

NICE Network Meeting  
International Panel  
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The  
University  
Of  
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# Introduction

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- Background
- General points
- Social Work team
- Pre-pilot testing (UK)
- Findings
- Common factors
- Next steps



# Background

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- Global phenomenon
- Recent recognition, increasing concern
- Contextual matters
  - Community care
  - Demography
  - Medical advances
  - Advocacy and rights
  - Legal reform



# General points

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- Several teams in Elder Abuse Theme
  - Police & Criminological focus
  - Health & primary care focus
- Social Work Team
  - In Hand decision-making tool (Beaulieu)
  - Nahmiash tools
    - Brief Abuse Screen for the Elderly (BASE)
    - Carer Abuse Screen for the Elderly (CASE)
    - Indicators of Abuse Form (IOA)



# Social Work team

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- In Hand Tool
  - Practitioner focus
  - Ethical decision-making
  - Intervention focus
  - Developed in French
  - Translation necessary
  - Ongoing work prior to piloting
  - Focus groups (practitioners)



# Pre-pilot testing in UK

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- Decision to pre-test in 3 locations
- Community settings
- Adult Social Care Services
- Practitioner focus
  - Adult Protection and Safeguarding
  - Social Workers
- 3 focus groups
- 8-12 participants



# Pre-pilot testing in UK (ctd)

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- Sessions of up to 1 hour
- Recorded and transcribed
- Analysis
- Themes identified
  - Usability
  - Adaptation
  - Feasibility



# Findings

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- Usability
- Group 1
  - Flowchart and pathways are clear; a good set of prompts to consider
  - It looks like potentially a useful tool for us to use
  - A good blueprint for what should happen, but does not reflect current practice here
  - The focus on the service user (older person) is helpful, to be reminded about autonomy is good
  - It is good to have such a clear focus on values, but autonomy is not always respected



# Findings (2)

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- Usability
- Group 2
  - The values are good to guide consideration around decision-making & impacts of intervention
  - It could be used in practice development
  - It could potentially be used in any service and with any vulnerable adult; particularly the social work and social care sector
  - The tool would be useful to assist reflective practice and to look at and reflect on ethical dilemmas (not as a 'live' decision-making tool)



# Findings (3)

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- Usability
- Group 3
  - Not too much information in the flowchart
  - It does not really fit with our practice systems
  - It would be helpful for supervisors to use with practitioners within supervision sessions
  - Maybe it could be used by health colleagues to remind them of the centrality of the service user, and to help clarify the situation for hcps
  - It seems like this is mostly for domestic settings



# Findings (4)

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- Adaptation
- Group 1
  - Language would need adjusting. We don't use 'seniors' or 'psychosocial interventions'
  - It feels a bit singular: individual practitioner ...multi-disciplinary process needs emphasising
  - We would need to overlay processes: where does safeguarding (as we know it) fit in?
  - It would need to move from a procedure to a process to fit with the situation here



# Findings (5)

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- Adaptation
- Group 2
  - I think the language and terminology would need changing a bit
  - There would need to be some work to fit in with our context
  - Does 'personal issues' relate to personal issues or professional issues or is it both? (clarity wanted)



# Findings (6)

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- Adaptation
- Group 3
  - It does not seem to account for fluctuating capacity and legal requirements
  - It would need to reflect the processes we use and our context
  - There would need to be more emphasis on multi-disciplinarity, for example, we would usually have at least 2 people assessing capacity
  - ‘Formal protective interventions’ is not quite right for us and where does advocacy fit within this?



# Findings (7)

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- Feasibility
- Group 1
  - I think it could be used here and by other practitioners such as health and police
  - If adapted, it could be used for older person themselves (a 'mirror' version): this would underline joint responsibility for this
  - Could it have more focus on outcomes?
  - It could be helpful but would need to have more service user focus (person as expert)



# Findings (8)

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- Feasibility
- Group 2
  - Would other professionals take it too literally?
  - Would some organisational cultures allow for tool to be used?
  - The potential for the flowchart to be used in isolation could be a risk (if rest of booklet and guidance is not used)
  - It could be used in any setting where reflective practice is accepted and embedded



# Findings (9)

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- Feasibility
- Group 3
  - Probably health colleagues could use it (nurses and GPs) as it makes it clear what direction to follow
  - With a little more on trigger points it could be widely used by social work staff (and not just in abuse cases)
  - Elements are essential parts of any review process and so could be appropriate for use by all care staff
  - One way of using it would be for practitioners who don't feel skilled or confident enough in safeguarding and/or as part of the supervision process



# Common factors

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- Notable similarity and consistency
- Agreement social workers could use
- Agreement that tool looked usable
- Agreement that adaptation needed
- Agreement that feasibility would need to be tested
- Agreement that more research needed



# Next steps

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- Agreement that full pilot could be undertaken
- Work on adaptation needed
- Discussion re: funding streams
- Discussion re: pilot sites
- Collaboration with key players needed



# Finally

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- Thanks for your interest
- Thanks for listening!



# Contact details

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