

BEST Event

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Ground Rules



Be respectful to each other- what we say, what we write.



Maintain confidentiality- please do not record the session



The issue of Safeguarding Adults is a sensitive subject. If you feel you need to leave the room, please send me a message via chat



The trainer will be available, after the session, if you would like to contact them and talk to them about anything which has caused you upset or distress.

Ongoing Free Training

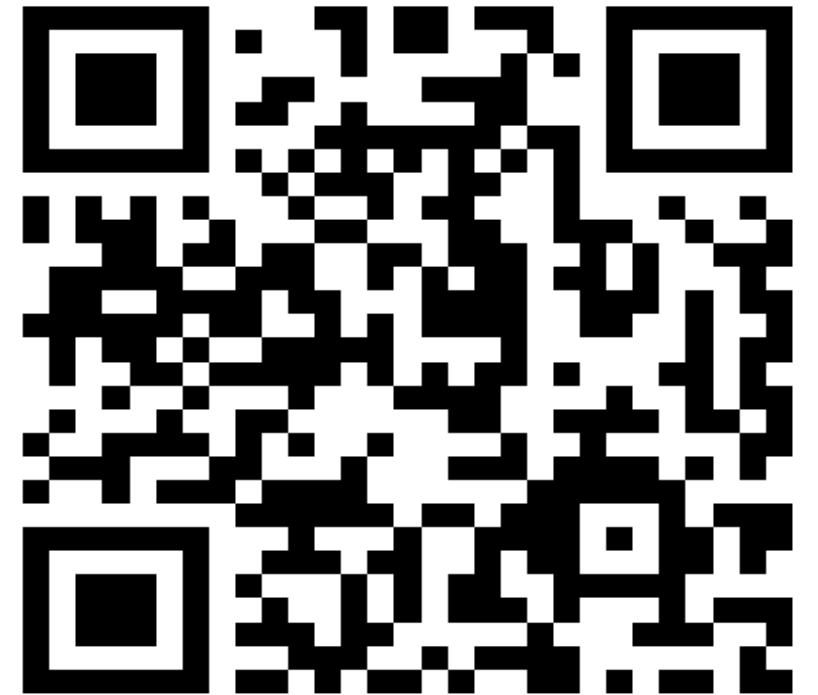
Course calendar

March 2026			
Course	Date	Time	Venue/delivery platform
Working together workshop	March date to be confirmed	to be confirmed	Doncaster venue to be confirmed
Good practice in completing safeguarding referral forms	9 March	1pm to 1:30pm	Microsoft Teams
Mental capacity act - including supported and substituted decision making	30 March	9:30am to 12:30pm	Microsoft Teams
April 2026			
May 2026			
June 2026			
July 2026			
August 2026			

- Barnsley Safeguarding Adults Board offers free training throughout the year.
- [Barnsley Safeguarding Adults Board Free Training Programme](#)
- SABTraining@barnsley.gov.uk with further questions about free training

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Barnsley Safeguarding Adults Board Guidance

- [Was Not Brought](#) –
 - Primarily focussed on individuals that are dependent on others to attend appointments (not just physically dependent, but also in making arrangements and staying organised)
 - Can include people who are “disengaged”
- [Self-Neglect and Hoarding](#) –
 - Covers situations where someone may not be managing their physical wellbeing. This can include refusal of treatment and failure to engage with services
 - Includes simple risk tools on [Hoarding](#) and [Self-Neglect](#)

Was Not Brought...

It is important that all health providers develop and use systems that supports:

- ✓ Identification of adults who are unable to attend appointments without support from family/friends/others.
- ✓ Identification of adults not brought for their annual learning disability health checks.
- ✓ Appointments are regularly cancelled and rearranged by family members.
- ✓ Families regularly change primary care providers to reduce access to adults unable to attend appointments without support.
- ✓ Identification of prescriptions that are not collected on behalf of adults unable to manage their medication.
- ✓ Identification of adults not attending appointments in other services.
- ✓ Notifying the referrer of missed appointments and notifying the GP if they are not the referrer.
- ✓ Considering whether there are any clinical consequences that require action because of the missed appointment.
- ✓ Exploring if there are any other safeguarding concerns.
- ✓ Raise a safeguarding concern.
- ✓ Record all actions taken, including any risk assessments and action taken to mitigate these.

Was Not Brought

3.3 Identifying adults covered by this guidance

- 3.3.1 All health providers should ensure that when appointments are missed, there is consideration around whether that person can attend independently and, if not, to ensure this is documented and concerns are shared appropriately. This may require a safeguarding referral if a history of non-attendance is evidenced.
- 3.3.2 Health colleagues supporting an adult with limited contact with the service must make sure that any referrals to other health organisations highlight when adults may not be able to attend independently. Where appropriate if this impacts on an adult accessing appropriate health care a safeguarding referral should be considered.

3.4 Recording non-attendance of annual health checks

- 3.4.1 GPs who have adults registered with them on the learning disability register should have a process in place to follow up with the family/carer when adults are not brought to annual health checks. If a follow-up letter or call does not result in the adult being brought for the health check, a safeguarding concern should be considered.

3.5 Cancellation or failure to make appointments

- 3.5.1 All referrers should include in referral letters to other organisations the adult's inability to attend independently. If they are informed that an appointment was not made or the adult did not attend; contact must be made with the family/carer, if this information is available, to explore why the appointment was not made/kept? If the carer requires support, a referral for a carer assessment should be discussed with them. If declined and the adult is not supported to attend future appointments, a safeguarding concern should be raised.

3.6 Changing primary care providers regularly

- 3.6.1 When a patient registers with a new GP provider, if this is not because of a change of address, the provider should review if there have been repeated changes of provider and be alert to any missed appointments, failure to attend for investigations, or disengagement with treatment plans or follow-ups.

3.7 Adults not attending appointments for tests or investigations

- 3.7.1 When requesting tests or investigations for an adult who lacks capacity to consent to these or requires support to attend, it is important that the requester of the tests checks that the appointments have been made and attended if the adult is "permanently" open to the service. E.g., GP. For those organisations who have long term relationships with the adult, they should consider follow up with a family member/carer, under this guidance and not simply record the episode as a 'did not attend'. They should be mindful of professional curiosity and explore why the adult was not brought to the appointment, and document this appropriately.
- 3.7.2 If contact with the family/carer does not result in attendance for tests or investigations, a safeguarding concern should be raised, unless reassurance is obtained from the family/carer.

Family Carers and Was Not Brought

4 Recognising adult neglect

- 4.1 NHS England defines neglect as "Ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating". The Care Act places a duty on all professionals to safeguard adults.
- 4.2 Examples will include the failure of families and carers to:
- Arrange the necessary medical care and treatment for an adult who cannot make this decision/arrangement without support.
 - Administer prescribed medication.
 - Feed, clothe or house the adult appropriately.
 - Seek support when they are unable to meet the adult's needs.
 - Meet the psychological needs of the adult, including denying them access to other family members, friends, social groups etc.
- 4.3 Not all neglect is deliberate, families may be struggling to support an adult, and they would benefit from a carer's assessment/respice etc. In these cases, a referral to Adult Social Care for a carers assessment should be completed. (See appendix 2). If a referral is refused and the adult continues to be neglected or at risk of abuse, a safeguarding concern should be considered.

Self-Neglect Risk Matrix (Physical Health and Wellbeing)

Moderate risk	Sporadic acceptance of healthcare intervention which is having a negative impact on their health and wellbeing
	Sporadic taking of prescribed medication which is having a negative impact on their health and wellbeing
	The individual is not consistently eating and some evidence of dehydration/weight loss which is having a negative impact on their health and wellbeing
	Some evidence of infection/diarrhoea/vomiting/ which is having a negative impact on their health and wellbeing
	Some evidence of untreated skin conditions such as ulcers, skin sores etc. which is having a negative impact on their health and wellbeing

High risk	The individual is declining healthcare intervention which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm E.g., evidence of open wounds and refusing to consent to treatment.
	The individual is refusing to take prescribed medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm.
	Evidence of significant dehydration/weight loss which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm.
	Evidence of infection/diarrhoea/vomiting/other which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm
	Evidence of untreated skin conditions such as ulcers, skin sores etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm

Level 1



1



2



3

Level 2



4



5



6

Level 3



7



8



9

Self-Neglect & Hoarding Guidance

What should I refer for a multi-agency response?

- Adults who you have worked with, unsuccessfully, to address their self-neglect and /or hoarding.
OR
- Adults who have consistently refused all offers of services and support.
AND
- The hoarding in the property is rated at a 6 or above (**using clutter scales – Appendix 2 pages 36 - 38**) and this is negatively impacting on their ability to eat, maintain hygiene and/or sleep.
OR
- The adult is unable to maintain health, socialise, stay clean, etc. Using assessment tools at pages **25 – 35 (Appendix 1)**
- If the adult has one or more “red” risk or multiple amber risks a safeguarding referral should be completed, once a single agency attempts to mitigate the risks has been made.

How do I make a referral

- Complete the safeguarding adults concern form and attach the self-neglect assessment tool and /or clutter rating for each room and details of the clutter – what is the nature of the hoard (waste, clothes, furniture etc.) and what impact is this having on the adult’s ability to sleep, eat, stay clean, socialise, exit the property. Comment on the general state of the property (unsafe electrics, damaged walls/floors, broken toilet, boiler etc.)
- Ideally the adult should know and give permission for the referral, however if the risk of serious harm is present you must inform the adult that because of your concerns you are going to make a referral to generate a multi-agency response. The adult should be offered

Consent and Self-Neglect

Where possible, the person should be supported to make their own decisions around their self-neglect & hoarding. However, there might be some circumstances where action maybe required without the person's consent.

- In serious situations, to prevent serious harm occurring. For example, referral for someone without their consent to inform multi agency risk assessment and support
- The adult lacks capacity to consent - best interest decision (MCA)
- The adult is under coercive control
- It is in the public interest - there are risks to other adults at risk or children –
 - This maybe people in the same household
 - It might include people in adjoining or neighbouring properties

Action without an individual's consent should be a last resort. Such decisions should be guided by an appropriate multi-agency risk assessment.

Resources

- [BSAB Self-Neglect and Hoarding Summary](#)
- [BSAB Self-Neglect and Hoarding Policy and Tools](#)
- [Hoarding Ice-Breaker Form](#)
- [BSAB Self-Neglect and Hoarding E-learning course on POD](#)
- [Care Act](#), [Care Act Statutory Guidance](#)