

Bridget Penhale and Margaret Flynn

Welcome to this issue of the journal in these unprecedented times! Just as the waves of Covid-19 were surging over the globe, modest media coverage was given to the banning of electric shock treatment or “aversive therapy” on young people with special needs at the Judge Rotenberg Educational Centre, Canton, Massachusetts in the USA [1]. The production of the electrical stimulation devices has been banned by the US Food and Drug Administration (FDA) to “protect public health”. More than 40 residents with special needs and autism were subjected to the regime. Although misuse of the device was known:

- during 2005, when a student was strapped to a gurney and given 77 electric shocks over a 3 h period, it emerged that this resulted because of a telephone call from a prankster;
- during 2010, a student who had been living at the centre for 22 years was subjected to the treatment 33 times a week on average; and
- during 2013, the UN’s monitor on torture [2] found that the use of the device violated the UN convention against torture.

Seven years later and after decades of disability rights campaigning to outlaw the use of the device, the practice of delivering electric shock treatment will finally cease. However, some of the students’ families are unhappy and perceive the FDA’s ban on EST as “saying that our children’s lives do not matter”. Such is the world of communication and misinterpretation in the USA of these times.

As pollution levels across the world plummet, as a result of Covid-19, the threatening tally of infections and deaths from the pandemic crisis rises, economies shrink, domestic violence of all types soars in the context lockdowns/isolation, home working and unemployment rates grow around the world, questions about responses mount and in the UK, inadequate stocks of protective equipment are being rationed and even being reused, it is perhaps premature to identify other outcomes associated with catalyst Covid-19. Suffice to note that the loss of human contact from social isolation was an early casualty, well before other inequalities became visibly evident. The term social distancing has been much in use in recent weeks, but it is actually physical distancing that is required to stop the spread of the viral infection – not a prohibition on social interaction, as such, but rather a restriction on close physical contact [. . .]. It is somewhat unfortunate that use of social distancing has become the norm – perhaps particularly, for many older people and others at risk of harm, who are quite likely to have to remain in isolated circumstances for some long time yet. And indeed recalling the actions of some governments elsewhere across the world that have prohibited older people in particular from leaving their homes at all, even if not unwell or otherwise exposed to risk.

A condition that cannot be seen or properly understood has a lot to teach adult protection and safeguarding. Some governments remained loyal to “business as usual” and perhaps even being seen to do different – maybe under the guise of exceptionalism. However, the result was that such countries were slow to take advantage of the experiences of China, South Korea and Italy, in relation to handling the pandemic and developing effective responses to the evident humanitarian and public health emergency that had arisen.

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In the UK, during April 2020, scarce protective equipment was directed at the NHS, confirming the long-standing neglect of social care and the sense that care homes, in particular, were at the back of the queue and those living in them (the majority of whom are older and frail) did not matter. It is argued that the NHS's preoccupation with freeing up beds resulted in older people being discharged prematurely to care homes without having been tested and with lethal and catastrophic results. As with some other statements from government, the decision to state that external visits to care homes should be restricted was late in being made and lacked clarity for some time (an early statement in March suggested that people should be encouraged not to visit care homes [...]). The care sector, as a whole, has unquestionably been blighted by huge shortages of protective equipment, affecting domiciliary care staff as well as those working in care homes[3]. As we know, this is a fragmented sector of financially precarious voluntary sector or private providers, which is poorly integrated with the NHS, if at all. Belated political tributes – paid to this under-the-carpet status sector of care homes and domiciliary care agencies, staffed by the low paid, many of whom are immigrants, untrained and on zero-hours contracts – are not auspicious.

The chief coroner for England and Wales has stated that an inquest “would not be a satisfactory means of deciding whether adequate general policies and arrangements were in place for provision of PPE (Personal Protective Equipment) to healthcare workers”. This has led to challenges of:

- undue restriction, as the provision of PPE is so vital to the safety of health workers; and
- the inquest into the death of Steve Roberts, a tank commander who died in Iraq.

The inquest in that case concluded that the lack of appropriate equipment was “unforgivable and represents a breach of trust that those soldiers have in government”[4]. And yet a report on developing a response to a pandemic crisis following a planning exercise that took place in 2016, including clear guidance about the need to strengthen stocks of PPE and related equipment to provide a shortfall, was kept under wraps until the early part of April – and it then transpired that the recommendation about PPE supplies (and other areas of response that has been made in the report) had not been acted on [...].

At the beginning of May 2020, we learned about UK families who had decided to remove their relatives from care homes because of fears about coronavirus[5]. Yet the toll of deaths and rates of sickness from the virus for care home residents and some staff should not be underestimated. And the longer term effects of such involuntary confinement, isolation and bereavement are as of yet unknown. Acknowledging and counting care home deaths from Covid-19 has been an afterthought in the UK official number count relating to the virus. Indeed the UK death toll of Covid-19 rose by 17% on 29 April when fatalities in care homes and the wider community were added to the deaths in hospitals[6]. And there are also a number (as yet unknown) of deaths that are not because of the viral infection but other conditions that were not treated during this period or where individuals did not seek medical assistance or admission to hospital for fear of contagion from the pandemic infection (from hospitals, for example).

Bullying is a familiar topic to safeguarding practitioners, so when it comes to light in the media, it is of interest to see how it is handled. A whistleblowing complaint alleged that the Alzheimer's Society had spent up to £750,000 on payouts to staff who signed non-disclosure agreements and that these had effectively silenced staff accusations of bullying[7]. The Charity Commission acknowledged that it did not respond to a complaint about the handling of staff grievances by the Alzheimer's Society during 2018, and it then subsequently investigated the allegations. During May, it reported that it had found “no evidence of wrongdoing” and that the sums of money alleged to have been paid were “not substantiated [...].” [8]. It is of interest in this context that the Charity Commission's investigation did not involve interviewing any current or former members of staff [9].

Justice may be slow in delivering but when it does, its impact is immeasurable. Modest comfort was perhaps for Andi Monji, who travelled to The Netherlands to attend a court hearing and to tell his story about the tail end of its barbaric rule in the former colony of Dutch East Indies [10]. Andi was 11 when he watched his father being executed in 1947. “It’s not about the money [. . .] I want Justice. Our fathers were breadwinners. We went hungry [. . .]”. He was awarded £8,925. It is gratifying that the court recognised that the sums granted to Andi Mondri and other relatives was “disproportionate” to the suffering caused to them.

So what else is happening? Well, under the cover of Covid-19, Myanmar’s military is understood to be committing more war crimes and crimes against humanity in both Rakhine and Chin states [11]. Closer to home, the Food Foundation has revealed that since lockdown began in the UK, five million Britons living in households with children have experienced “food insecurity” and use of food banks has markedly increased [12]. It has emerged that Errol Graham, a 57 year old man, whose lonely death from starvation eight months after all his benefits ceased because he did not attend a fitness for work assessment, had pulled out two teeth. He had a long-standing history of mental health problems. Bailiffs found his emaciated body in June 2018 in a flat without gas, electricity, food or working phone [13]. The effects – short-, medium- and long-term – of years of austerity continue to be seen across society, perhaps even more-so during the current context of the pandemic crisis.

This issue of the journal contains a mix of papers about a range of topics related to safeguarding – and from very different sectors and locations. The first paper is by Kushagra Kulshrestha and colleagues from GLA University in Delhi Mathura, India and concerns elder abuse in urban and metropolitan contexts in India. The study used a mixed-methods approach to develop survey instruments, validate findings and to use the combined data sources (qualitative and quantitative) for improved understanding of results. The study aimed to explore the inter-related issues relating to elder abuse, familial relationships and dependency; confirmation that the factors are related (in this Asian context) was obtained. Some interesting discussion on the impact of dependency on relationships and the impact(s) of societal modernisation on elder abuse is also provided in the paper.

The second paper in the issue is by Jason Dauenhauer of the State University of New York and colleagues from other organisations in New York State, USA. Though it also focusses on elder abuse, this paper concerns the issue of elder financial abuse and exploitation, specifically the use of forensic accountants to assist in the investigation of such exploitation. The paper details the results of an online survey, used to evaluate a programme undertaken in the USA in 2018. The survey was developed to understand how members of an Enhanced Multidisciplinary Team use the expertise of a forensic accountant (FA) in suspected cases of elder financial abuse and exploitation. By far the majority of team members described that the FA’s expertise and subsequent detailed reports were highly valued and very useful in helping to determine whether financial exploitation was occurring within a situation. Additionally, it provided much needed information so that investigations can continue and criminal prosecution(s) carried out, where possible. The paper also adds to the increasing amount of evidence about multidisciplinary teams as an effective model for investigating cases of financial elder exploitation by focussing specifically on the expertise of a FA. Although the specific focus here is elder financial abuse and exploitation, there are some useful observations about multidisciplinary teams (and those deemed as enhanced teams in the US context) that are likely to be of interest to colleagues who have an interest in structural and organisational issues in relation to safeguarding.

This is followed by a paper from Australia, by David Eades from the Western Sydney University and relates to safeguarding in the context of custodial situations, in this case with a specific focus on detention facilities. Based on the findings from an ethnographic qualitative study, the paper explores the impact of stressors and the strategies staff use to cope with these at a detention facility. Using case studies, the paper documents some of the triggers of trauma and the potential coping mechanisms that might help staff to deal with the associated stressors in such a workplace. The stress that impacted staff

working in an immigration detention facility resulted from issues such as heightened reactions by detainees because of the length of their detainment, self-harm by detainees, dealing with the effects of an increase in substance abuse (through detainees obtaining illegal substances in the centre) and violent reactions that can occur as a result of such substance misuse. Adverse symptoms that were reported by staff included acute anxiety, sleeplessness, depression and tension in impersonal relationships, including family. The issue of stress appeared to be compounded by reluctance from staff to openly talk about the stress experienced at and engendered by work. The paper also contains recommendations about what might assist staff to manage in stressful situations and potential initiatives to help staff to navigate the detention environment. In particular, a number of support mechanisms and protective factors could be put in place to reduce the negative impact of stressors in the workplace and to lessen possible long-term stress disorders developing and adversely affecting staff (and their families).

Our final paper in this issue is by Owen Sullivan of the South London and Maudsley NHS Trust and concerns mental capacity – particularly issues concerning medical treatment and best interest decisions in relation to the Mental Capacity Act. The paper is in the form of a review, which specifically examines consideration by courts of P's values, wishes and beliefs in the context of medical treatment. In relation to the review, there is a particular focus on examples of case law from the Court of Protection of England and Wales and the Supreme Court of the United Kingdom. Cases were selected in relation to discussion of the significance of their judgements for the field, the range of issues covered in the case and the extent of commentary and attention they have received in relevant literature. The selected cases are presented as a narrative review, but clearly do not provide an exhaustive list. The review established that in relation to values, wishes and beliefs, the interpretation of the best interests standard within the judicial context has varied widely. Opposing tensions and thematic conflicts are apparent from the case law reviewed and were analysed from the perspective of decision makers in clinical settings. The paper also considers whether such cases have resulted in a wide interpretation of the best interests standard and considers the likely impact of this on clinical decision makers. Those from non-clinical backgrounds/professions, but who are involved in best interests' decision-making are also likely to find such considerations of interest within the context of their practice.

The issue concludes with a book review submitted by Joana Neto of the School of Law at Nova University (in Lisbon, Portugal). The review is of the book *United Nations Convention on the Rights of Persons with Disabilities in Practice A Comparative Analysis of the Role of the Courts*, which is by Anna Lawson and Lisa Waddington and was published in late 2018 and covers legal issues relating to the Convention on the Rights of Persons with Disabilities. For practitioners (and others) who are interested in the intersection between human rights and adult protection/safeguarding, this will be a useful review.

We hope that you will find this issue of interest and use to you within the context of your safeguarding interests and work. As always, we are interested in receiving contributions to the journal and would like to invite readers to contribute their "Covid-19 bites" on adult safeguarding for inclusion in a future issue, in which we plan to consider safeguarding, decision-making and practice(s) in the shadows of the virus. If you are potentially interested and wish to discuss this further before committing pen to paper (or more likely fingers to keyboard [. . .]) do get in touch with one of us to progress this further. Do also look out for an associated flyer inviting contributions, which will be circulating soon [. . .]. Finally, we hope that everyone has been managing to stay safe and well during these wholly unfamiliar times and look forward to providing future issues later in the year.

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Notes

1. www.theguardian.com/us-news/2020/mar/05/us-bans-electric-shock-treatment-children-boston-area (accessed 4 May 2020).
2. The UN convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is an international human rights treaty, which can cover individuals in "detention facilities" – state or privately run.
3. www.thetimes.co.uk/article/coronavirus-surge-in-care-home-deaths-blamed-on-ppe-mistakes-xwtzbxjh (accessed 1 May 2020).
4. www.theguardian.com/society/2020/apr/29/inquests-nhs-sta-deaths-ppe-shortages
5. www.theguardian.com/society/2020/may/04/coronavirus-fears-leading-families-to-remove-relatives-from-uk-care-homes (accessed 6 May 2020).
6. www.thetimes.co.uk/article/british-coronavirus-death-toll-rises-17-under-new-counting-method-75vchqdm (accessed 30 April 2020).
7. www.civilsociety.co.uk/news/charity-commission-to-investigate-alzheimer-s-society.html (accessed 6 May 2020).
8. www.thirdsector.co.uk/regulator-finds-no-evidence-wrongdoing-alzheimers-society/governance/article/1682064 (accessed 6 May 2020).
9. www.theguardian.com/society/2020/may/04/anger-as-charity-watchdog-clears-alzheimers-society-of-wrongdoing (accessed 4 May 2020).
10. <https://historibersama.com/interview-children-of-sulawesi-volkskrant/>
11. www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25838&LangID=E (accessed 1 May 2020).
12. <https://foodfoundation.org.uk/news/> (accessed 6 May 2020).
13. www.theguardian.com/society/2020/may/01/man-who-starved-after-benefits-cut-o-had-pulled-out-own-teeth (accessed 3 May 2020).