

SAFEGUARDING PEOPLE LIVING WITH DEMENTIA: THE PERSPECTIVES OF SOCIAL CARE, HEALTH AND VOLUNTARY SECTOR WORKERS ON PARTNERSHIP WORKING

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BACKGROUND

- International research has shown that older adults living with dementia are more likely to experience abuse and neglect than older adults without dementia (Fang and Yan, 2018).
- Research focussed on those living at home has identified various types of abuse including chronic verbal aggression, physical abuse, neglect and financial abuse (Cooney, 2006; Cooper, 2009; Gimeno et al, 2021; Samsi et al, 2014).
- Research in care homes has highlighted the use of unlawful restraints, avoiding residents with difficult behaviours and not giving enough time for food ((Cooper, 2013; Moore, 2016).



BACKGROUND

- Partnership working was highlighted as key under the No Secrets (DOH, 2000) guidance. However, research studies reported tensions between multi-disciplinary workers (McCreadie, 2008).
- The Care Act 2014 placed safeguarding on a statutory footing. Research with social workers has found that they believe that this has improved partnership working (Dixon, 2023).



METHODS

- Our study focussed on partnership working between social care, health care and voluntary sector workers when seeking to protect people with dementia from abuse or neglect.
- Sampling – Purposive and snowball sampling were conducted.
- Semi structured interviews with 18 professionals were conducted including social workers, safeguarding managers, general practitioners, advocates, support workers.
- Data were analysed using thematic analysis (Braun and Clarke, 2021).

FINDINGS - DEMENTIA AND 'VULNERABILITY'

- Dementia was often associated with vulnerability by participants:
 - “There’s no one category of abuse. It could be a range of things. And all these- They could be happening to someone who is suffering from dementia, because of vulnerabilities that come with cognitive deficit as a result of dementia” – Vin (social worker).
- However, these assumptions were viewed to be stigmatising for many living with dementia:
 - “The police and ambulance are very quick to put referrals in. Safeguarding referrals. There’s less so with the police, as in I rung one lady up and they were saying she was confused, this, that and the other” – Deena (Social Worker)

FINDINGS – PARTNERSHIP WORKING

- Participants were highly aware of the need for partnership working when safeguarding people living with dementia. This theme was related to shared responsibility:
 - “All my staff are well aware – safeguarding’s everybody’s responsibility. And it doesn’t matter what job role they’re in. I expect my cleaners to my kitchen staff to everybody to recognise signs of abuse” – Lesley (Nursing Home Manager)
 - “And it’s really crucial for me when I’m speaking to workers to remind them that they don’t carry the weight of a safeguarding case alone, to not have to feel that they are the only professional involved” – Layton (Social Worker)

FINDINGS – THE QUALITY OF PARTNERSHIP WORKING

- Participants were generally positive about the quality of partnership working between agencies.
 - Multi-disciplinary expertise – “I spoke to the GP and explained, and then social services wanted to arrange an urgent Teams meeting to discuss the safeguarding concerns and the GP agreed to join that. Then I know that he attended that Teams meeting and as a consequence of that it was agreed that he would go out and visit the patient, which he did” – Jumbo (Social Worker).
 - Keeping a case high-profile – “[During the meeting we discuss] does he need any extra support? What are other things? Are they looking at doing the repairs to his home? What is he going to do in the meantime? He has the dementia nurse checking in on him. Social worker nips in. I think she's going in every week. Do you know what I mean? So we have those regular of meetings to keep him high profile, really” – Margaret – Independent Mental Capacity Act Advocate (IMCA).

FINDINGS - PROBLEMS WITH PARTNERSHIP WORKING

- Several problems with partnership working were noted:
 - Capacity and responsibility – “Usually, it [a safeguarding case] is shut down with no further action because they’ve both got dementia, they don’t know what happened” – Lesley (Nursing Home Manager)
 - Poor communication – “Sometimes you're waiting months on end, don't get me wrong. And we always look for- Before we close- Like I've got a case that I'm holding on to, I've had it about two years. I do need to close it, but they're not coming back with me with a conclusion, even though I know what the conclusion is” – Margaret (IMCA)

FINDINGS - PROBLEMS WITH PARTNERSHIP WORKING

- Transparency
 - “But there's always the chance that if you ring up [a care home or nursing home] and just say, can you send me these charts, that they may get filled in, in the interim. Then there's no neglect or abuse going on, because the evidence shows that - maybe I'm a cynic. But that's why we don't talk to the care homes beforehand , because they can just tick them. They can just tick boxes that haven't been ticked” - Kyle (IMCA)
- Understanding of safeguarding law and policy:
 - For some reason all the policies seem to change so often that it's hard to keep abreast of what's and where to, who to go to is my sort of feeling – Ros (GP)

SUMMARY



SUMMARY

- The study identifies a willingness to engage in partnership working by multi-disciplinary professionals.
- In contrast to earlier research (McCreadie et al, 2008), professionals appear to be more willing to work in partnership.
- However, people living with dementia were often viewed as inherently vulnerable, with few examples of collaborative work provided.



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