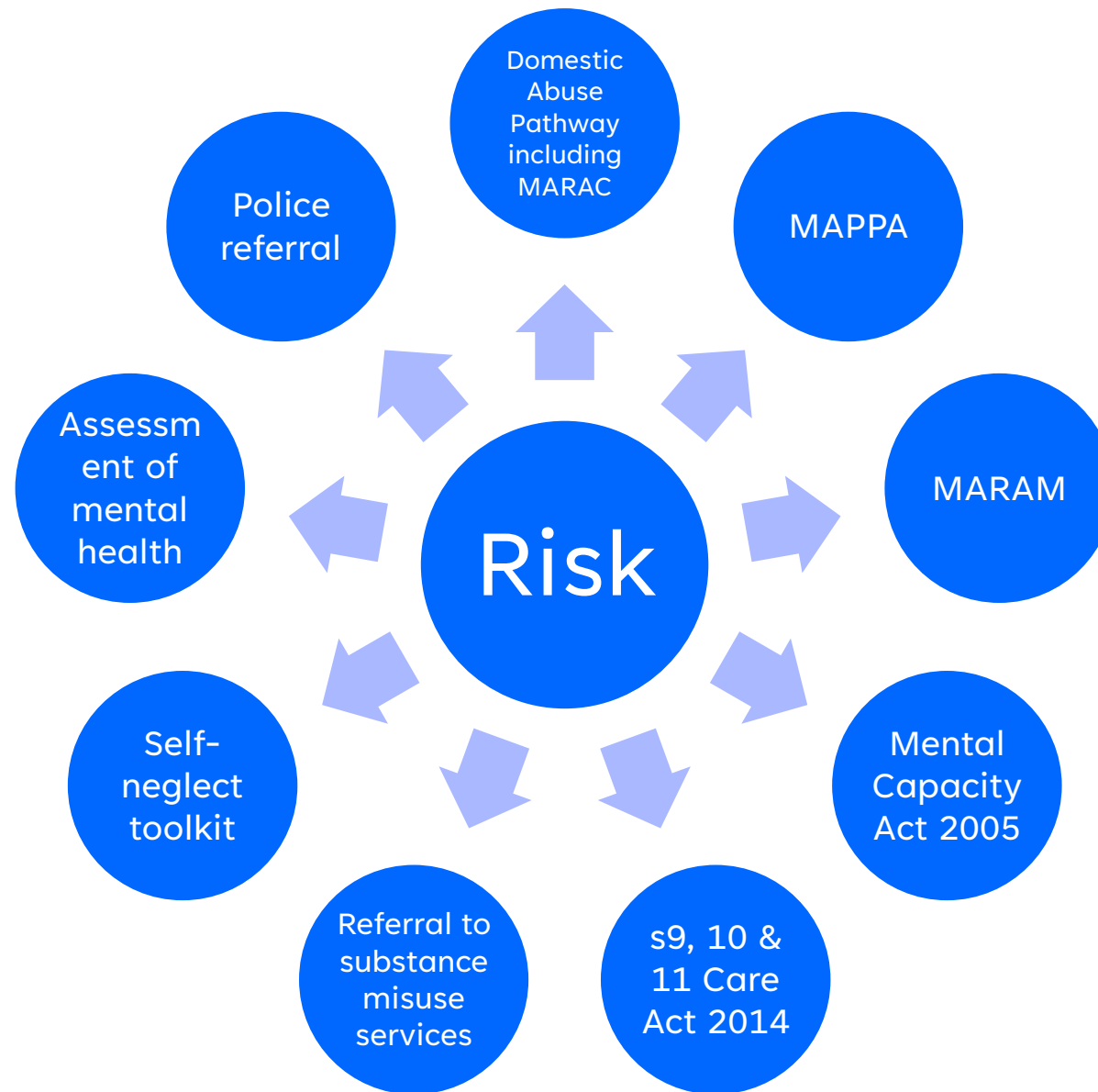
Risk is part of everyday life

Situations of risk is often described as something needing 'safeguarding'

Risk of (examples):

- Not having care needs met
- Wandering
- Self-harm and/or suicide
- Substance misuse and potential consequent harm





# Safeguarding v Risk

## Safeguarding – Self-harm

A person is within a care setting such as supported living, they lack mental capacity regarding care and accommodation. They are known to self-harm by drinking bleach and the cupboard should be locked. One day this is omitted and the person drinks bleach and needs treatment in hospital.

The abuse type is Neglect or acts of omission.

## Risk – Self-harm

A person has recently experienced social stressors due to financial difficulties and they have experienced a bereavement. To cope with the emotional impact and anxiety they have started to self-harm.

## Safeguarding – self neglect

A person with schizophrenia who presents with significant negative symptoms causing them to severely self-neglect their personal hygiene and diet.

Due to the mental disorder the person is unable to protect themselves from the self-neglect.

## Risk– self-neglect

A person disengages from services and is suspected of not taking medication as prescribed and is neglecting their personal hygiene and/or home conditions. They also have not attended any medical appointments for some time.

# Referral 2

A referral is received by MASH from a GP. The referral states that a patient has attended today for a review and shared with their GP that they have recently self-harmed, and they are experiencing low mood and anxiety. They advise that because of this they are not able to go to work and asked for a sick note. Additionally, they state that due to their low mood they have neglected their personal hygiene and socially isolated themselves.

The GP explores this further with the person, and they provide a domestic abuse account explaining that they are the victim of threats of violence and coercive & controlling behaviour.

## Referral 3

Mrs Jones resides in our supported living service, she struggles with poor mental health and has recently had an incident which involved a ligature. This has resulted in bruising to her neck but medical attention was not needed nor sought. Family members have been informed along with the CPN and other relevant mental health professionals. Mrs Jones is on a high care package due to her self-harming behaviours and risk of unintentional suicide. A DOLs has been applied for and authorised by the local authority.

# Referral 3 continued

**Professional curiosity = ask those questions!**

Further information was gathered via an initial telephone call which confirmed that Mrs Jones has in fact experienced a deterioration in her mental health which led her to ligature. This ligature was around the neck for a total of 3 to 4 hours. Following further discussions, it transpired that Mrs Jones was commissioned for 2:1 support during waking hours and was also commissioned for a waking night which included 15 minute observations throughout the night. There are concerns here of neglect and acts of omission from the provider as care plans have not been followed and commissioned support was not delivered. This ultimately led to harm. This was allocated as a section 42 enquiry to a social worker as the criteria was met.

**Questions?**

# Useful links

[Policies and Procedures for Professionals | Knowsley Safeguarding Adults Board](#)

[7 Minute Briefings | Knowsley Safeguarding Adults Board](#)

[Guidance and Legislation for Professionals | Knowsley Safeguarding Adults Board](#)

MASH contact number 0151 443 2600

First Response Service (Mersey Care) 0800 051 1508