

Module: Living with Care: The older Person (BMHP6009)

**Safeguarding older persons in long-term care institutions – a
critical evaluation**

Lecturer: Amanda Owens

Student: Simona Gianina Hascec (2117559)

In recent years, the issue of safeguarding provisions for older persons living in long-term care facilities has gained increased attention and scrutiny. Although care homes are generally seen as spaces of compassionate care, residents who are unable to provide informed consent may face a higher risk of infringements on liberty and an increased vulnerability to mistreatment (Hardwick et al., 2022). The global occurrence of elder abuse within residential care settings should not be underestimated, given the substantial self-reported prevalence of around 65% among care personnel (Yon et al., 2017). Despite potential gaps in understanding the full extent of this problem identified in various research studies (Yon et al., 2017), the need for comprehensive legal frameworks remains pivotal in shielding and upholding the rights and well-being of elderly people (Hardwick et al., 2022). Safeguarding, a term with varying interpretations across the United Kingdom, is a broad concept that pertains to the process of recognising and replying to potential physical or emotional harm that can jeopardize an individual's overall well-being (Ash, 2014a). Susceptible to subjective interpretations (Phelan, 2015), yet broadly acknowledged as a definition, the term 'elder abuse' denotes any action, whether repetitive or a failure to act within a trusting relationship, leading to harm or suffering (Dow and Joosten, 2012). Such harm may manifest in forms of abusive behaviour, encompassing physical, emotional, sexual, financial, discriminatory, and neglectful aspects (Dow and Joosten, 2012; Phelan, 2015). Safeguard amenities are essential to answering the needs and frailty of seniors in assisted living homes (Phelan, 2015). These services include a range of protective measures aimed at protecting the physical, emotional, and psychological well-being of elders who may be susceptible to different hazards and difficulties in caring scenarios (Phelan, 2015). This essay explores the multifaceted context of safeguarding residents in long-term care facilities, particularly focusing on the United Kingdom and drawing insights from international perspectives. It looks at the historical evolution of safeguarding measures, legislative reforms, and the challenges and advancements in protection and care provision. It also examines essential considerations such as autonomy, privacy, and person-centred approaches to care strategies. The critical analysis of research findings and legislative developments supports this essay in providing a clear understanding of the complexities surrounding eldercare and highlighting the need to address systemic issues to ensure the safety, dignity and welfare of older adults in care settings.

The British historical evolution of safeguarding older people living in long-term facilities reflects a trajectory shaped by various societal, legislative and cultural factors. According to Phelan (2015), there were challenges across different eras ranging from constrained responsiveness of policies, often reacting to scandals, to societal attitudes mirrored in neglectful procedures, substandard provision of services, and mistreatment within these establishments. Starting five decades ago, public awareness of seniors' mistreatment has led to a shift in society's mindset regarding the physical and ethical integrity of elders (Ash, 2014). Formerly, the rationale for deficient safeguarding measures emerged from a disregard for the requirements of the old persons, along with the normalization's standpoint on mistreatment against them, that was largely associated with the existing idea of age-based prejudice (Ash, 2014; Dow and Joosten, 2012). Acknowledging the intricate context and lived experiences of individuals in care homes enables policymakers to develop more responsive, tailored policies (Phelan, 2015). This underscores the importance of incorporating flexibility and adaptability into policy frameworks to adequately address the unique and dynamic needs of care home residents (Phelan, 2015).

The retrospective analysis underscores pivotal moments in acknowledging elder abuse as a health and social concern, as evidenced by legislative reforms like 'No secrets' in England and 'In Safe Hands' in Wales (Ash, 2014a). These initiatives mark initial steps towards addressing apprehensions regarding adequate age care services aimed at guarding and enhancing mental wellness and the quality of life for the elderly (Ash, 2014a). The traditional emotional detachment centred on inflexible and standardized regulations for safeguarding individuals has undergone development, shaped by societal awareness characterized by empathy and regard for vulnerable adults (Manthorpe, 2014). In the context of adult safeguarding law and policy, the original concept of 'vulnerable adult' becomes an element to identify the predisposition of a person who, due to age or illness, has special needs for care and protection (Pritchard-Jones, 2018; Keywood, 2017). Surging critics emerge regarding the understanding of vulnerability that perpetuates stigma surrounding abuse by solely emphasising inherent characteristics like age or disability (Pritchard-Jones, 2018) and disregarding broader issues contributing to abusive environments, such as institutional practices or societal attitudes (Keywood, 2017). There were also concerns raised about how assumptions about the resilience of non-disabled

individuals can perpetuate misconceptions about vulnerability and autonomy in both policy and practice (Keywood, 2017), potentially driving towards exclusion of individuals from equal social and legal protection (Pritchard-Jones, 2018). Few years later, in a more inclusive and contemporary way, the legislative terminology adds value to the nature of old persons' frailty defined in terms of their susceptibility to injury and reduced capacity for self-defence, which arise from the distinct health or well-being needs associated with old age (Ash, 2014a). The emergence of 'Making Safeguarding Personal' represents a promising step towards a more nuanced and individualised approach, emphasising the paramount importance of addressing the unique needs and preferences of each person (Manthorpe, 2014).

The Care Act (2014) produced a notable shift in the culture of safeguarding and well-being, characterised by person-centred care, flexibility in working methods, and ongoing training, in line with its principles of empowerment, prevention, proportionality, protection, prevention and accountability (Cooper and Bruin, 2017). The key changes have turned the procedural practice from a mere alarm to a genuine concern, and the investigation process has evolved into an actual enquiry that prioritises the person's well-being over the suspicion or confirmation of abuse (Cooper and Bruin, 2017). The Care Act 2014 also creates Safeguarding Adults Boards and advocates for Serious Case Reviews to provide a chance to gain insight when a susceptible child or adult is seriously hurt or dies (Graham et al., 2014). Under the Act, local authorities in England have the responsibility to investigate safeguarding issues and collaborate with other agencies to conduct these inquiries (Graham et al., 2014). The establishment and functions of the Care Quality Commission was imperative for its role in setting and maintaining standards of quality and safety in social care services provided by regulated entities (Moore, 2020). In the end, safeguarding measures for older individuals show a historically transformative journey characterised by growing public awareness, legal reforms, and a trend towards person-centred procedures.

Considerations of fundamental human needs, such as social interactions, physical and independence demands (Cook, Thompson and Reed, 2015), as well as respect for privacy (De Albuquerque, Tinker and Manthorpe, 2018) are paramount in the design of care and protection strategies within residential settings. Hillcoat-Nalletamby (2019), employs an interpretative framework rooted in the concept of autonomy to scrutinise the dynamics of choice-making in later-life health and social

care. Through a qualitative narrative study, her research explores the multifaceted nature of decision-making processes, shedding light on the complexities beyond the rational choice paradigm, culminating in a typology of 'pathways to choice' as follows: a) an individual's ability to exercise choice may be compromised by physical, social or material constraints; b) frailty or vulnerability and other factors beyond individual control can significantly shape decision-making processes; c) over time, individual choice can be inadequate due to the choice-making process being shaped by others; d) choice needs to be understood as something fluid, evolving, and complex; and e) choice-making is characterised by uncertainty, emotions and social components (Hillcoat-Nalletamby, 2019). In their broad analysis of good privacy practices for care in home residences, De Albuquerque, Tinker and Manthorpe (2018), have identified some aspects for promoting residents' privacy: providing private rooms that residents can personalise, allowing residents autonomy over their private spaces, respecting residents' privacy by seeking permission before entering their rooms and complying with permission and candour regarding the use of monitoring equipment. Moreover, by interviewing residents in care facilities, Cook, Thompson and Reed (2015) have discovered that many participants express feelings of their lives revolving around physical dependency routines, resulting in a perceived loss of control and diminished quality of life. This highlights the critical need to move from a paradigm of residents merely 'existing in care' to one where they feel they are 'living with care' - an approach based on acknowledging residents' needs regarding self-care, authority, connections, freedom, and enjoyable activities (Cook, Thompson and Reed, 2015). Even though there were limitations both in the study samples (Cook, Thompson and Reed, 2015; Hillcoat-Nalletamby, 2019) and in obtaining a comprehensive and unbiased overview of the subject (De Albuquerque, Tinker and Manthorpe, 2018), the findings emphasised the importance of recognising and supporting the self-determination needs of individuals, including autonomy, confidentiality, freedom of choice and opportunities of self-expression, which are essential for fostering a sense of agency and personal fulfilment.

In various regions worldwide, legislation has been enacted to address the needs of older individuals and promote their well-being. Over more than fifteen years, the four UK nations adopted adult safeguarding policies and regulations (Montgomery et al., 2016; Ash, 2014a). Each nation has a varied approach to adult safeguarding, influenced by cultural and political settings, with differences in the

breadth of the legislation, how abuse is defined, and the authorities and obligations granted to governments to act (Montgomery et al., 2016; Ash, 2014a). Examining the most relevant pieces of legislation, the Care Act 2014 (England) and Social Services and Well-being (Wales) Act 2014, Pritchard-Jones (2018) identifies that both Acts significantly improved the framework for adult safeguarding, especially the sections 42-43 (Care Act 2014) and sections 126-127 (Social Services and Well-being (Wales) Act 2014). Hence, the following aspects emerged: a) clear duties and guidelines for local authorities assigned to initiate enquiries when there are reasonable grounds to suspect that an individual within their jurisdiction is at risk; b) comprehensive guidance on conducting search enquiries and implementing necessary measures, underscoring the importance of a person-centred approach to adult safeguarding; c) prioritisation of results targeted by those at risk, ensuring that safeguarding measures are tailored to their specific needs and preferences; and d) promotion of collaboration between different agencies and professionals, fostering a multidisciplinary approach to safeguarding (Pritchard-Jones, 2018). Due to the British devolving context, ideological and political contrast shapes Wales's legislative identity, particularly in the social care area, where the emphasis lies on equitable access to services and collective well-being rather than market forces (Tarrant, 2023). In terms of information sharing and reporting responsibilities, Williams (2017) explains that the Care Act 2014 imposes duties on certain organisations, including independent sector, to notify suspected incidents of neglect and abuse, while Wales has established the Wales Accord on the Sharing of Personal Information framework to facilitate secure and legal information sharing among various sectors.

Even alike in objectives of promoting the well-being and safeguarding the rights of individuals requiring social care and support, Kjellberg (2020) states that Social Service Act, in Sweden, has differences in its scope, provision and implementation. This law outlines the responsibilities of municipalities in providing support and assistance to individuals in need, including old people (Kjellberg, 2020). In alignment with the law's commitment to promoting the rights, well-being, and autonomy of old people, Kjellberg (2020) argues that a transformation in the mandatory reporting of mistreatment has been necessary. Contemporary policies have placed greater emphasis on staff obligation to participate in quality assurance measures like clarifying seriousness thresholds, enhancing social work practices, and establishing secure channels for service users to report complaints

independently (Kjellberg, 2020). Montgomery et al. (2016) highlight the problematic aspects surrounding the complexity of finding consensus on how best to approach adult safeguarding at a legislative level. An effective adult safeguarding framework must ensure equitable access to justice and protection for old individuals while navigating the delicate balance between their autonomy and the state's responsibility to intervene (Montgomery et al., 2016). Moreover, Kjellberg (2020) advocates for transparency regarding more effective reporting mechanisms and enhanced support for vulnerable service recipients.

In United Kingdom, statistics display that the average age of the care home resident is 86 years old, living in care homes with nursing (over 48%), with a bad health, facing limitations in day-to-day activities due to their disabled status (Office for National Statistics, 2023). The recent figures identifies around 17,000 long-term care facilities operated by all three providers: state-run, profit-sector and non-profit sector (Dodsworth and Oung, 2023), with the private organisations accounting for 82.6% of the total number (Social Care Institute for Excellence, 2024). The predominance of for-profit entities providing care is a political result since the British government advocated, over five decades ago, for a market-like approach to helping health and social care, which led to the onset of a blended economy of home care operators (Moore, 2020). This marketing concept's goal was to increase market efficiency, encourage providers to offer tailored services, and improve service quality through competition (Moore, 2020). One of the advantages of institutional entities in the private sector is that they have increased flexibility in terms of management, regulations, amenities and service provision (Social Care Institute for Excellence, 2024). Most of them, as example the Close Care Home, prioritise individualised resident-led care, empower residents to actively participate in decision-making processes, and continually strive for excellence in all aspects of its operations (Social Care Institute for Excellence, 2024). However, challenges such as information asymmetry, limited consumer choice for older people, and profit-seeking behaviours in the care home market have hampered the realisation of these benefits (Moore, 2020). Higgs and Hatford-Letchfield (2018) assert that the neoliberal socio-economic policies of marketisation and privatisation, despite the purported aim of promoting choice and independence, have exacerbated disparities in access and quality of care for older people. Barron and West's (2017) study on the quality-of-service provision among long-term facilities based on their ownership structures

sheds light on the factors contributing to the emerging disparities, including limited market competition and regulatory oversight. Even though the quasi-market dynamics have led to lower costs across sectors, they have not necessarily improved responsiveness to service users' needs (Barron and West, 2017). Thus, Barron and West (2017) advocate for the valued role of regulators in maintaining standards and providing crucial information to potential service users, thereby reducing quality gaps.

While legal improvements have made substantial progress in strengthening the protection of seniors living in care institutions, evaluating whether they are effective is important. Backed up by legislative provision, the establishment of Multi-Agency Safeguarding Hubs (MASHs) in the United Kingdom represents an evolving response to the challenges of safeguarding vulnerable individuals (Shorrocks, McManus and Kirby, 2020). By bringing together various safeguarding agencies in one location, MASHs promote collaboration and enhance communication among professionals from different disciplines. This, in turn, can lead to more comprehensive risk assessments and tailored interventions, ultimately improving outcomes for individuals at risk (Shorrocks, McManus and Kirby, 2020). Due to a lack of substantiated evidence regarding their effectiveness and sustainability, Shorrocks, McManus and Kirby's (2020) study used semi-structured interviews with practitioners to analyse the aspects that either support or impede a multi-agency approach and to uncover the complexities associated with establishing such an approach. Although the implementation of MASHs has shown promise in improving collaboration and information sharing among agencies, several persistent challenges were identified (Shorrocks, McManus and Kirby, 2020). These include addressing issues related to frequent managerial changes, inconsistent practices and information sharing, role clarification, resource allocation, and the provision of regular multi-agency training programs (Shorrocks, McManus and Kirby, 2020). In terms of practices, Cooper et al. (2018) conducted a cross-sectional survey of English care home personnel, finding that abuse potentially occurs 'at least sometimes' in all surveyed establishments. However, positive care behaviour was also noted, with most staff expressing supportive care and empathy, but 34% of carers rarely knew of residents being taken out for enjoyment. Common neglectful actions included making residents wait for assistance, ignoring those with problematic behaviour, inadequate feeding time, and relocating seniors with insufficient attention (Cooper et al., 2018). Similar findings

were noticed in Finnish research undertaken by methodically collecting data on complaints made to Finnish supervisory authorities (Kangasniemi et al., 2022). The main areas of concern were basic care needs, safety, communication, and staff competence (Kangasniemi et al., 2022). In terms of basic care, complaints often revolved around inadequate personal hygiene, insufficient assistance, and inadequate nutrition or hydration (Kangasniemi et al., 2022). Safety risks included medication errors, a lack of attention to fall prevention, and inadequate patient supervision (Kangasniemi et al., 2022). Communication issues were significant, with concerns about staff-resident communication and communication with families or stakeholders (Kangasniemi et al., 2022). Additionally, complaints frequently cited concerns about staff competence, including insufficient training, staffing levels, and the quality of care provided (Kangasniemi et al., 2022). Both studies highlight prevalent negligence in care homes and infrequent activities focused on residents' interests, suggesting a need for person-centred interventions (Cooper et al., 2018), as well as better monitoring practices to improve care quality and prevent neglect in such facilities (Kangasniemi et al., 2022).

On the other hand, an example of Swedish self-determination's model, purposed by Schenell et al. (2020), called 'To make and execute decisions throughout life' aims at empowering residents to control their activities and decisions, even in the presence of cognitive impairments, emphasising the need for staff to prioritise residents' wishes over institutional practices. Under the motto 'In my way, at my pace with the help of you' (p.7), the model advocates for treating residents as competent persons by default, rather than merely tasks to be fulfilled (Schenell et al., 2020). However, the study identified challenges, such as staff reluctance to delegate decisions to residents due to safety concerns, leading to ethical dilemmas regarding residents' rights (Schenell et al., 2020). Nonetheless, the study suggests that staff should adapt to residents' needs and pace to foster self-determination throughout their stay, with trust forming the foundation for a positive relationship that facilitates residents' autonomy (Schenell et al., 2020). In the British context, Herring (2019) argues that old age should not be a barrier to accessing good care, and that there are many ways in which the current formal care system fails to meet the needs of older people. The pointed inherent limitations refer to the failure to combat ageism, the promotion of standardized approaches over individualized care, and a focus on minimal rather than optimal standards (Herring, 2019). Thus, Herring (2019)

endorses that while legal regulations may provide a framework, a holistic approach involving societal awareness, empathy-driven care, and nurturing environments can be the best solution for ensuring the highest standards of care for older people in care homes. Overall, Moore (2020) calls for government intervention to prioritise the welfare of older citizens over profit-seeking, with a focus on reviving public sector provision to improve care quality and reduce inequalities without disregarding the significance of good regulation and strategic management to ensure higher care quality and increased customer choice.

In the end, this essay has offered insights into the intricate nature of safeguarding seniors in long-term care institutions, presenting the relevance of changes in legislation, personalised approaches and collaborative efforts in promoting their well-being. Exploring worldwide viewpoints and contemporary research results have revealed that, despite great progress, challenges such as neglect, abuse and discrepancies in care quality continue. According to Hardwick et al. (2022), if institutional concerns like inadequate organisational structures are not acknowledged, liability for deficiencies may unjustly fall on individual carers, leaving systemic issues unresolved. Furthermore, they state that without emphasising older people's rights, deprivations of liberty may be neglected or accepted as innocuous precautions for security (Hardwick et al., 2022). However, institutions must undertake an analysis that goes beyond mere quantity and delves into the quality of care (Yon et al., 2017). This is essential to efficiently and compassionately meeting the diverse needs of the ageing population (Yon et al., 2017).

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