



## Welcome to the Winter 2015 issue of Bath & North East Somerset Local Safeguarding Adults Board (LSAB) newsletter

I write, just after the LSAB's very successful Stakeholder Event, on the theme of prevention. Here, I measure success as a combination of the quality of our speakers, the sophistication of the questions put to them from the floor and most of all, from the panoply of superb ideas for improving preventative work that were put forward. The LSAB will now be considering how to turn these ideas into action. The most important idea of course, is the most obvious. Safeguarding is and always will be **everyone's** business. This means that professionals and communities alike must be prepared to do something whenever they have a concern and should never assume that somebody else will.



Reg Pengelly

We heard about the evolving role of the Care Quality Commission, about better management of less mobile people and the prevention of pressure ulcers. I recall reading somewhere that the treatment of pressure ulcers costs the NHS something between £1.2 and 2 billion. Preventing the development of pressure ulcers isn't difficult; it's largely about being alert to the risks and being effective in managing them. It is not just about reducing costs, it is also about reducing what is, on the basis of that estimate, a significant source of pain and misery for a vast number of already poorly people.

The LSAB will continue to strive to embed the principles of '**Making Safeguarding Personal**' into the way that people are safeguarded. 'Making Safeguarding Personal' means having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control. In doing so, we should aim to improve quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. Just as importantly it is about collecting information about the extent to which this shift has a positive impact on people's lives. Ultimately it is a shift from a process supported by conversations to a series of conversations supported by a process.

Copies of the presentations from the Stakeholder Event can be found on the LSAB website. Please take the opportunity to look through them.

Finally and on behalf of the LSAB, may I wish you and yours a Merry Christmas and a Happy New Year.

*Reg Pengelly*  
*Independent Chair*  
*B&NES LSAB*

## B&NES Safeguarding Adults Stakeholder Event: 27<sup>th</sup> November 2015

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How can care providers ensure that their services are safe?

What powers and responsibilities does the Care Act give us to protect people at risk?

How can we help older people avoid financial scams?

These were just some of the themes discussed at a very successful Stakeholder Event held on the theme of *Safeguarding and Prevention* held at Fry's Conference Centre on Friday 27<sup>th</sup> November.

Over 70 professionals from a wide range of services - residential care, domiciliary care, hospitals, voluntary and statutory agencies - heard speakers talking about such diverse topics as avoiding pressure ulcers, the new Care Certificate for unqualified workers and the role of the Mental Capacity Act in safeguarding vulnerable people.



“The workshops and exercises produced a lot of ideas which will inform the Local Safeguarding Adults Board’s new Prevention Strategy,” said Reg Pengelly, Chair of the LSAB. “It was a very successful day that produced a wealth of ideas that will strengthen our strategy to prevent harm and abuse to adults. At the heart of this is that professionals and communities should be alert to possible abuse and know where to report their concerns’

## Self-neglect and adult safeguarding

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The Care Act and supporting statutory guidance ([Care Act 2014: Care and Support Statutory Guidance](#)), which came into force on 1 April 2015, sets out the Local Authority’s responsibility for protecting adults with care and support needs from abuse and neglect in primary legislation. **For the first time, this makes direct reference to self-neglect.** The Act provides particular focus on well-being in relation to an individual (*Care and Support Statutory Guidance - Section 1*) and requires that organisations should always promote the individual’s well-being in their safeguarding arrangements. This includes establishing with the individual what ‘safe’ means to them.

The term ‘self-neglect’ refers to an unwillingness or inability to care for oneself and/or one’s environment. It encompasses a wide range of behaviours, including hoarding, living in squalor, and neglecting self-care, hygiene and health. This may also include refusal of some/all indicated services which can reasonably be expected to alleviate associated risks and improve quality of life. Self-neglect, particularly where people with mental capacity refuse care and support, has emerged as a matter for widespread concern, and has featured in a number of serious case reviews. Risk indicators for self-neglect could include the following:

- History of crisis incidents with life threatening consequences
- High risk to others
- High level of multi-agency referrals received
- Fluctuating mental capacity; history of safeguarding concerns/exploitation

- Financial hardship, tenancy/home security risk
- Likely fire risk
- Public order issues; anti-social behaviour/hate crime/offences linked to petty crime
- Unpredictable/chronic health conditions. Serious concerns for health and well-being that require an immediate response. This may include an unavoidable deterioration in physical and/or mental health
- Significant substance misuse
- The individual's network presents high risk factors
- Environment presents high risks and hazards that could result in injury to self and/or others, a health risk or possible eviction
- History of a chaotic lifestyle
- The individual has little or no choice over vital aspects of their life, environment or financial affairs.

The term 'self-neglect' can be seen as controversial, in that individuals do not always identify with this description of their situation. Professional concerns can sometimes be at odds with the individual's own perception. This raises questions around personal choice, and for the practitioner; how to provide health and support to someone who may not want it. Managing the balance between protecting adults at risk of self-neglect against their right to make their own decisions is a serious challenge for services. As a result, it is important that practitioners seek to negotiate a common ground to understand the individuals own description of their own lifestyle rather than making possible discriminatory value judgements or assumptions about how it can be defined.

Where there are concerns of self-neglect, these would normally be managed through the care management process (*Care and Support Statutory Guidance – Section 6 & 10 and using BaNES [Council's Assessment and Eligibility Criteria](#)* -) incorporating a multi-agency approach and seeking the engagement of the individual as a means of assessing and managing the risks identified.

Where risks escalate or are felt to be significant in relation to the individual's circumstances and possible consequences, a safeguarding 'concern' (alert) should be raised by phoning the ASIST Team on 01225 396000. Further information can be obtained from the BaNES Multi-Agency Policy and Procedures to Support People who Self-Neglect (Note: this is currently under review November 2015) see the [LSAB website](#) for more information.

*Sue Tabberer*  
*Team Manager, Safeguarding Adults and Quality Assurance*

## **Making Safeguarding Personal – update**

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### **Information Leaflets**

It has been recognised for some time that Service Users who have been referred into Safeguarding, along with their carers, are reliant on various workers to tell them about the process, which can be variable. We have therefore begun to develop information sheets for Service Users explaining roles of individuals, what they can expect when invited to a meeting, along with other aspects of the process. Each stage of the Safeguarding process will have an individual information sheet, including one for carers and an easy to read version. We are hopeful that following consultation and approval from the LSAB that these will be available early in the New Year.

## Service User Experience Feedback

Over the last 3 years or so, Service Users who have been referred into Safeguarding from Strategy stage onwards, would have been sent a feedback form asking them to comment on their experience of the process. The annual report, which analysed these responses, highlighted that the number returned was very low in comparison to the level of Safeguarding work that had been undertaken. Additionally, due to the nature of the 'tick-box' style questions there was limited qualitative information to help us understand if service users had valued the process and more importantly whether they felt that they had been listened to, involved and their outcomes met, which is an essential part of personalising Safeguarding.

When the report was presented at the last LSAB meeting, agreement was sought and approved to progress a project to develop a different means of seeking to hear the service users' experience. Karyn Yee-King and Sue Tabberer, within the Council's Adult Safeguarding and Quality Assurance team are therefore undertaking a pilot project, whereby a random sample of approximately 8-10 service users each month are contacted and interviewed either face to face or via the telephone. We will not be excluding those who lack capacity and the persons' relative or IMCA will be contacted and their views elicited instead.

For more information, contact :

Karyn Yee-King - Team Manager – Safeguarding Adults and Quality Assurance

Tel: 01225 477375 | email: [Karyn.Yee-King@bathnes.gov.uk](mailto:Karyn.Yee-King@bathnes.gov.uk)

## Lay Members needed

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As part of the Bath and North East Somerset Safeguarding Adults Board commitment to engaging communities in seeing safeguarding as everyone's business and promoting the welfare of adults at risk, we are looking for two volunteer Lay Member to join the Safeguarding Adults Board.

Bath and North East Somerset Safeguarding Adults Board's role is to ensure that local agencies provide the best possible services for safeguarding adults at risk of abuse in Bath and North East Somerset. We're a body of local multi agency representatives, selected to oversee the implementation of safeguarding systems processes and services.

We are ideally looking for volunteers that can provide a concerned adult perspective on safeguarding for adult's at risk in Bath and North East Somerset. The role of the Lay Member will be to take part in the board meetings and support our understanding of the Safeguarding Adults Board's work in the wider community.

The lay members would have quarterly peer support and one to one support from the local Health Watch. Health Watch would ensure the volunteers had the views of Health Watch behind them. An induction would be offered along with on-going training. All expenses would be covered.

### The time commitment is:

- One half day LSAB meeting (on a quarterly basis)
- Occasional ancillary meetings
- Any relevant training
- One year minimum and reviewed after three years

**The tasks and responsibilities will be:**

- To attend and contribute to one half day LSAB meeting (on a quarterly basis) and participate in a small number of relevant sub groups of the LSAB as appropriate.
- To actively support stronger public engagement in local adult safety issues and contribute to an improved understanding of the LSAB's work in the wider community.
- To challenge the LSAB on the accessibility by the public and adults at risk of its plans and procedures.

**We are looking for volunteers with the following:**

- Must live in Bath and North East Somerset.
- Interest in/experience of issues facing adults at risk and the safety of adults at risk.
- Represent a wide range of views from the community through the Health Watch Network.
- Communicate effectively.
- Committed to improving outcomes for adults at risk and improving the safety of adults at risk.

To find out more and apply, please contact [Dami Howard@bathnes.gov.uk](mailto:Dami.Howard@bathnes.gov.uk) or ring 01225 396350

## What's the RSVP programme?

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**The Reducing Substance and Violence Programme (RSVP)** is a programme for perpetrators of domestic abuse that aims to recognise abusive behaviours and substitute them for healthier, non-abusive behaviours.

RSVP is delivered alongside drug or alcohol treatment so that abusive behaviours are addressed at the same time as problematic drug and alcohol use. Drug and Alcohol use are not the root cause of domestic abuse but they can certainly be an exacerbating factor and significantly increase risk.

The RSVP programme is delivered over 10 one-to-one sessions and participants will be engaging in a range of interventions to address substance misuse such as groups, workshops and counselling. The programme is voluntary and participants will be motivated to address their abusive behaviours. DHI will accept self-referrals or referrals from other health and social care professionals

For more information, contact:

DHI Bath  
Criminal Justice Team  
The Beehive, Beehive Yard  
Walcot Street  
Bath BA1 5BD

Fax: 01225 334734

Email: [samblacker@dhibath.org.uk](mailto:samblacker@dhibath.org.uk) or [rachelbarnes@dhibath.org.uk](mailto:rachelbarnes@dhibath.org.uk)

## Learning from Others' Mistakes

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The last few months have seen some interesting cases coming to the fore in terms of adult safeguarding and the application of the Mental Capacity Act. The Court of Protection has not been shy in rebuking local authorities when practice has fallen short of expected standards.

One such case is *Essex County Council v RF (2015)* where a judge concluded that due legal process was flagrantly disregarded. The case involved a 91 year old man who was removed from his own home into residential care by Essex County Council. This course of action was taken due to concerns that social workers had regarding P's vulnerability to financial abuse and his alleged poor self-care. P was initially assessed as lacking capacity to make his own decision about whether to go into care and was taken from his own home by social workers despite him being described as 'reluctant' and 'distressed' at the time of removal. Essex County Council had no legal authority for this action but maintained that P had gone into care 'voluntarily'.

Following P's admission into care he was illegally deprived of his liberty as an authorisation under the Deprivation of Liberty Safeguards (DOLS) was not granted for a further two months. In addition there were, for a period, additional restrictions placed on P's contact with friends and his attendance at church.

During P's time in care there were capacity assessments completed which concluded that he had capacity to make his own decisions about his care, treatment and residence. An independent Best Interest Assessor (BIA) concluded, some 4 months after P's initial admission, that he had capacity and should be allowed to return home.

P's initial DOLS expired and was not re-authorised for 10 months rendering his deprivation unlawful. Throughout his time in care P was objecting to his placement and consistently asked to go home. Despite being assessed as having capacity and a BIA stating that it would be in P's best interests to go home, Essex County Council did nothing to facilitate this and as a result P was detained against his wishes for 17 months.

Fortunately this case did have a happy ending and P was eventually returned home with a full package of care. This was partly prompted by an independent report by a nurse specialist. Essex County Council was ordered to pay £60,000 damages and waive P's care home fees. The judge in this case described the conduct of Essex County Council as 'totally inadequate' and stated that the protection for the individual enshrined in the Mental Capacity Act had been 'ignored'. This case is a timely reminder that state interventions in the lives of vulnerable adults have to be based in statute or common law and professionals cannot act on safeguarding concerns alone.

**See the judgement at [www.bailii.org/ew/cases/EWCOP/2015/1.html](http://www.bailii.org/ew/cases/EWCOP/2015/1.html)**

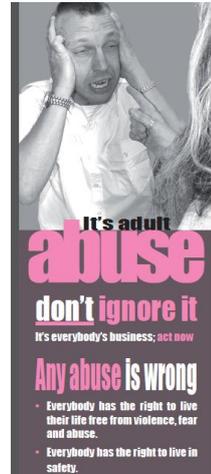
*Tim Shearn*  
*Senior Practitioner (DOLS) & Mental Capacity Act Advisor*

## Useful links:

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- [Read the latest key messages from our Chair](#)
- [Bath & North East Somerset Council Adult Safeguarding web page](#)
- [DHI \(Developing Health and Independence\)](#)
- [B&NES Local Safeguarding Adults Board \(LSAB\)](#)
- [B&NES Local Safeguarding Children Board \(LSCB\)](#)
- [B&NES Council Child Protection page](#)
- [Alzheimer's Society](#)
- [Action on Elder Abuse](#)
- [Association of Directors of Adult Social Services](#)
- [Social Care Institute for Excellence](#)

If you'd like some copies of the new bookmark (pictured), please contact [Clare Tozer@bathnes.gov.uk](mailto:Clare.Tozer@bathnes.gov.uk)



The next e-newsletter will be produced in May/June 2016. To include an article, news item or tell others about a project or some training, please contact [Melanie Hodgson@bathnes.gov.uk](mailto:Melanie.Hodgson@bathnes.gov.uk) by the end of April 2016

*This edition produced Dec 2015. MH*