

Supporting social care providers in Shropshire, Telford & Wrekin

Safeguarding Adults Forum June 15th 2023 World Elder Abuse Awareness Day















The views expressed by the presenters during the session and in the PowerPoints below are their own and not necessarily those of partner agencies.



✓ The Abuse of Older People in Shropshire – an overview from the Safeguarding Team perspective

Lindsey Chapman – Senior Safeguarding Practitioner and Allison Clarke – Student Social Worker, Adult Safeguarding Team, Adult Services, Shropshire Council

✓ Hydration what happens if you get it wrong, what can you do and Hydration champions training

Sophie Corbett - Clinical Practice Education Lead, Shropshire Partners in Care

✓ Learning from Safeguarding Adults Reviews

Lisa Gardener - Development Officer, Shropshire Safeguarding Community Partnership

✓ Safe and Fair Recruitment - An update

Karen Littleford, Safeguarding Adults Lead (Shropshire Partners in Care)

✓ Resources and Webinars

Karen Littleford, Safeguarding Adults Lead (Shropshire Partners in Care)



The Abuse of Older People in Shropshire – an overview from the Safeguarding Team perspective

Lindsey Chapman – Senior Safeguarding Practitioner Allison Clarke – Student Social Worker (Final Year)



Adult Safeguarding Team, Adult Services, Shropshire Council

Elder Abuse and the Role of Safeguarding

Lindsey Chapman Senior Practitioner and Allison Clark Social Work Student (Final Year) from the Safeguarding Adults Team, Shropshire Council



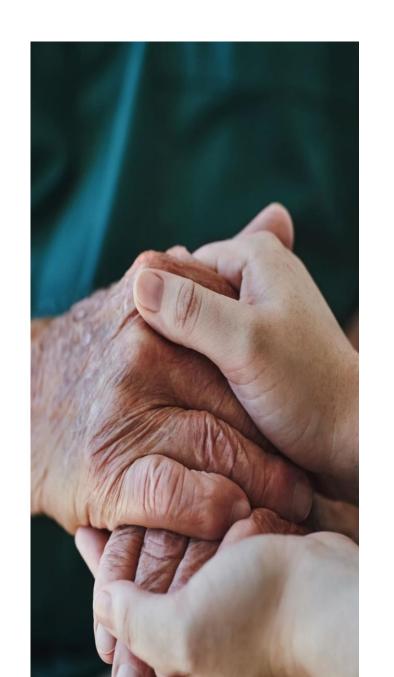


Who we are

Shropshire Adult Safeguarding team accepts safeguarding referrals for individuals over the age of 18.

- Has a duty under S.42 of the Care Act
 2014 to make enquires where an individual
 - has care and support needs
 - is at on-going risk of abuse and neglect
 - is unable to protect themselves as a result of their care and support needs

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability



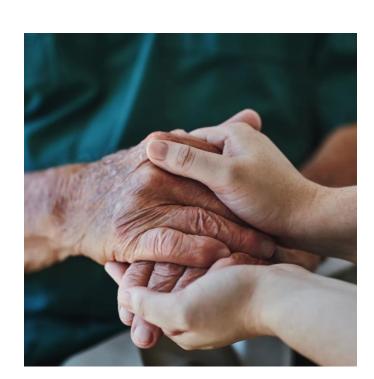
Shropshire
Safeguarding
Community
Partnership (SSCP)

Shropshire Safeguarding Community Partnership informs the work of the Safeguarding team. It coordinates and monitors how partners work together.

Key partner agencies

- Shropshire Council
- West Mercia Police
- Integrated Care Board
- Health
- Fire Service
- Probation Service
- A range of other agencies working in Shropshire

Keeping Older Adults Safe in Shropshire



 Safeguarding is everybody's business.

 Professionals are key to safeguarding and community safety.

Who is at risk of abuse?



- Anyone can be at risk of abuse.
- Irrespective of age, race, religion, ethnicity or cultural background.
- Abuse can occur in different settings. This could be an older person's home, a residential or nursing home or health settings.
- Abuse can be from family, friends, carers, professionals or strangers

Some types of abuse experienced by Older Adults

- Physical
- Neglect
- Psychological
- Financial
- Medication
- Violation of Human Rights
- Sexual
- Deprivation of liberty
- Control and Coercion





Indicators

- Stops taking part in activities they usually enjoy.
- Unkempt appearance.
- Unexplained bruises and cuts
- reduction in finances, refusal of care, lack of necessities
- Unpaid bills
- Withdrawn, unexplained bruises cuts
- Lacks medical aids
- Developing pressure sores
- Being isolated from family and friends.
- No control over finances.
 Making changes to Wills or POA

Difficulties in recognising and reporting Elder Abuse

- Not wanting to report family or friends.
- Worried about losing support.
- Believing the abuse is their fault.
- Worried about getting anyone into trouble
- Worries about repercussions/ making the abuse worse.
- Not aware that they can report the abuse.
- Do not recognise the abuse.
- Control and coercion





Advocacy

- Many older adults may have difficulties in engaging with the safeguarding process.
- Advocacy support is key to making safeguarding personal.
- Taking Part, Peer Counselling Advocacy Service and Age UK provide advocacy support for adults in Shropshire.



Advocacy Contacts

- Taking Part Care Act Advocacy <u>leaflet</u> further <u>information</u>
- PCAS information
- Age UK <u>information</u>
- Care Act Advocacy <u>Telford and Wrekin</u>

There is also support from the Independent Mental Capacity Advocate Service (IMCA) although sometimes a Care Act Advocate might be more relevant for safeguarding situations.

- IMCA <u>Shropshire</u>
- IMCA <u>Telford and Wrekin</u>

Case study

Live case

Important points from the case study discussed at the Forum

- Working within the making safeguarding personal agenda
- Empowering the individual
- The importance of recognising and reporting abuse
- Re-enforcing professional boundaries
- Partnership working
- Increasing the older person's support network

Support networks

- **GP**
- 111
- Office of the Public Guardian (OPG) 0115 934 2777
- Housing Support <u>Shropshire</u> 0345 678 9005 Telford and Wrekin 01952 381925 (housing advice), <u>information</u> and <u>here</u>
- Social Work Team 03456789044
- Mental Health team 0345 6789044
- Memory Service 0300 303 3426
- Support group for caregivers Shropshire Carers Support <u>Team</u>
- Telford and Wrekin All Age Carers Centre 01952 240209
- Department of Work and Pension
- Age UK 01743 233 123



How to refer to the Adult Safeguarding Teams

Shropshire- Refer via First Point of Contact (FPOC) 0345 678 9044. 9-5 Monday to Thursday, Friday 9-4

Emergency Social Work Duty Team on 0345 678 9040. Social Work outside of normal working hours.

Telford and Wrekin- Family Connect (Option 3) Telephone: 01952 385385 Monday to Friday from 9am - 5pm.



The Abuse of Older People in Telford and Wrekin



The Abuse of Older People in Telford and Wrekin

- A verbal update was given based on information provided by the Adult Safeguarding Team about the types of abuse that older people are experiencing in Telford and Wrekin.
- A large percentage of the Safeguarding Adults Enquiries taking place in Telford and Wrekin are about abuse experienced by older people with care and support needs. This highlights the importance of safeguarding and 'elder abuse'.
- Neglect or acts of omission account for the largest number of Safeguarding Enquiries in Telford and Wrekin during the year so far.



The Abuse of Older People in Telford and Wrekin



- The Adult Safeguarding Team also highlighted issues around mental capacity and the need for advocacy with this demographic.
- The Safeguarding Team are trying to ensure that advocacy is considered from the start of a safeguarding concern to make sure professional advocacy is used where there is no one else appropriate to act for the adult. This ensures that the adults voice is heard and represented in safeguarding.

Hydration what happens if you get it wrong, what can you do and Hydration champions training

Sophie Corbett - Clinical Practice Education Lead, Shropshire Partners in Care







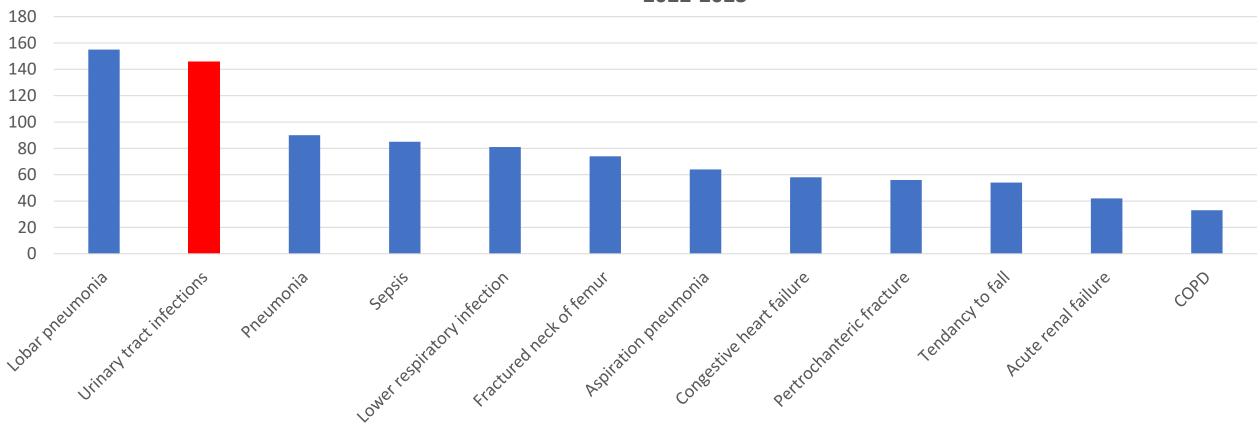
Achieving adequate hydration: a safeguarding issue





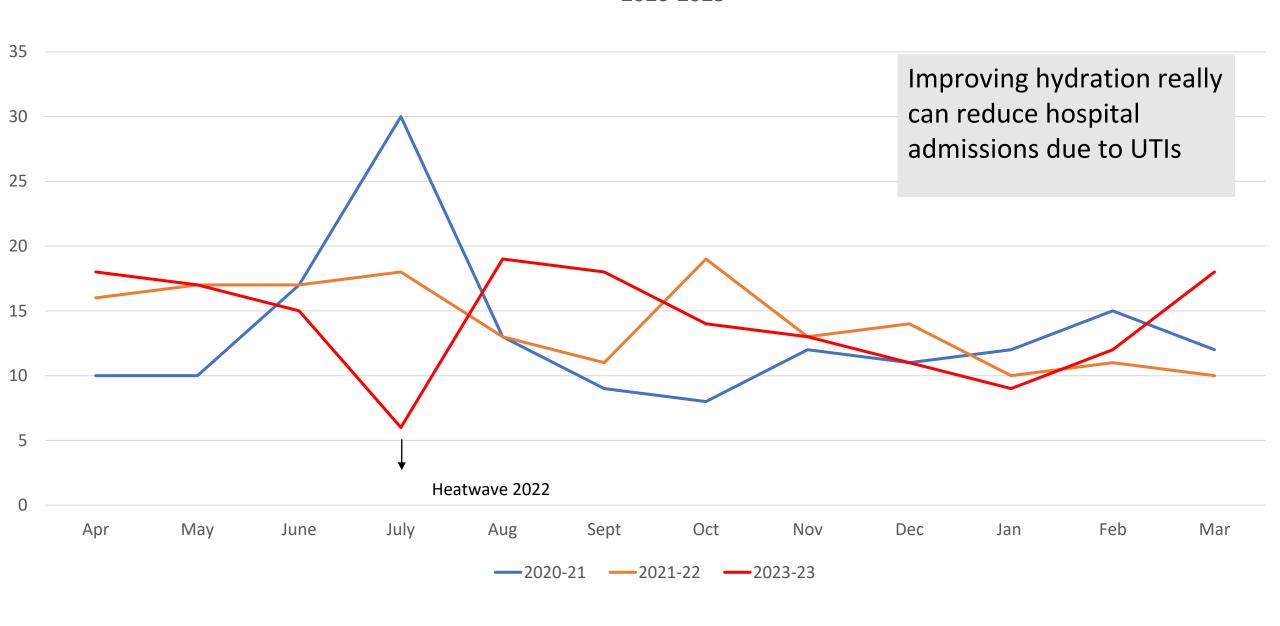
Getting the horses to drink

Top 12 reasons for hospital admissions from care homes in Shropshire / Telford & Wrekin 2022-2023



Care homes that improve hydration see a drop in falls – by as much as 50%!

Hospital admissions from care homes due to UTIs 2020-2023

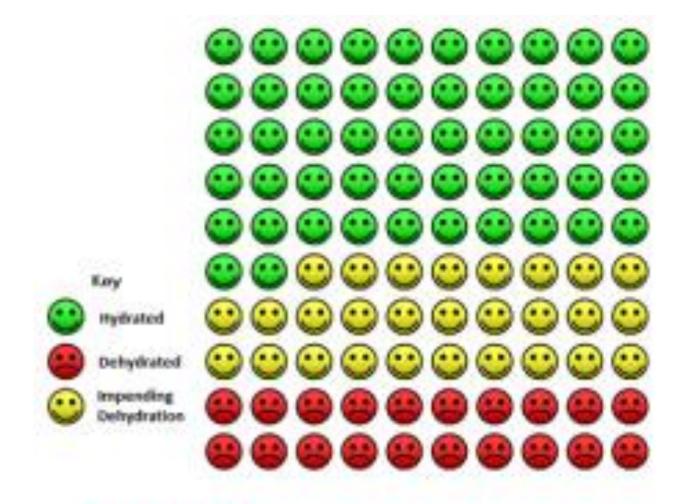


Are care home residents dehydrated?

DRIE study (Dehydration Recognition In Elders)

- 20% of older people are dehydrated
- A further 28% are at risk of dehydration

(Hooper et al, 2016)



Dehydrated: serum osmolality >300mOsm/kg Impending dehydration: 295-300mOsm/kg Hydrated: 275 to <295mOsm/kg



Why are older people more at risk of dehydration?

Physiological

Loss of function

Cognitive impairment

Medications

As soon as you start having to rely on someone else to drink, your risk of dehydration increases





Older people should be drinking 1500mls a day



Dehydration causes tiredness, irritability, confusion & agitation



Hydration is important for wound healing and preventing pressure sores



Regularly passing urine (every 2-3 hours) is the best way to prevent UTIs



Dehydration leads to low blood pressure causing dizziness & loss of balance

PLUS confusion are symptoms of DEHYDRATION





How does the adult look? What is their mood like?

Dry skin

Cracked / dry lips

Dry mouth

Headache

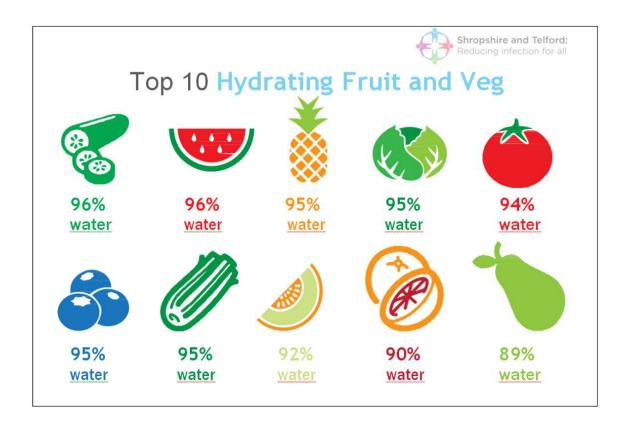
Bad breath

Let's Talk Hydration Levels



How hydrated is your resident?

1	Hydrated	If the colour of your resident's 1-3; 4-8 you
2		urine matches 1, 2 or 3, they are properly hydrated. must hydrate!
3		
4		If the colour of your resident's urine matches 4, 5 or 6, they need
5	Dehydrated	to drink more. Start a care plan to ensure regular drinks taken and ensure allocated member of staff helps the resident for the rest of the day.
6		
7	Severely Dehydrated	If the colour of your resident's urine matches 7 or 8 – the resident needs change the colour of
8		to be rehydrated. Urgent fluids needed, commence fluid chart, hourly fluids, observe for other signs of deterioration and contact the doctor if necessary.



Where does 1500 mls come from?

Up to 20% of our fluid intake comes from food



Hydrating options on the drinks trolley – St Georges, Telford



Opportunities for offering drinks For residents to drink at least 1500ml a day drinks need to be offered frequently. 6 - 8am Offer a hot and/or cold drink Early Morning Offer a hot and cold drink 8 - 10.30am Remember to offer drink refills Breakfast 10.30 - 12pm Offer a hot and cold drink Mid-morning 12 - 3pm Offer a hot and cold drink with lunch Offer fluid-rich desserts (e.g. custard) Lunchtime 3 - 5pm Protected Drinks Time Serve residents a hot and cold drink Mid-afternoon Offer a hot and cold drink with dinner 5 - 7pm Offer fluid-rich desserts (e.g. ice cream) Dinnertime Offer a drink before the resident is too 7 - 10pm tired or sleepy Evening Remember to offer refills of drinks throughout the day

Care home routine and structures are MOST important!

6 – 7 **protected** drinks rounds are the foundation of good practice

- Are residents being woken for meals and drinks?
- Offer a hot and a cold drink with each meal
- Offer top ups
- 'Would you like a drink?'



Get people out of bed if possible

We are social animals

Encourage social eating & drinking

Do the tables look nice?

Can visitors be involved?



The importance of choice

Do you know the adults' preferences?

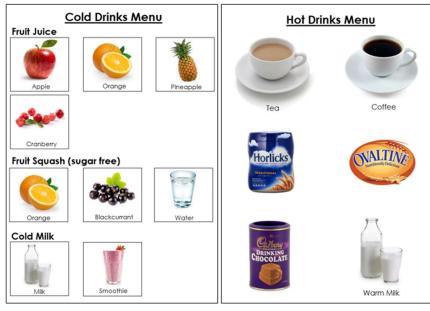
Are the drinks options visible?



Are the adults given a choice? How do you help them make that choice?

Take into account people's preferences' CQC requirement





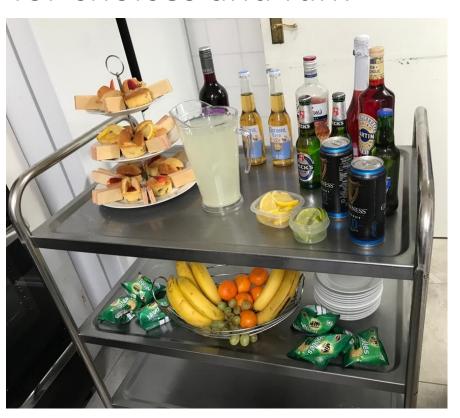


The drinks trolley

.....is a vehicle for choices and fun!

Hawaiian afternoon





Alcohol free bar



St Patrick's Day



Hydration trolley – Rylands Nursing Home

'MANGO SORBET SHOTS WITH TROPICAL SMOOTHIES AND STRAWBERRY & BANANA SMOOTHIES'

The importance of the drinking vessel











Which drinks are popular?

People with dementia are attracted to red drinks



Mixing lemonade to fruit juices makes them less acidic and more appealing.

'Apple Fizz'
'Orange sparkle'

Fruit Smoothies / milkshakes

Can be fortified with cream or milk powder to add calories



American Day – at Farmstead

Some people love a 'retro' drink – vimto, dandelion & burdock, cherryade.

Add cream soda to ice cream for an ice cream float

Thickened drinks



No-one prefers thickened drinks to un-thickened drinks!

Sweet and carbonated drinks are better tolerated than unflavoured drinks (eg., water)

Drinks with a sharper flavour tend to be more pleasant when thickened (e.g., lime cordial, grapefruit or cranberry juice, blackcurrant or lemon squash

Ginger ale is the most accepted thickened drink

In a study, 70% of people found thickened hot chocolate and fruit juice acceptable

Yver CM, Kennedy WP, Mirza N. Taste acceptability of thickening agents. World J Otorhinolaryngol Head Neck Surg. 2018 Jul 21;4(2):145-147.



Next steps

Dementia, delirium and dehydration training:

 23rd June, 9.30-12.30 at Shropshire Partners in Care, Annscroft

Hydration Champion training:

 30th June, 9.30-12.30 at Shropshire Partners in Care, Annscroft

Hydration Champion Training and Hydration, UTI Prevention and Management dates and booking are here

https://www.spic.co.uk/event-category/clinical/



Contact details

 Sophie Corbett, Clinical Practice Education Project, Shropshire Partners in Care

• Email - scorbett@spic.co.uk

Some photos were from



Learning from Safeguarding Adults Reviews in Shropshire

Lisa Gardener, Development Officer, Shropshire Safeguarding Community Partnership





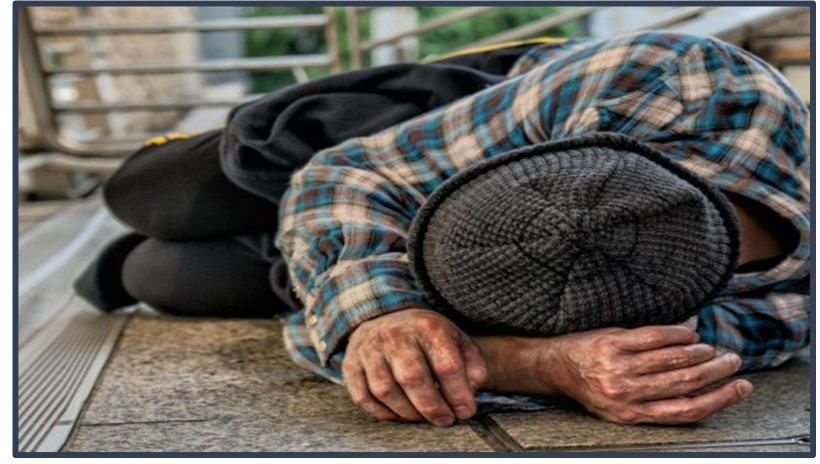


Lisa Gardner



Safeguarding Adults Review Criteria (Summary)

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a factor, and there are multiagency lessons that can be learnt



Full SAR criteria <u>here</u> on the SSCP website

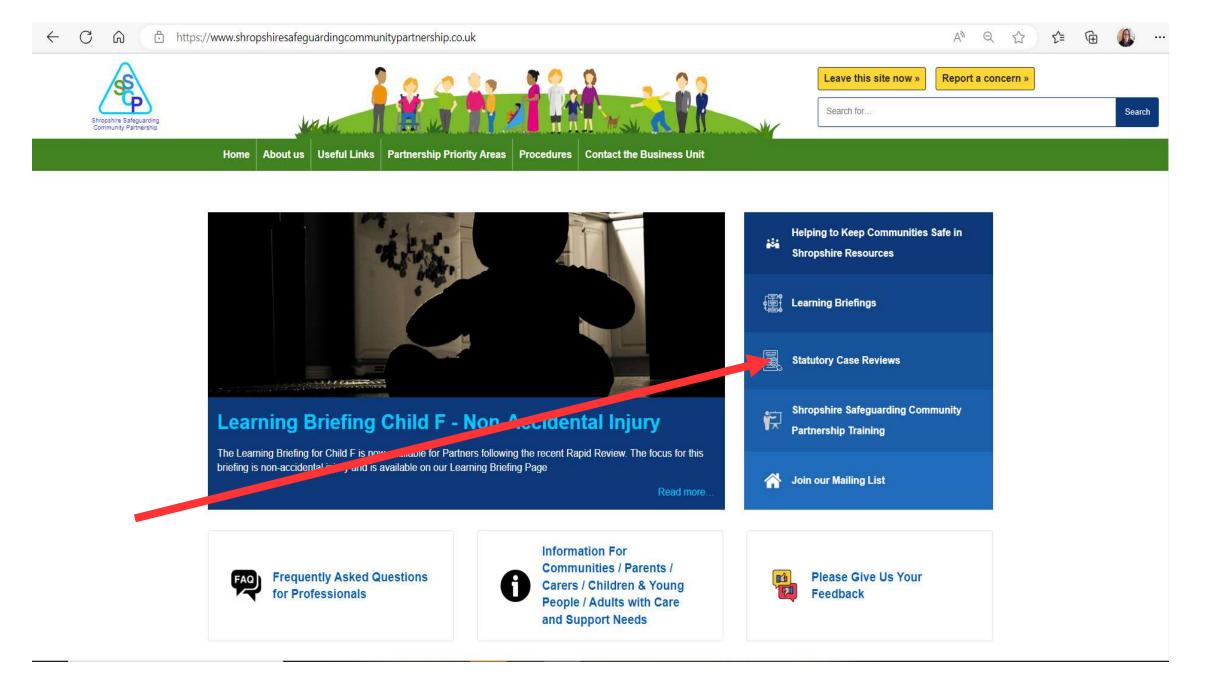
Domestic Homicide Review Criteria



Full DHR criteria here on the SSCP website

A Domestic Homicide review explores the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—

- (a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- (b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.





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https://www.shropshiresafeguardi ngcommunitypartnership.co.uk/ab out-us/statutory-casereviews/learning-briefings/

Learning Briefings

More information »



1. Background

Mr M was a 74-year-old man who died in September of 2020 from Sepsis.

Mr M had been laying on the floor for a period of 2 days, he had placed himself on the floor – he had done this previously when depressed.

Mr M had a history of self-neglect when his mental health was deteriorating.

2. Safeguarding Adult Review

Mr M's death met the criteria for a Safeguarding Adult Review.

Mr M had care and support needs, he had died and there were lessons that could be learnt about how agencies had worked together to safeguard him.

The Safeguarding Adult Review can be read $\underline{\text{here}}$.

3. Recommendations

The Independent author of the Safeguarding Adult Review made a number of Multi-agency recommendations which have been put into an action plan that will be monitored by the Partnerships Joint Case Review Group.

There were also some learning points for agencies and practitioners that are highlighted in this learning briefing.

8. Carers

Mr M's wife like many people cared for her husband on an informal basis, but she did not receive a carers assessment and was not offered one.

Had a carers assessment been completed other services could have been offered which if accepted may have been positive in this situation.

Practitioners should identify informal carers and offer carers assessments.

Shropshire Safeguarding Community Partnership

4. Partnership working

There were times when Practitioners were working in isolation and Mr M and his wife did not receive a coordinated and timely response.

Having a multi-disciplinary team meeting at the earliest opportunity will help practitioners to work together to support adults who self-neglect.

Guidance on calling a Multi-disciplinary meeting can be found in Shropshire's Self-Neglect Guidance

7. Supervision and learning

Staff supervision should help build professional development by including:

- Case supervision
- Practice observation
- Reflective practice

There should also be opportunity for Shadowing, mentoring and coaching

6. Responding to Self-Neglect

Responding to Self-neglect in Shropshire is a practitioner's guide to working with people who self-neglect.

This guidance should be used alongside the Working with Risk Guidance.

These guides will support practitioners when assessing risk and making decisions with people who self-neglect.

5. Early Warning Signs

Sometimes called "relapse signatures" are the individual signs a person might show when they are becoming unwell again. Knowing what these are and how to respond is important. Mr M had been known to lie on the floor for long periods of time when he was suffering with poor mental health.

Agencies should record when a person has a behaviour that indicates a decline in their mental health and what has helped previously. This will promote earlier positive change



9. Struggling to reach

Practitioners working with Mr M and his wife did not appear able to find a way which supported them to engage with services.

This led to them often only asking for help when situations reached crisis point.

Practitioners should be respectfully persistent when working with individuals who self-neglect.

16. Key points

If there is a delay in making contact, ensure that the reasons for doing so has been risk assessed. Use previous information/interventions to help understand what has worked for that person but also take the opportunity to look afresh.

When someone does not wish to engage, ask why, consider what reasons they might have and if possible, discuss – "safeguarding is a series of conversations"

Explore with other agencies what they know and jointly review the plan.

15. Calling for help – No Wrong Door

Mr M's wife was told by one service to call another during a period of crisis. It would have been of benefit in this situation if the service had made the call with her knowledge on her behalf.

When individuals are in a crisis situation and services are required from different agencies then professionals should consider if it is beneficial to make the call rather than signposting.

10. Professional Curiosity

There were times when professionals could have exercised more professional curiosity in relation to why Mr. M and his wife were reluctant to engage in support that was being offered.

Being professionally curious is essential is helping professionals to look beyond the behaviour and determine what is actually happening for the individual. Use the Professional curiosity management and practice guidance to support you.



14. Advocates and Community services

Some local and community services may have been able to provide services that Mr M and his wife were more comfortable in accepting (as opposed to statutory services).

Advocates should also be considered for individuals whose capacity may fluctuate or those who have limited understanding of services.

11. Mental Capacity

Practitioners did not always appear to recognise the need to fully explore Mr M's capacity to make decisions for himself.

Mental capacity is time and decision specific. When recording that someone has capacity to make a specific decision professionals should be clear about what decision the individual has capacity to make at the time of the assessment. It should include how they supported the person and how they concluded whether the person had capacity or not.

12. Mental capacity and self-neglect

Self-neglect can be difficult to navigate as a professional. An unwise decision does not necessarily indicate that someone lacks capacity however it may indicate a need for a capacity assessment (the new draft Mental Capacity Act Code provides advice on this)

This <u>webinar</u> on Mental Capacity and self-neglect may help with some of the challenges faced by professionals.

13. Think Family

There were other family members who may have been able to provide some insight into the care and support needs of Mr M and his wife.

Confidentiality is not breached by receiving background information which may support risk assessments and decision making relating to people who self-neglect. Information gathering is different to information sharing.







Safe and Fair Recruitment - An update

Karen Littleford, Safeguarding Adults Lead (Shropshire Partners in Care)



Sharing Effective
References and
Conduct
Information a
Better Hiring
Toolkit

https://www.betterhiringinstit ute.co.uk/industry-bestpractice/health-social-care



And Skills for Care
Safe and Fair
Recruitment A guide to
employing people with
convictions in social
care



https://www.skillsforcare.org.uk/resources/documen ts/Recruitment-support/Application-and-selectionprocess/Safe-and-fair-recruitment-guide.pdf

Safe and Fair Recruitment

Facilitator





Dominic Headley FRSA

Dominic Headley & Associates (DHA) is a specialist consultancy practice that supports employers to recruit safely and fairly.

Our founder is the UK's leading expert on criminal records, and a trusted expert adviser to government departments on criminal record policy.

We develop practical guidance for employers across various sectors and provide expert advice, training and consultancy services to organisations in the public, private and voluntary sectors on safe and inclusive recruitment and dealing with safeguarding concerns effectively.

Key projects

- We developed the Skills for Care guide Safe and fair recruitment: employing people with criminal records in the social care sector.
- We have been working in partnership with Skills for Care, Disclosure and Barring Service, Reed Screening and VBA Consulting to develop guidance on Sharing effective references and conduct information.

In May Shropshire Partners in Care hosted a workshop by Dominic Headley and Skills for Care. This specifically addressed the 'Sharing **Effective References and** Conduct Information A Better Hiring Toolkit' and the 'Safe and Fair Recruitment, A guide to employing people with convictions in social care' document.

What has happened since the workshop?



I spoke to two organisations who attended the workshop, and they told me what they had been doing to embed safeguarding at the heart of their processes by embedding the good practice from the toolkit

What have you changed? Andrew Harris, HR Manager, Home4Care Ltd. In brief:

- I have used the professional and character reference form templates when seeking references to ensure we fulfil the legal requirements and safeguarding responsibilities.
- I have also reviewed the company Application Form and have used the Better Hiring Toolkit template which includes a "safe and fair recruitment commitment.
- We use the pre-employment check risk assessment which allows for assessment of disclosures made.
- In relation to the supply of references for employees leaving Home4Care, we always supply full and detailed references where possible to ensure the new employer can make an informed decision regarding the candidate.

"I have always operated with a safeguarding approach, but the toolkit has ensured that my professional curiosity is at the forefront of the recruitment process and beyond.

The toolkit has given me the reassurance that correct processes and procedures are being followed and are meeting the regulations. I would, and indeed have recommended the toolkit to other providers".

What have you changed? Andrew Craven, Registered Care Manager, Approved Care and Support. In brief:

 As a result of the workshop, we completed a review of practice, policy, and forms and whilst we were reassured that current recruitment was safe, we took the decision to adopt all template forms from the training/toolkit and we are currently customising the forms before a relaunch. "One of the key learning outcomes was around 'self-disclosure' and ensuring that the correct questions were asked to potential new carers. An example of this is asking about barring and any previous conduct issues.

We believe that the adoption of the Toolkit will improve the safety of recruitment as we are now asking the correct questions with a clear process.

I would recommend the toolkit to all care companies as a bedrock of effective practice and ensuring that all care staff are safe to be working with vulnerable people."





Shropshire Safeguarding Community Partnership and the Telford and Wrekin Safeguarding Partnership have both endorsed and promote the use of the toolkit for Adult Social Care as best practice

https://www.betterhiringinstitute.co.uk/industry-best-practice/health-social-care

Sharing Effective References and Conduct Information

A Better Hiring Toolkit

1. Introduction

In collaboration with:













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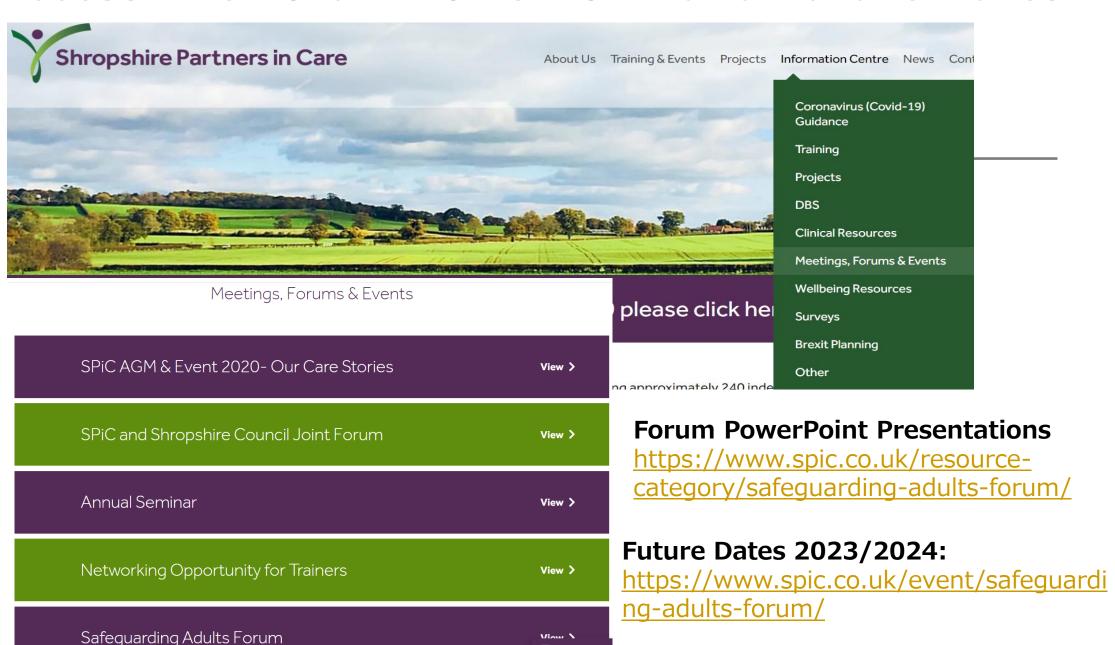
once it has been gathered and recorded Sharing conduct information in a detailed reference When to consider sharing conduct and safeguarding information

Sharing Effective References and Conduct Information: A Setter Hir Ino Tookii

Webinars, Resources and Reports



Access The Forum PowerPoint and Future Dates



Look and Refer - Free Fire Safety in the Home Awareness Training

The Prevention Team from Shropshire Fire & Rescue Service are pleased to announce a brand new, interactive face to face training session to help carers who care in clients homes to identify fire risks within the homes they visit. The training is free and designed for those of you who help provide care in the clients own homes, as well as those who manage teams of carers. This short training session will give you the confidence to identify fire risks and subsequently refer into the Fire Service if required.





Look and Refer

Free Fire Safety in the Home Awareness Training

Join us for an interactive session with our Prevention Team about identifying fire risks within the homes you visit







Sessions start at 1:30pm. Dates available at:

- Wednesday 12th July 2023 Craven Arms Fire Station
- Wednesday 18th October 2023 Telford Central Grosvenor House
- Tuesday 23rd January 2024 Shrewsbury Fire Station
- Thursday 21st March 2024 Oswestry Aico, Maesbury Road

Sessions last 90 minutes and could help save lives

Contact us to book or for more information



safeandwell@shropshirefire.gov.uk



01743 250200

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Safe Care at Home Review

The review drew on the experience of people who receive care in their own homes, organisations representing carers, and statutory agencies including frontline professionals.

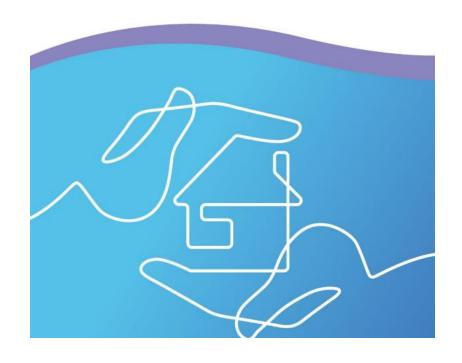
The review developed a set of cross-government actions for implementing change over 3 key themes:

- 1. Strengthening accountability and oversight mechanisms to better protect and support victims.
- 2. Strengthening training and guidance so this type of harm and relevant legislative protections are better understood by frontline professionals.
- 3. Improving the data and evidence available about this type of harm.

Please note the description of Safeguarding Adults Reviews at paragraph 58, page 28 does not reflect the wording in the Care Act and this has been flagged with the authors.



Safe Care at Home Review

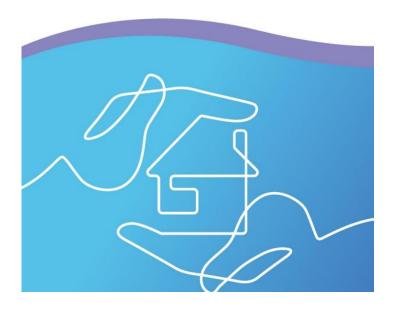


https://www.gov.uk/government/publications/safe-care-at-home-review

The review heard about the challenges associated with detecting, reporting and investigating abuse in care relationships. These challenges could be explained in many ways: victims' dependence on carers, the trust they place in carers, the manipulation they experience and the gradual and systematic grooming strategies which some perpetrators employ. In many cases, victims may feel unable to report the abuse as the abuser may be their only way of communicating with the community, or they may feel dependent on the perpetrator for care and support and feel uncertain as to how they would be supported and cared for without the perpetrator. (references 3,4) Characteristics or conditions such as age, mental illness and disability or dementia or fluctuating mental capacity, may also exacerbate barriers to reporting harm and abuse.



Safe Care at Home Review



Document references: 3 Public Health England. 2015. Disability and Domestic Abuse: Risk, impacts and response Domestic Abuse Act 2021(GOV.UK); Home Office. 2022. Domestic Abuse: Statutory Guidance; SCIE. 2015. Adult safeguarding practice questions (www.scie.org.uk).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf 4 SafeLives. 2017. <u>Disabled Survivors Too.pdf</u> (safelives.org.uk); SafeLives. 2016. <u>Safe Later Lives - Older people and domestic abuse.pdf</u> (safelives.org.uk)

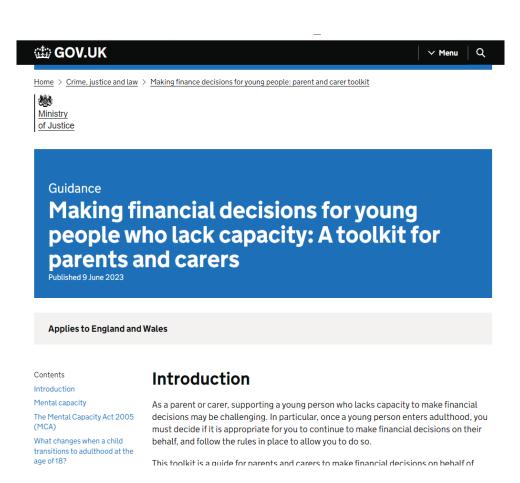


Making financial decisions for young people who lack capacity: A toolkit for parents and carers

 Hot off the press a new publication from the Ministry of Justice <u>Making financial decisions for young people who lack capacity:</u>
 A toolkit for parents and carers - GOV.UK (www.gov.uk)

This toolkit covers:

- What it means to lack mental capacity
- How things change when a child reaches adulthood
- The routes for financial decision making at different ages
- How to plan for future financial decision making







Skills for Care Webinar recording (April 25th 2023) Safer employment - Effective references

Detailed effective references are an important and undervalued part of safer recruitment and robust vetting. This webinar is aimed at registered managers responsible for vetting and hiring decisions and/or safeguarding. It covers an overview of the recently published 'Sharing effective references and conduct information: a better hiring toolkit' and how it fits within the safer employment model.

https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Support-for-registered-managers/Registered-manager-webinars/Recruitment-and-retention.aspx



Safer employment – Effective references













 As part of the government's strategy to tackle violence against women and girls, the Home Office commissioned Simon Bailey, a former Chief Constable of Norfolk Constabulary, is the National Police Chiefs' Council lead for child protection and abuse investigation, to carry out a review of the effectiveness of the disclosure and barring regime in safeguarding children and vulnerable adults.

 He concluded that the disclosure and barring regime is delivering its mission of helping employers and organisations to make safer employment decisions but he identified several areas where the regime could be strengthened.

He made 9 recommendations which the government will now consider.

The Independent Review of the Disclosure and Barring Regime

February 2023

https://www.gov.uk/government/publications/independent-review-of-the-disclosure-and-barring-regime

Recommendations

Recommendation 1

The definition of regulated activity relating to children be amended to remove the exemption for supervised activity.

Recommendation 2

Consideration be given to amending the definition of regulated activity with the aim of making it more easily understood by those who must apply it.

Recommendation 3

The legislation governing enhanced checks with barred lists checks is amended so that aid workers, who are nationals or residents here, whose contracts of employment are made here and whose work would bring them into contact with aid beneficiaries overseas are eligible.

Recommendation 4

Self-employed persons seeking to work with children or vulnerable adults are rendered eligible to apply for an enhanced DBS certificate with barred list check.

Recommendation 5

An enhanced criminal record check is made mandatory for all councillors in Unitary and Single Tier Authorities who are being considered for appointment to any committee involved in decisions on the provisions of children's services or services for vulnerable adults. I accept that this would require legislation and therefore some inevitable delay, so I further recommend that these authorities are encouraged to adopt this procedure as best practice pending legislation.

Recommendation 6

Enhanced DBS checks together with barred lists checks are made mandatory for applicants for the grant or renewal of a door supervisor's licence.

Recommendation 7

Enhanced DBS checks together with children's barred list checks are made mandatory for applicants for the grant or renewal of a close protection licence.

Recommendation 8

The Home Office and the DBS continue the work of assessing what, if any, further steps can be taken to mitigate the risk of individuals circumventing the DBS identification validation process, including the consideration of mandating the provision of a birth certificate as one of the documents establishing identity.

Recommendation 9

The DBS carries out the work necessary to establish the feasibility and cost of redesigning the Update service to enable employers, who have been given permission to carry out status checks, to receive notification of any change to the status of the certificate.

Executive Dysfunction and the MCA webinar recording

Executive Dysfunction and the MCA 25th April, 2023 – Download Slides



The National Mental Capacity Forum Executive Dysfunction and the MCA webinar recording from 25th April, 2023.

Topics and speakers:

- Executive dysfunction and mental capacity, Dr Gareth Owen, Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, KCL.
- Executive impairment A practical approach, Lorraine Currie, Mental Capacity Consultant
- Executive functioning and the MCA 2005, Neil Allen, Barrister (39 Essex Chambers), Senior Lecturer (University of Manchester)
- Q & A facilitated by Alex Ruck Keene, KC (hon) 39 Essex Chambers

Access the webinar recording here

https://autonomy.essex.ac.uk/nmcfevents/

NHS Safeguarding Learning Together Week, Mental Capacity Act (MCA)/Liberty Protection Safeguards (LPS)

Took place from 27 – 31 March 2023

Webinar recording here

https://vimeo.com/819416061?sh are=copy&fbclid=IwAR2TjGrMIbUoFt3g7qA5b aGXb7P28Gf zHxJdwFWoGtUvkKMWxKmXNYux 8







Watch Hourglass webinar recordings including 'online scams and the Death of the High-Street Bank' and 'The risks to older people around abuse and the cost of living crisis'. here

https://www.youtube.com/@we are hourglass



To find out about future live Hourglass webinars, visit https://www.eventbrite.co.uk/o/hourglass-40883212133





Legal Literacy in Safeguarding – Marking Safeguarding Core Business.

NHS England's National Safeguarding Team have partnered with Bond Solon Training to bring you this free one-hour Continuous Professional Development legacy video <u>Legal Literacy in Safeguarding – Marking Safeguarding Core Business.</u>

Introduced by Catharine Randall, the Associate Director of Safeguarding for NHS England, and delivered by Sue Inker, Bond Solon Trainer and Subject Matter Expert, the video will consider the importance of safeguarding at every level – operational, tactical, strategical and executive.

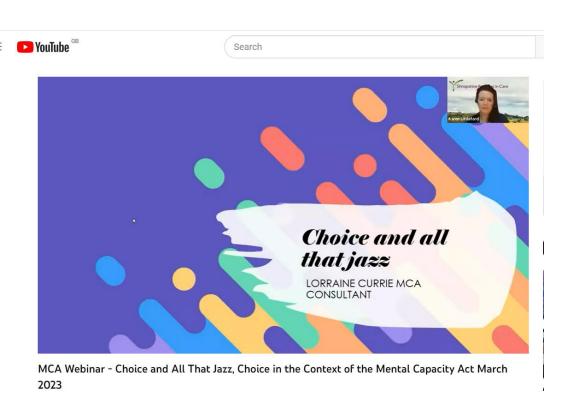
Please sign up to the video, and share with colleagues and peers, to help ensure safeguarding is core business throughout the NHS:

The video (approximately 35 minutes) is free to access but you need to sign in on the Bond Salon website NHS England and Bond Solon - Making Safeguarding Core Business

There will be key messages in this video for all managers within the adult social care sector, including human rights and equality.

Mental Capacity and DoLS Webinars and Newsletter





A SPiC Webinar Recording from March 2023.

If you were unable to attend the live webinar with Lorraine Currie, Mental Capacity Consultant in March you can now access the webinar recording on our YouTube channel 'Choice and all that jazz, Choice in the context of the Mental Capacity Act

Access the recording here:

https://www.youtube.com/watch?v=Jzj0jzpEI4A&list=PLR7h 4BzDDmvRKl8NFFtHQiRe4-HB3hRT1&index=2&t=1308s

Future MCA webinars are advertised here – Next date: 18th September PM

https://www.spic.co.uk/event-category/mca-dols/

MCA and DoLS Newsletter



Mental Capacity, Deprivation of Liberty and Liberty Protection Safeguards Bulletin December 2022

HOARDING and the importance of the cat

AC and GC (Capacity: Hoarding: Best Interests) [2022] EWCOP 39



This was an application by a local authority about the return home of AC, a 92-year-old, whose son, GC, also her main carer, had hoarding issues and where both of them lacked capacity in certain areas.

AC had a diagnosis of Alzheimer's and both she and her son (GC) had been diagnosed with a hoarding disorder. GC also had Asperger's Syndrome, anxiety and OCD. AC had been moved to a care home after an order to clean the house had been made. The local authority was concerned that AC's care and support needs could not be met in the home environment, as the volume of hoarding continued to present a serious health and safety risk. The Judge agreed that a trial at home was in the best interests of AC because it was based on "the consistency of her wishes to return, with her having such a strong sense of belonging to her home, to wanting to be where she has looked after people for three generations, where she can remember the past. I concur and add that that she has a strong desire to continue to live with her son, who moved back home to help care for her when her husband died, some 11 years ago, where she has familiar things around her, which tokes on an even greater significance with someone who is likely to have a hoarding disorder herself. There is no doubting the importance to her of her relationship with GC, nor her strong desire to become reunited with her pet cat, Jasper. It is these issues which are of magnetic importance in this case, when I bear in mind, she has lived in her home for 40 years, that she is now 92 with straightforward care needs and a limited life expectancy."

Why was this case important?

Until now we have not had clarity on what the relevant information is for an assessment of capacity in hoarding situations.

The Judge decided that the decision to be made was whether a person has capacity to make decisions about their own items and belongings, not property and affairs.

The judge also specified the relevant information for this decision.

Relevant information:

- Volume of belongings and impact on use of rooms: do belongings impair the usual function of the important rooms in the property (e.g., can they sleep in the bedroom, cook in the kitchen etc.) and to what extent.
- Safe access and use: can they safely access and use the living areas.
- Creation of hazards: do the belongings create actual or potential hazards to the resident/s health and safety. Including the impact on utilities (heating, lighting, water, washing facilities for the residents and their clothing). Direct hazards include key areas of hygiene (toilets, food storage and preparation), the potential for or actual vermin infestation and risk of fire to the extent that the accumulated possessions would provide fuel for an outbreak of fire, and that escape, and rescue routes would be inaccessible or hazardous through accumulated clutter.
- Safety of building: Does the accumulated clutter and inaccessibility potentially compromise the structural integrity and therefore safety of the building.
- Removal/disposal of hazardous levels of belongings: Is safe and
 effective removal and/or disposal of hazardous levels of accumulated
 possessions possible and desirable on the basis of a "normal" evaluation
 of utility.

Mental Capacity assessments in relation to hoarding situations involves looking at items and belongings not property and affairs

Sign up for the quarterly MCA and DoLS newsletter by emailing info@spic.co.uk and request to be added to the distribution list

If you have any MCA or DoLS questions to be addressed in a future newsletter please email them to klittleofrd@spic.co.uk

Open consultation (Home Office) Mandatory reporting of child sexual abuse

Summary - Seeking views on how a legal duty to report child sexual abuse would affect children, organisations, workplaces and volunteers. This consultation closes at 11:59pm, 14 August 2023

Consultation description - The Independent Inquiry into Child Sexual Abuse recommended that the government make it a legal requirement for certain people to report child sexual abuse when:

- they're told about it by a child or perpetrator
- they witness it happening
- they observe recognised indicators of child sexual abuse

This call for evidence is particularly aimed at people who:

- work with children
- work in law enforcement
- support people affected by child sexual abuse

Further details and consultation here - https://www.gov.uk/government/consultations/mandatory-reporting-of-child-sexual-abuse

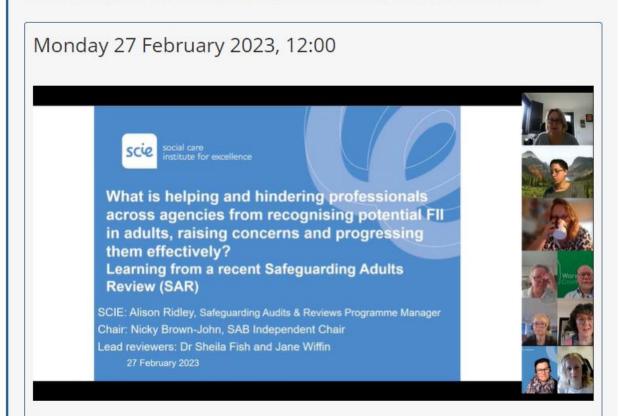


Fabricated and Induced Illness (of adults)

- Dr Sheila Fish, leading on FII for adult social care practitioners
- Jane Wiffin, Independent safeguarding consultant

Sheila and Jane were the independent reviewers for the SAR mentioned above, commissioned by Kingston SAB. See: 'Ella' SAR Executive Summary —

Webinar: Fabricated and Induced Illness



Webinar recording

https://www.scie.org.uk/safeguarding/adults/reviews/fabricated-induced-illness/webinar

Webinar Slides

https://www.scie.org.uk/files/safe guarding/adults/reviews/fabricate d-induced-illness/fii-webinar.pdf

Predatory Marriage Seminar by Daphne Franks



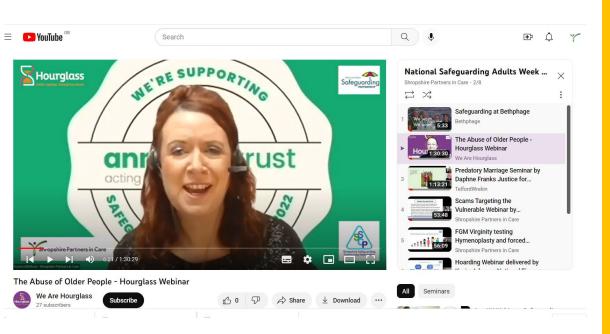
Joan Blass was 91 with severe dementia and terminal cancer. After her death in March 2016, we found that a much younger man, age 68, had secretly married her five months previously. She never knew that she was married (see <u>Our Story</u> section for full story). These events have had a devastating effect on our family both emotionally and financially. We were shocked by how few checks there were to stop this marriage taking place. We believe that there needs to be better protection against such predatory marriage to prevent this happening to anyone else.

We aim to...

- 1. Change the law such that a marriage does not automatically revoke a Will
- 2. Create an offence of Predatory Marriage, perhaps as a subset of Forced Marriage.
- 3. Publish Notices/Banns on the Internet.
- 4. Train Registrars to look for signs of insufficient mental capacity to marry.
- 5. Add a robust set of questions for registrars to ask at marriage, with clear procedures for them to follow if correct answers are not given.
- 6. Ensure Registrars will stop a marriage ceremony if there are any doubts.
- 7. Add "The marriage was fraudulent" to the permitted reasons to annul a marriage after one party has died.
- During the seminar, Daphne will talk about her personal experience of working with agencies in order to understand how it was possible for her mum to marry in secret desperate having Power of Attorney for her, a mechanism to safeguard her. She describes the lack of 'professional curiosity' within the system which ultimately failed to protect her mum from being victim of a marriage she was unaware she was in.
- Delivered by guest speaker Daphne Franks

Recording here - https://www.telfordsafeguardingpartnership.org.uk/info/4/training-events/7/training/3

National Safeguarding Adults Week (November 2022) Webinar Recordings



The playlist is available on the Shropshire Partners in Care YouTube channel here -

https://www.youtube.com/watch?v=Gc2KVbK ZUA&lis t=PLR7h4BzDDmvQzuJS1ZNV7hh18toKiTgiA&index=2& t=258s

Topics:

The Abuse of Older People - Hourglass Webinar, with Michelle Williams, Interim Service Manager, Peoples Directorate, Adult Social Care, Shropshire Council, Karen Littleford, Shropshire Partners in Care and Elizabeth Fox, Hourglass.

Predatory Marriage - Seminar by Daphne Franks Justice for Joan hosted by Telford and Wrekin Safeguarding Partnership

Scams Targeting the Vulnerable - Webinar by Professor Keith Brown, NHS Safeguarding Learning Together Week.

Hoarding Webinar - delivered by Kevin Johnson National Fire Chief Council Strategic Lead Safeguarding, NHS Safeguarding Learning Together Week

Adult Safeguarding from a social workers perspective - Lyn Romeo Chief Social Worker Adults, NHS Safeguarding Learning Together Week

MCA and LPS with Chelle Farnan and Nikki Sidgwick, NHS Safeguarding Learning Together Week.

FGM Virginity testing Hymenoplasty and forced marriage - NHS Safeguarding Learning Together Week

What Does it Mean to be an upstander rather than a bystander? -Safeguarding at Bethphage