Research carried out at the University of Sussex, working with the University of Bedfordshire, has had significant influence on both policy and practice intended to safeguard adults, through shaping of the Care Bill 2013–2014, stimulating changes to governance arrangements of Safeguarding Adults Boards (SABs) and influencing procedures, practices and workforce development strategies on self-neglect.

Overview

The importance of safeguarding adults from abuse and neglect is increasingly recognised, with as many as four per cent of over 65s subjected to abuse and neglect each year. Suzy Braye (Professor of Social Work) and David Orr (Lecturer in Social Work) at the University of Sussex, with Michael Preston-Shoot (Dean of Health and Social Sciences, University of Bedfordshire), were commissioned by the Department of Health (DH) to conduct two studies on safeguarding adults – the effective governance of SABs and self-neglect within safeguarding arrangements.

Existing guidance on safeguarding adults from abuse and neglect is increasingly recognised, with as many as four per cent of over 65s subjected to abuse and neglect each year. Suzy Braye (Professor of Social Work) and David Orr (Lecturer in Social Work) at the University of Sussex, with Michael Preston-Shoot (Dean of Health and Social Sciences, University of Bedfordshire), were commissioned by the Department of Health (DH) to conduct two studies on safeguarding adults – the effective governance of SABs and self-neglect within safeguarding arrangements. The effective governance study explored the strategic goals, structure, membership, networks, functions and accountability of SABs, revealing diversity in practice between boards and barriers to effective governance. From their findings, the researchers developed a benchmarking template providing detailed standards for SAB performance review, made recommendations on SAB governance arrangements, and identified the need to legislate for statutory SABs in order to foster participation, commitment and consistency of standards. Cases of self-neglect are complex and pose ethical dilemmas between promoting individual autonomy and fulfilling a duty of care and, because safeguarding’s remit covers only third-party actions or omissions, it is often unclear where self-neglect fits within agency responsibilities. As a result, healthcare and social workers often lack clarity on assessment and intervention. Braye, Orr and Preston-Shoot’s second study found that SABs mostly excluded self-neglect from their remit, highlighting the need for alternative multiagency processes. Their findings illustrated a diversity of factors contributing to self-neglect and showed that the complex nature of the capacity of an individual for autonomous decision-making is not always adequately addressed. Their evidence provided guidance on effective assessment, intervention, multiagency involvement and risk management to improve self-neglect practice.

Achieving impact

Findings from both studies have been presented through a range of media, including reports, journal articles – one winning outstanding paper 2013 from The Journal of Adult Protection – online videos and webinars, national and international conference keynotes and papers. They have stimulated overwhelming interest within policy and practice communities, resulting in the researchers’ participation in DH expert panels and in policy/practice

Research by Suzy Braye, David Orr and Michael Preston-Shoot has influenced policy debate and directly shaped key elements of the Care Bill (becoming the Care Act in 2014), the most comprehensive overhaul of the care and support system since 1948.

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development workshops involving as many as 50 local authorities and their interagency safeguarding networks.

The high profile of the work led to a national consultation on self-neglect by Skills for Care—a national organisation that works with employers and other partners in the adult social care sector to develop the skills, knowledge and values of its workforce. The research team was also commissioned by Skills for Care to investigate national social-care workforce development needs on self-neglect, and by the DH for a follow-up study (ongoing) to identify best practice in self-neglect, including the first England study of the perspectives of those who self-neglect.

The research has influenced policy debate and directly shaped key elements of the Care Bill (becoming the Care Act in 2014), the most comprehensive overhaul of the care and support system since 1948. The researchers argued that making SABs a legal requirement would help to improve safeguarding, a position accepted by the DH when it signalled in 2011 its intention to legislate, and by the Law Commission, whose review of adult social-care law also called for statutory boards. Embedded in the new legislation is a legal requirement for all English local authorities to establish an SAB, with requirements on membership that again reflect the research recommendations. The report on self-neglect led the Law Commission to recommend that self-neglect be included in a new duty on local authorities to investigate cases of abuse and neglect. In direct response, the government accepted the need to address self-neglect and indicated its intention to do so in a Code of Practice.

There have also been far-reaching impacts on governance arrangements for SABs and on procedures, practice and workforce development strategies in self-neglect. In the case of the former, the benchmarking template for best practice in safeguarding governance was used by the DH in setting its own standards for SAB arrangements. Chairs of 30 SABs used the template to review their arrangements in two national events organised by the Local Government Association and the Association of Directors of Adult Social Services.

National guidance on safeguarding to all local authorities by the Association of Directors of Adult Social Services draws on the research. The researchers have, by invitation, worked with the membership of individual boards, resulting in changes such as review and restructuring of SAB arrangements, enhanced clarity of the SAB role, adoption of independent chairing arrangements, and revision of communications strategies, business planning and future priorities.

Similarly, policy and practice networks participating in workshops on self-neglect have reported changing their systems or practices as a direct response to the research. High-risk panels to manage self-neglect cases have been established in a number of authorities, accompanied in some cases by multiagency training strategies. The research has also influenced individual practitioners, with social workers, health professionals, team leads and safeguarding leads in many locations setting personal and team targets for their own practice development. Additionally, direct benefits of this work to service users are emerging, as one safeguarding lead reported:

‘Your presentation may already be having an impact on people who are self-neglecting. I had a call yesterday about an elderly couple who are living in very unsafe surroundings and are really struggling, but have declined all interventions. I have asked social services to review their decision about (mental) capacity and have directed them to your research findings.’

Future impact

The research has made a key contribution to establishing statutory multiagency governance in adult safeguarding. Statutory SABs will be established in every local authority under the forthcoming Care Act, aiding the development of robust adult safeguarding practices. Self-neglect has become the focus of national policy and practice development that will be underpinned by the outcomes of the ongoing research into self-neglect practice for the DH.

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