Safeguarding Adults News

ISSUE NUMBER 23
February 2022

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Spotlight on… Recently completed SARs

Evelyn SAR

Evelyn was a 75-year-old Black British/African-Caribbean woman who was a retired midwife. Evelyn had two sons, Simon, who had a Lasting Power of Attorney for Evelyn's care and welfare, and Ted. There were multiple concerns about how well Evelyn's health and care needs were being met by her family but attempts to intervene and to offer support were rejected. Evelyn was moved regularly by her family between three addresses in three different boroughs and attended at least eight different hospitals, some of which were private, from which she was often discharged by her family against medical advice. Evelyn left the UK with one of her sons in March 2019 and died later in a care home on a Caribbean Island.

Lessons:

1) The impact on Evelyn of decisions made on her behalf by her family was not recognised. Evelyn had physical health needs, mental health needs and care and support needs but despite all this, decisions made by her family to refuse interventions and treatment were not challenged. Care Act assessments were offered but were not made and it appears that professionals were often given enough assurance by Evelyn's family that her needs were being, or would be, met so that they withdrew. This was despite accumulating evidence to the contrary.
2) Frequent moves made it difficult, but there was insufficient inter-agency communication and joint working to meet Evelyn's needs. There was a lack of joint working across boroughs and lack of clarity about what to do once Evelyn had moved from one borough to another. There appears to have been a very slow recognition that Evelyn's regular moves from place to place might be a safeguarding concern. Attempts were made by different boroughs at different times to initiate action, but no shared understanding of Evelyn's circumstances was formed. There was a lack of information sharing between hospitals, which meant that patterns of attendance and discharge were not identified.
3) Safeguarding referrals were made but no action was taken. There was a belief that if neglect was not deliberate, then it did not meet the criteria for an enquiry under section 42 of the Care Act. Assurances given by Evelyn's family that Evelyn's needs were being met went unchallenged and contact with Evelyn and her family was at times difficult to establish. Evelyn moved frequently and sometimes her family were not clear about where she was. All these factors made making safeguarding enquiries more difficult.
4) There was insufficient engagement with Evelyn's family and there was insufficient professional curiosity or responsibility in exploring Evelyn's circumstances. Evelyn's family relationships were also not fully understood. At different times, Evelyn's family was considered to be a protective factor, to be neglecting Evelyn, or to be preventing her needs from being met. There appeared to be a lack of recognition that Evelyn's wellbeing was not being promoted.

Daniel SAR

Daniel, a white British man, died at the age of 36. He had historical diagnoses of asthma, attention deficit hyperactivity disorder (ADHD), mild learning disability, and epilepsy. Daniel was known to drink alcohol excessively, and consumed alcohol to a level of dependency. He suffered from depression and low mood, and had experienced trauma, loss, and bereavement in his life. Daniel had been victim to financial exploitation and cuckooing. Daniel's mother had died and in his 20's, he lost a partner who died after having a seizure in the bath.

After one particular hospital admission Daniel was discharged into residential care, and from there into supported living. Over time Daniel began to disengage with services and with treatment. There were concerns about his ability to sustain his tenancy, use of alcohol, non-concordance with medication and the neglect of his room and himself. Daniel's room in the supported living project was described as being infested with flies, empty beer cans, and vermin. On 2 August 2018 Daniel had an epileptic seizure at home and died from a brain haemorrhage.

Lessons:

1) Daniel had multiple vulnerabilities and underlying health conditions which were known of but in this case, they appeared to be hidden from view in the focus by professionals on the most pressing needs – threat of homelessness and problem drinking.
2) The interventions and services met practical needs, basic needs, duty of care, and a protection imperative – Daniel was safe – but they failed to support him to engage or participate in a community he could connect with, nor (notwithstanding his close relationship with his father) develop or maintain a wider network of family and personal relationships.
3) The Care Act 2014, in addition to consolidating and modernising existing care and support law, sought to introduce a more holistic and personalised approach to "helping people achieve the outcomes that matter to them in their life" (DHSC, 2020). This means going beyond simple assessment and service provision to meet practical or physical needs, and embracing the vision of lives worth living, societal participation, and the creation of a 'good' life. This highlights how the basic approaches of Adult Social Care assessment and formulation of need does not yet match this vision or support this ambition.

Welfare Checks

As a result of the Michael SAR, which RWSAB completed in January 2021, the South-West Basic Command Unit of Met Police would like to give some more clarity on what and how Welfare Checks are carried out, as well as who to contact around Safeguarding queries.

The term 'Welfare Check' derives from when an external agency asks for the police to visit someone who is believed to be vulnerable or at risk, for a wide variety of reasons. However, checking welfare is not solely the responsibility of the police; other agencies also have a role to play. Police Officers carry out a 'welfare check' only where it is considered an emergency and there is a real concern that something serious is about to, or has already occurred to the individual on those premises. This response enables a professional intervention if an individual is in need of immediate assistance due to a health condition, injury or some other life-threatening situation. Unless this threshold is reached, Police have no power to take any action once outside those premises.

It is not part of the core duties of police to carry out general welfare checks on behalf of other non-police agencies. It is important that the most appropriate agency/service responds to the concern, which will often not be police. Where there is an evidenced risk to other professionals, Police will attend with them and will always take steps to keep them safe. SWL BCU will not, however, attend in their absence unless core responsibilities apply.

If more information or advice is needed from a police perspective, please contact the MASH team:
For Wandsworth: SWMailbox-.MASHWandsworth@met.police.uk / 020 3276 3745
For Richmond: SWMailbox-.MASHKingston/Richmond@met.police.uk / 020 8547 5008

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Family Safeguarding

Wandsworth is proud to be the first London borough to launch Family Safeguarding – a new strengths-based approach that was developed in Hertfordshire in 2015. This new way of working focuses on supporting parents and carers with the aim of keeping children safely within their families.

This is achieved through a more collaborative way of working that encourages parents and carers to identify the changes needed within their own families. This approach will help services achieve better outcomes for children in Wandsworth by reducing the need for children to come into care.

Moving from Children to Adults Services (Transition)

Children and Adult Services work together to identify young people who are likely to need support from Adult Social Care once they turn 18 years old. Transition planning usually begins in Year 9 (the school year in which the child has their 14th birthday).

The Councils have created new information on our websites to help young people and the people who support them to understand what happens when moving from Children to Adult Services. This includes a helpful video from young people who have gone through the transition phase, as well the people that they are likely to come across during the transitions journey, case studies and useful contact information.

There are also two handy documents – Transitions Protocols and Transitions Pathway that provide information, advice and guidance throughout the transition phase. If you work with young people, please take a few minutes to read the new information.

Richmond Transitions planning link

Wandsworth Transitions planning link

Launch of Outreach and Digital Assistive Technology in Wandsworth

From Monday 21 February 2022, Age UK Wandsworth is launching the outreach service (support to people in their own homes/in the community) as well as digital assistive technology. These services are for people with assessed eligible needs under the Care Act 2014.

The outreach service delivers flexible support based on a person's needs, including personal care where that is required, and provides respite support for carers. The support includes information, advice and signposting but mainly focuses on practical and enrichment type support to maintain independence. If the outreach support requires personal care during the visit, Age UK Wandsworth will sub-contract this to a regulated domiciliary care agency.

Referrals for **the outreach service** should be emailed to outreach@ageukwandsworth.org.uk
A copy of the client's support plan should be included with the referral.

The digital assistive technology service will provide installation support and training to help people use the lower-level digital assistive technologies that are available. This follows on from a social work assessment and Council purchasing of the kit for people who need it.

Referrals for the digital technology service should be made through the mosaic form and emailed to digital@ageukwandsworth.org.uk

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Update from SAB Executive

The SAB Executive met on 25 January 2022. The Executive signed off two SARs, Evelyn and Daniel, heard updates from the work of the sub-groups, had Achieving for Children colleagues present the Vulnerable Adolescents Supported into Adulthood Protocol and Wandsworth Young People Board update on Transitional arrangements in Wandsworth. SAB Executive discussed the NHSE Safe and Wellbeing Reviews, which are progressing very well and at the moment present a reassuring picture for the wellbeing of people with complex needs placed out-of-Borough. The Budget was discussed and plans for the Annual General meeting approved.

Performance and Workforce Sub-group

The Performance and Workforce Sub-group has not met since the last Newsletter. The next meeting is scheduled for 14 March 2022.

Safeguarding Adult Review (SAR) Sub-group

The Sub-group has not met since last Newsletter. There have been no new referrals and action plans from completed SARs are monitored and progressing, with 63% completed actions from 11 SARs. Agencies leading on actions are encouraged to ensure that activities around their actions commence as soon as possible.

Communication and Engagement Sub-group

The Sub-group met on 09 February 2022. It discussed a Comms and Engagement Action Plan and more joined-up working with the Councils' Comms teams to promote Safeguarding across both Boroughs.

The Wandsworth Community Forum met on 19 January 2022. Partners gave update on their activities and discussed the Annual Self-assessment Audit, feedback from the Learning Event during National Safeguarding Adults Week and had improved engagement with Wandsworth Prison.

The Richmond Community Forum has not met since last newsletter, next meeting is scheduled for 23 March 2022.

Participation and Feedback

Please submit short articles highlighting your or colleague's achievements or publicising planned events. We would also like feedback and suggestions on how we can make sure the newsletter is relevant and helpful. Please participate by emailing us at sab@richmondandwandsworth.gov.uk with the **subject line 'SAB Newsletter'**.