

Safeguarding Adults

JONATHAN DOUGLASS, MULTI-AGENCY TRAINER
BARNSELY SAFEGUARDING ADULTS BOARD
JONATHANDOUGLASS@BARNSELY.GOV.UK

Quick Quiz.....

What piece of legislation underpins adult safeguarding?

The Care Act

What section of the Care Act establishes a duty to conduct enquiries where there are concerns that an adult has been abused or neglected?

S.42

Which organisation is the “lead agency” for adult safeguarding?

The local authority

At what age are people considered “adults” for the purpose of s.42 of the Care Act?

18

Do you need people’s consent to raise a safeguarding concern?

Often yes, and it is good practice, but there are exceptions.....

What does the acronym Pipot stand for?

Persons in Positions of Trust

What are the three criteria under s.42 of the Care Act?

They have care and support needs

Concern about abuse and neglect

Can’t protect themselves from the abuse and neglect because of the care and support needs

Someone has to intentionally harm someone else for it to be a safeguarding issue? (true or false)

False – instead consider the impact

Ongoing free training.....

December 2022	∨		
January 2023	∧		
Course	Date	Time	Delivery platform
Learning from SARs	10 January	9.30am to 12.30pm	Microsoft Teams
IDAS Barnsley - older people and domestic abuse	12 January	10am to 12pm	Zoom
Disclosure and Barring Service workshop - introduction to DBS products and services	12 January	10am to 11.30am	Microsoft Teams
Mental Capacity Act	12 January	9.30am to 12.30am	Microsoft Teams
Mental Capacity Act	12 January	1.30pm to 4.30pm	Microsoft Teams
Basic safeguarding adults	19 January	9.30am to 12.30pm	Microsoft Teams
February 2023	∨		
March 2023	∨		
April 2023	∨		
May 2023	∨		

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

Neglect or Self-Neglect?

NEGLECT

Is the adult dependent on other people – paid or unpaid carers, are they in a care home?

Are their signs that the adults needs are not being met – poor dental hygiene, poor general care, carers not supporting them to comply with treatment?

Missed appointments/Appointments cancelled and not rebooked

Early/preventative treatment/care not being sought at early stages

Signs of self-neglect from carers – they may be struggling to meet their own needs!

SELF-NEGLECT

Person is not dependent on others and is not managing their own needs or environment.

- Poor hygiene
- Support for conditions not being sought
- Basic Hygiene

Can be refusing help, support or health care – what are the risks?

May avoid any form of medical or dental intervention until something becomes urgent (may then decline or refuse support still).

Frequently cancels or does not turn up to appointments/Appointments not rebooked

May be signs of substance misuse

Causes of Neglect and Self-Neglect?

NEGLECT

There is often the perception that people are neglected because of someone else's indifference or laziness.

Often struggling to meet their own needs and feel ashamed to ask for help.

Person they care for might refuse support – carers feel unable to ask for help.

Carer's own needs maybe unidentified

Lack of understanding about the adult's needs

Poor training of workers

Can be as a result of organisational failings ([see guidance on organisational abuse](#))

SELF-NEGLECT

There is also the perception that people neglect their own needs because of laziness, or because it is a *“lifestyle choice”*.

Because people can articulate themselves, there is sometimes a view that this is *“an unwise decision”*.

Often caused by trauma, sense of shame.

Loss (status, jobs, relationships and bereavement)

Isolation

Substance misuse

Did not attend or was not brought?

A common theme in Safeguarding Adult Reviews is that people who have died as a result of neglect or self-neglect is that they have not had appropriate treatment sought for them – or have not sought it themselves.

Often people might be registered with health services, but may never have accessed them.

They may even have a reputation for not attending appointments that they have booked. These things may be recorded as “did not attend”.

Where an adult is dependent on others to make, or access, any health services we should consider this as “*was not brought*” if they do not arrive for an appointment.

If people have not been brought to appointments by their carers we should be curious about it – do we need to adapt the way we work, does the adult require a referral to another service or can this be an indicator of neglect?

Barnsley Safeguarding Adults Board has created guidance around “*was not brought*”

Where you have any concerns about neglect, you can contact the Adult Social Care Single Point of Access for advice.

Neglect and Self-Neglect with Family Carers – Thematic SAR in Manchester

- **Philip and Kate** – P was known to self-neglect with his hygiene and nutrition. P had diabetes. P had a leg amputated above the knee. P used a wheelchair. P would frequently miss appointments with his GP. He often did not answer letters or calls. K was his wife and carer. P had a care package until June 2018, but then cancelled it. Not much is known about them in P's final 12 months.
- **Sue and Cath** – S was 26 when she died. She had multiple mental and physical health issues. Struggled with chronic pain. She had been a victim of domestic abuse. C was S's mum and carer. It was known that C was struggling to meet S's needs, but S would not receive support from others. Carers assessments documented that C was isolated and distressed. C also wasn't managing her own needs.
- **Colin and Donna** – C was 55 when he died. C tried to direct his own care. He was resistant to care and had low confidence in health and social care staff. D was his primary carer, but was known to be struggling. C was dependent on D. C and D were very isolated.

Key themes (1) - Family carers were providing a lot of care.

In all cases, a family carer was providing significant levels of care and support to an adult family member that shared their home.

- *“Whilst many carers do this willingly and without complaint, sometimes over many years, the impact on their own health, wellbeing and capacity or ability to continue caring can go unrecognised, by themselves and others. When the caring role is very intensive, the family carer may only be able to leave their home for essential reasons, such as food shopping or for medical reasons, which can leave to social isolation”.*
- The amount of care provided was between 35 – 100 hours per week.
- Caring can have short and long term effects on the wellbeing of family carers. The longer and more intensive the role, the more impact it will have.
- Carers assessment is an important intervention in itself, it can help carers understand their situation and get support. It also impacts how carers interact with authorities. It is about ensuring the wellbeing of the carer *“in their own right”*.

Key Themes (2) - There was also some self-neglect from the adult.

In all cases, the adult requiring support showed a behaviours that implied self-neglect.

- *“Persistent refusal, directly and indirectly, of offers of medical/clinical care, social care and in some instances aids and adaptations that could assist with mobility and safety around the home.”*
- *In 2 cases there was “mistrust and fear of hospital admission and/or long-term care, coupled with a very strong desire to receive care and support in the family home from a family member. In one of the cases, being financially assessed (in the case of social care) and needing to self-fund or part fund home care was also a barrier.”*
- *The adult being cared for would often refuse support from services. The carer would often “go along” with this. The motivation behind this isn’t always clear; however, “the degree to which the carer felt empowered (and was actively empowered by others) to state their own needs and views, remains an important feature of this review.”*
- *Poor mental wellbeing and motivation were a reason for some of the self-neglect. This may have been because of the long term effects of having their “quality of life severely compromised.”*

Additional Complexity

Each adult experienced multiple physical and mental health and wellbeing issues and symptoms, alongside often significant challenges to mobility and independence

A level of care and support needs that often demanded intensive levels of input, on the part of the family carer and also health and care colleagues

Behaviour that suggests self-neglect, particularly persistent refusal of health and care services and support, often explicitly in favour of care at home provided by family members

The challenges of supporting adults who do not consent to treatment or support and who are judged to have the capacity to make those decisions in an informed way, including understanding that their decision may lead to an immediate or cumulative risk to their life

Adults and their family carers who could be frustrated and upset on contact with health and social care colleagues, which occasionally tipped over into verbal abuse

The unknown impact of personal adversity and traumatic life events on the adults and their family carers e.g. acquired disability in adulthood, the effect of seeing or experiencing domestic abuse, fear or mistrust of health and care services based on previous negative or traumatising experiences

The unknown internal relationship dynamics between the adults and their family carers such as co-dependency, mutual protection, and potentially emotionally controlling behaviour; and factors that may have influenced the family carer's mindset and decision-making, such as personal and family values and expectations

Some workers were aware of the limits of their expertise and requested support from managers. There was a need for appropriate support and supervision for workers.

Feedback from other family carers

How upsetting it is to see someone they care caring for self-neglecting.

Carers become more isolated when the person they care for refuses services. They still remain carers.

The cared for person can apply a great deal of pressure on the carer to be their only care giver, despite the challenging position it puts in the carer in.

Need for peer support

Need for counselling.

Carers are more likely to notice changes in the person's condition as they are likely to live together.

Carers supporting someone who has capacity to make unwise decisions need support to understand their responsibilities for keeping the person safe.

“Carers live with the weight of that responsibility and fear that they could be” held to account.

Teams working with families should enable the carer to have a voice.

Carers can be wary for help in case it leads to a deterioration in the other person's condition.

It is very difficult for carers to say that they can't cope.

Carers needs clarity and honesty from professionals about their options.

Importance for independent advocacy (either from advocacy organisations or carers' organisations)

Carers need a confidential space to raise concerns about their loved one.

Carers feel a great responsibility for the care arrangements.

What can you do?

Contact Adult Social Care Single Point of Access for advice and make safeguarding referrals

Raise safeguarding concerns when you are concerned about abuse, neglect and self-neglect

If people do not attend appointments, contact them to try to understand why – if they are dependent on other people, consider the was not brought policy

Be professionally curious

Be mindful of unmet needs of family carers - carers assessments might be missed.

- Inform people of their right to a carers assessment.
- Even refer people for assessment, with their consent.

How to raise a concern?

If someone is in danger call 999.

If it is not urgent, call 01226 773 300

If it is out of working hours, call
01226 787 789

Email -
adultsocialservices@barnsley.gov.uk

- **Form to raise safeguarding concerns** form used to raise a safeguarding concern directly with BMBC
- **Decision Support Guidance** – can be used to
 - Identify when issues should be raised as safeguarding concerns
 - Supporting decisions and guidance provided by your practice's safeguarding leads and champions
 - Articulate/Explain your concerns
 - Challenge decisions where you are concerned that something meets the threshold for a s.42 enquiry, but is not proceeding to one.

Further Training and Resources

[Barnsley Safeguarding Adults Board Free Training Programme](#)

[Access Barnsley Safeguarding Adults Board resources and guidance](#)

Contact JonathanDouglass@barnsley.gov.uk or SABTraining@barnsley.gov.uk with further questions

[Manchester Thematic Review](#)

December 2022				▼
January 2023				▲
Course	Date	Time	Delivery platform	
<u>Learning from SARs</u>	10 January	9.30am to 12.30pm	Microsoft Teams	
<u>IDAS Barnsley - older people and domestic abuse</u>	12 January	10am to 12pm	Zoom	
<u>Disclosure and Barring Service workshop - introduction to DBS products and services</u>	12 January	10am to 11.30am	Microsoft Teams	
<u>Mental Capacity Act</u>	12 January	9.30am to 12.30pm	Microsoft Teams	
<u>Mental Capacity Act</u>	12 January	1.30pm to 4.30pm	Microsoft Teams	
<u>Basic safeguarding adults</u>	19 January	9.30am to 12.30pm	Microsoft Teams	
February 2023				▼
March 2023				▼
April 2023				▼
May 2023				▼