Learning From Safeguarding Adult Reviews and Audits Webinar

Helen Rankin, Safeguarding Partnership Development Manager

Debbie Greenough, Community Safety Development Manager

Housekeeping

- Recording
- Introductions – please put your name and role in the chat.
- Cameras and microphones off unless asking a question
- Questions – chat or hands up
- Confidentiality
- Evaluation form
- Certificate – available on completion of evaluation form

Learning From Local Audit

SSP Mental Capacity Audit (2020)

Recommendations related to the following:

- ✓SSP Training offer to include Human Rights and Mental Capacity
- ✓Legal training 1 - Consent, capacity and information sharing - Swindon Safeguarding Partnership
- ✓Development of separate Self Neglect and Hoarding policies. Self-neglect – Multi-agency policy and guidance on responding to self-neglect - Swindon Safeguarding Partnership
- ✓Learning Brief around Mental Capacity decisions and the importance of recording decisions and the reasoning behind them. Mental capacity act - Swindon Safeguarding Partnership
- ✓Escalation process in relation to adults to be revised. Adults Escalation Policy - Swindon Safeguarding Partnership

Title: Mental Capacity Act

Swindon Safeguarding Partnership

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals aged 16 and over and help to safeguard the human rights of people who lack (or may lack) mental capacity to make decisions about their care and treatment. These include decisions about whether or not to consent to care or treatment. This may be because of a lifelong learning disability or a more recent short-term impairment, for example due to drug or alcohol abuse and mental ill health or long-term impairment resulting from injury or illness.

Principle 1
Everyone has the right to make his or her own decisions. Professionals should always assume an individual has the capacity to make a decision themselves, unless it is proved otherwise through a capacity assessment. In emergency situations, professionals should follow their own organisational guidelines on the MCA and how to apply it in practice, e.g. police officers.

Principle 2
Individuals must be given help to make a decision themselves. This might include, for example, providing the person with information in a format that is easier for them to understand.

Principle 3
Just because someone makes what those caring for them, or in a position of responsibility for them, consider to be an "unwise" decision, they should not be treated as lacking the capacity to make that decision. Everyone has the right to make their own life choices, where they have the capacity to do so.

Principle 4
Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.

Principle 5
Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms possible, while still providing the required treatment and care.

However, just because a person has one of these conditions it does not necessarily mean they lack the capacity to make a specific decision. Someone can lack capacity to make some decisions (for example, to decide on complex financial issues) but still have the capacity to make other decisions (for example, to decide what items to buy at the local shop).

Research in Practice brief guide access here
An easy read guide to the MCA can be accessed here

Want to find out more about the Mental Capacity Act?

SSP website

7 minute brief - Mental capacity act - Swindon Safeguarding Partnership

Toolkits for professionals:

✓Home - Capacity guide

✓The Toolkit - Mental Capacity Toolkit

SSP Training - Legal training 1 - Consent, capacity and information sharing - Swindon Safeguarding Partnership

Social Care Institute for Excellence (SCIE)

✓Mental Capacity Act 2005 at a glance | SCIE

✓Introducing the MCA | SCIE

✓MCA: Assessing capacity | SCIE

What is a Safeguarding Adult Review (SAR)?

Under the Care Act 2014, sections 44(1), (2) and (3), Safeguarding Adults Boards (SABs) must carry out a Safeguarding Adults Review (SAR) when an adult with care and support needs has died or suffered serious harm, and it is suspected or known that the cause was neglect or abuse (including self-neglect) and there is concern that agencies could have worked better to protect the adult.

SAB may also (section 44(4)) undertake a SAR in other cases concerning adults with care and support needs.

The purpose is to identify learning that can drive change that will prevent harm occurring in future similar circumstances.

Further information about the process in Swindon and local SAR's Safeguarding Adult Reviews (SAR's) - Swindon Safeguarding Partnership

Key Findings – National Analysis of SARs

Study analysed the key findings of 231 Safeguarding Adults Reviews (SARs) April 2017 – March 2019 drawing out common learning themes.

Analysis showed -

- ✓ self-neglect the most prevalent type of abuse (featuring in 45 per cent of reviews),
- ✓ neglect/omission (37 per cent),
- ✓ physical abuse (19 per cent)
- ✓ organisational abuse (14 per cent).

Differs from the pattern of safeguarding enquiry activity, in which neglect/omission features most frequently, followed by physical abuse, financial/material abuse and psychological abuse.

Learning that emerged is spread across five domains of adult safeguarding:

- ✓ direct work with the individual(s) concerned;
- ✓ interagency collaboration;
- ✓ organisational features within the agencies involved;
- ✓ SAB governance; and
- ✓ national legal, policy and financial context.

Key Message for Practitioners

- Shortcomings in practice have an immediate and direct impact upon the individual, and there is important learning for practitioners to apply to their own direct work.
- It is also the case that features in the other domains – resources and time pressures, information-sharing, case coordination, poor guidance and aspects of the national legal and policy context – can impact on direct practice.
- It is important that practitioners are alert to this and escalate concerns about ways in which their own effectiveness may be compromised.

Please refer to the Swindon Safeguarding Partnership (SSP) Adults Escalation Policy

Findings about direct practice

Most commonly noted good practice related to…

- how an individual's health needs were met and the application of Making Safeguarding Personal principles, each noted in around 25% of cases.
- Also commended were continuity of involvement, attention to care and support needs, safeguarding practice **and attention to mental capacity, each noted in around 15% of cases**.

Most commonly noted practice shortcomings were…

- **failure to attend to mental capacity and poor risk assessment/risk management, both noted in 60% of cases.**
- Failures of safeguarding were noted in half the cases,
- poor recognition of carers and inadequate attention to care/support needs and healthcare needs were each present in over 40% of cases.
- **An absence of professional curiosity meant that circumstances were sometimes taken at face value rather than explored sufficiently to reveal an accurate picture**.

Most frequently mentioned good and poor practice themes			
Most frequently mentioned good practice themes	**No. of mentions**	**Most frequently mentioned poor practice themes**	**No. of mentions**
Responding to health	56	Mental capacity	138
Personalisation	53	Risk assessment	134
Continuity	37	Safeguarding	115
Care/support	36	Working with carers	111
Safeguarding	32	Care/support	110
Mental capacity	32	Responding to health	99

Key messages for Practitioners

- When working with an individual, it is **important that practitioners pay close attention to mental capacity, carrying out capacity assessments where indicated, particularly where an individual consistently disregards high levels of risk to themselves or others**. The potential impact of impaired executive brain function on decision-making may also need to be considered.
- Explicit and comprehensive risk assessment is an essential component of practice, as is a focus on proportionate risk management.

Findings on the wider factors that impact upon direct practice

- While good interagency practice was noted in around a fifth of cases, shortcomings were widely noted, with poor case coordination and information-sharing present in almost three-quarters of cases.
- Most frequently mentioned organisational feature was pressure on staffing and workloads, present in over a quarter of cases.
- Absence of management scrutiny and of training were also noted, along with an absence of available resources, in some cases reflecting commissioning practice.
- Safeguarding Adult Board (SAB) governance, a few reports noted an absence of guidance; examples included lack of policies on self-neglect, escalation, risk and mental capacity.

Key Messages

- Factors such as poor case coordination and information-sharing, pressures on staffing and workloads, availability of commissioned resources, and absence of management scrutiny, training and guidance, compromise the effectiveness of safeguarding but they also have a direct influence on how practitioners in any one agency approach their work with an individual.
- Practitioners' awareness of these systemic factors can assist them to take appropriate actions, for example to contribute actively to interagency coordination and information-sharing, and to escalate difficulties to the appropriate domain.
- Important that practitioners learn the lessons from Safeguarding Adults Reviews, both in their own locality and elsewhere, and draw on this developing evidence base to inform their own practice.

Frontline practitioners are in a position that has huge potential to make a difference to the outcomes of safeguarding for the individuals with whom you work. Awareness of the most frequent pitfalls in direct practice can guide the enhancement of your own practice.

Learning From Local SAR’s

Swindon Safeguarding Partnership

Learning Leaflet

Safeguarding Adult Review: Terry

November 2019

Making Safeguarding Personal

Making Safeguarding Personal sits firmly within the Department of Health (DH) Care and Support Statutory Guidance, as revised in 2017 that supports implementation of the Care Act (2014). It means safeguarding adults:

• is person-led • is outcome-focused • engages the person and enhances involvement, choice and control • improves quality of life, wellbeing and safety (paragraph 14.15)

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry (Care Act, 2014, Section 42 enquiry2), but also in the whole spectrum of activity. It should focus on the person's wishes, feelings and desired outcomes. One aspect of Making Safeguarding Personal and the evidence base for working with people who self-neglect is an understanding of the person's history and how life experiences are influencing and impacting on their present situation and behaviour. It is important to demonstrate professional curiosity to understand the choices that an individual is making and what might be an underlying reason for refusal of care and support, for example. It is important to gain an understanding family dynamics and being aware of next of kin as well as those who may play an informal care and support role in the life of an individual.

Multi Agency Working

The evidence base for best practice in working with adults highlights the importance of interagency communication and collaboration, coordinated by a lead agency and key worker who oversees this work. A comprehensive approach to information sharing is important to ensure each agency/service has a holistic view of what is happening with an individual.

It is recommended that multi-agency meetings are used to pool information as well as risk and mental capacity assessments, to agree a risk management plan and to consider legal options.

Terry died in hospital in June 2019 aged 71 from liver cirrhosis accompanied by Hepatitis C.

Terry experienced self-neglect, financial exploitation and alcohol dependency in the years leading up to his death. In November 2019 a SAR was undertaken following Terry's death and key areas for learning were identified.

This learning leaflet sets out these key areas for learning. These areas have also been incorporated into the SSP strategic plan and the Learning and Development offer, the outcomes of which will be monitored to ensure they are consistent with the learning to improve frontline practice.

Mental Capacity Act and Mental Capacity

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals aged 16 and over and help to safeguard the human rights of people who lack (or may lack) mental capacity to make decisions about their care and treatment.

Additional considerations need to be made when an individual may have fluctuating capacity in circumstances such as alcohol misuse, require assessment of their executive capacity and impulse control relating to substance misuse.

It is recommended within NICE guidance to include real world observation of a person's functioning and decision making and to adopt a longer term perspective on someone's capacity rather than assessing it in a single point in time. Especially where fluctuating capacity can be related to alcohol misuse.

Research in Practice brief guide access here

An easy read guide to the MCA can be accessed here

Risk Assessing and Risk Management

A model of good practice based on research and finding from previous SARs shows that comprehensive risk assessments of individuals are advised, especially in situations of service refusal. Mental capacity assessments should form part of a risk assessment, especially of executive functioning in cases where there is shown to be medical evidence of changes in the brain which would affect this functioning.

Risks including financial abuse and coercion related to this, self-neglect and risks associated with self neglect which could include a lack of food and other necessities for daily living , refusal to rake medication or accept support services should be considered as part of a risk assessment.

Professional curiosity and assessment are fundamental when concerns occur repeatedly and when a person's decision-making maintains or increases risks of significant harm.

Self Neglect

The term Self Neglect can cover a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings. it can also include behaviour such as hoarding.

The Adult Self Neglect and Hoarding Guidance can be downloaded from our website: https://safeguardingpartnership.swindon.gov.uk/downloads/file/394/adult_self_neglect_and_hoarding_guidance

The SSP provide an e-learning course on Self Neglect for anyone working with vulnerable adults to develop an understanding of self-neglect and the complex issues that can impact a persons ability to make decisions. This training will look at how to balance addressing the issue of self-neglect with an individual's right to private life and health and how to make safe decisions. Click https://www.virtual-college.co.uk/courses/safeguarding/self-neglect

Swindon Safeguarding Partnership's Safeguarding Adult Review – Kieran

Learning from SAR Kieran

This learning leaflet sets out learning for professionals which has been identified from a SAR in respect of Kieran. The learning identified has been incorporated into the SSP Strategic plan and the evolution of the Learning and Development offer. The outcomes of which will be monitored to ensure they are consistent with the learning to improve frontline practice.

Kieran died at his home in January 2019 following a period of illness. Kieran was diagnosed with mild learning disabilities around the age of 18 and first had contact with mental health services following his father's death 3 years later. Kieran lived with his Mother until she passed away in 2002.

Kieran experienced self – neglect, hoarding, mental illness and exploitation in the years leading up to his death. Following Kieran's death a SAR was undertaken and key areas for learning were identified.

Further learning

Making sense of Mental Health problems
Personalisation
Safeguarding vulnerable adults – Level 3
Self Neglect
Understanding Mental Capacity

Exploitation

Who: A person who exploits a vulnerable adult may be a carer, friend or relative
How: They may exploit the person's money or assets
Signs: Person allocated to manage finances and affairs may be evasive, disparity between a person's finances and their living arrangements or a failure to provide receipts.

(Social Care Institute for Clinical Excellence, 2015)

Record Keeping

Good record-keeping is central to effective safeguarding. It is particularly important when you are assessing a person's capacity to make their own decisions. People benefit from records that promote good communication and high-quality care.

You should record decisions and actions that you decided not to take, as well as where an adult's finances are managed on their behalf. Records must be subject to robust and regular checks.

Mental Capacity Act and the Care Act

The MCA and the Care Act work together to promote the empowerment, safety and wellbeing of adults with care and support needs.

Both the MCA and Care Act promote independence and exercise as much control over their lives and any care and support they receive.

Any capacity assessment in relation to self-neglect or hoarding behaviour must be time specific and relate to a specific intervention or action. Best interest decisions should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family (Preston-Shoot, Braye & Orr, 2014)

Worried about an adult?

Multi Agency Safeguarding Adults online referral form
Adult safeguarding team: 01793 463555
Email: adultsafeguarding@swindon.gov.uk (M-F, 8.30-5pm)

Non Engagement

Agencies that support vulnerable adults can often find it difficult to engage with those who choose not to accept advice or attend appointments.

Every attempt must be made to engage with the adult. This could be via home visits, telephone calls or via family.

If the adult is involved with other services make contact with them to explore the best way to engage the adult.

Hoarding

Hoarding is where someone possess a significant amount of clutter that becomes unmanageable.

Extreme hoarding meets the criteria for a Mental Capacity Assessment (Hardy, 2018)

Section 11 of the Care Act gives practitioners the legal authority to conduct an assessment where section 42 threshold is met but a person with capacity is refusing an assessment. In cases of self-neglect and hoarding, this is helpful for practitioners to remember as they can undertake an assessment even if this means obtaining information, without the person's input.

SAR Alison

- Alison was a 49-year-old woman who was found collapsed in a stream in woodland near her home in July 2020. It was determined that she had taken her own life.
- Alison reported a history of trauma as well as chronic mental health problems and a pattern of alcohol misuse. She had been engaged with the local Mental Health Services for at least 25 years. Her mental health history included: anxiety and depression, a diagnosis of emotionally unstable personality disorder, self-harm episodes including cutting, burning and overdoses, alcohol abuse and drug use.
- She also had poor physical health with chronic liver disease (she was hepatitis C positive) and asthma.
- Evidence provided to the review suggests that Alison may have been subject to exploitation by her neighbours.
- In November 2021 a SAR was undertaken following Alison's death and key areas for learning were identified.
- This practice brief sets out these key areas for learning. These areas will be incorporated into the SSP strategic plan and the Learning and Development offer, the outcomes of which will be monitored to ensure they are consistent with the learning to improve frontline practice.

Title – SAR Alison

Multi Agency Approach

The evidence base for best practice in working with adults highlights the importance of interagency communication and collaboration, coordinated by a lead agency and key worker who oversees this work. A comprehensive approach to information sharing is important to ensure each agency/service has a holistic view of what is happening with an individual.

It is recommended that multi-agency meetings are used to pool information as well as risk and mental capacity assessments, to agree a risk management plan and to consider legal options. With complex and vulnerable patients, agencies should ensure that regular multi-agency meetings are taking place to put in place a risk-mitigation plan and ensure that all risks are mitigated as far as possible.

Risk Assessing and Risk Management

A model of good practice based on research and finding from previous SARs shows that comprehensive risk assessments of individuals are advised, especially in situations of service refusal. Mental capacity assessments should form part of a risk assessment, especially of executive functioning in cases where there is shown to be medical evidence of changes in the brain which would affect this functioning. Professional curiosity and assessment are fundamental when concerns occur repeatedly and when a person's decision-making maintains or increases risks of significant harm.

It is important to ensure that risk assessment procedures are regularly reviewed and training updated. When working with service users, often for extended periods of time, then can be a danger that familiarity with a service user can lead to an unjustified minimisation of the risks they pose.

Mental Capacity Act

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals aged 16 and over and help to safeguard the human rights of people who lack (or may lack) mental capacity to make decisions about their care and treatment.

Additional considerations need to be made when an individual may have fluctuating capacity in circumstances such as alcohol misuse, require assessment of their executive capacity and impulse control relating to substance misuse.

It is recommended within NICE guidance to include real world observation of a person's functioning and decision making and to adopt a longer term perspective on someone's capacity rather than assessing it in a single point in time. Especially where fluctuating capacity can be related to alcohol misuse.

Alcohol

Where alcohol misuse is part of a presentation that is leading to both significant risk and a significant impact on public services, best practice would be for relevant professionals to use the AUDIT alcohol screening tool to identify and record the level of alcohol related risk for clients. This provides a standardised and readily communicated way of talking about alcohol related harm.

Smoking

Reducing smoking among people with mental health problems is a Public Health England priority, it contributes to the worsening of lung disease but also liver disease and raises the risk of fire hazards. Smoking cessation improves both physical and mental health, even in the short term, and reduces the risk of premature death. It is important to recognise the need to address this issue with people with mental health problems.

Hepatitis C

There is an impact of Hepatitis C infection on cognitive functioning and mood. Hepatitis C has been associated with cognitive dysfunction. Roughly 50% of patients typically feel cognitive impairment, highlighting issues such as 'brain fog' and mental tiredness. These issues can interfere with people's ability to perform activities as they normally would do.

Exploitation

There will be a follow up piece of work looking at the issue of Exploitation in relation to this SAR.
The findings will be published alongside additional learning resources for practitioners.
There are some useful resources for practitioners on the SSP website in relation to exploitation and grooming developed for Safeguarding Adults Week.

Risk Enablement Panel

RISK ENABLEMENT PANEL

- The multi-agency Risk Enablement Panel (REP) has been active for approximately seven years.

- In 2020 the Risk Enablement Panel was embedded within the Community Safety Partnership/Swindon Safety Partnership Business Support Unit.

- Previous to this it was managed by the Community Safety Partnership, this was aimed to co-inside with resources from the Police and Adult Safeguarding.

- The panel was set up following the outcome of an Adult Case Review, which highlighted the need for a more coordinated approach when dealing with people who have chaotic lifestyles. There was a lack of recognised and understood multi-agency framework for case planning and decision making in Swindon which led to inconsistent and reactive practice, resulting in ineffective support to vulnerable people.

Swindon Borough Council

RISK ENABLEMENT PANEL

- Agencies in Swindon recognise that there are a small number of individuals who have multiple needs and may be at risk of significant harm but fall outside of the criteria for Adult Safeguarding investigations or who have made capacitated decisions not to engage with enquiries.

- The Risk Enablement Panel cases are often those who are marginalised by society. They are in most need of in-depth assessment due to their complex presentations but are often those who do not attend appointments at appropriate times and so are closed to services due to lack of engagement.

- Risk Enablement Panel clients often incorporate mental, psychological and/or emotional health needs, learning disability (or difficulty); drug and/or alcohol dependency; economically inactive; entrenched street homelessness, being vulnerably housed; financial and other areas of exploitation; histories of contact with the criminal justice system; physical health needs; experiences of domestic abuse and sexual violence; sexual exploitation; self-neglect and hoarding.

RISK ENABLEMENT PANEL

- These clients often fail to engage, or maintain engagement, in core services including wider health and social care services but have multiple needs and issues that can be addressed by a spectrum of public services and third sector organisations.
- The complexity of these health, social care and community safety needs often act as a barrier to engagement. It is often those with these complex needs where this threshold of engagement is beyond their level of ability and/or motivation so clients become highly socially marginalised, stigmatised and lack social supports and community integration and can become isolated from services, which may then classify them as ‘treatment resistant’, ‘intentionally homeless’, ‘hard to engage’ or ‘making unwise choices’.
- The working time with such individuals can be years due to their complexity and engagement strategies

Swindon Borough Council

Enacting, Role and Criteria for Risk Enablement Panels

- The REP process will only be enacted when all other interventions have not produced an improvement in outcomes for the individual(s) of concern.
- The role of the REP is to facilitate, develop engagement and risk management plans and monitor their effectiveness.
- The criteria for cases that can be put forward to the Risk Enablement Panel include the person concerned **being deemed to have mental capacity**, as different processes would need to be put in place if someone lacked capacity.
- Overall the Risk Enablement Panel process is about concentrating on what can be achieved, rather than what cannot, and bringing together people from different organisations to develop shared perceptions of risk.

Swindon Borough Council

Criteria

The Risk Enablement Panel is for those who are deemed to have capacity and:

- Who are at risk due to severe self-neglect/self-harm;
- With risk taking behaviours;
- Who are change resistant;
- Who refuse to engage with services;
- Who have experienced abuse by a third party but are not willing to engage in the safeguarding process or with services;
- Who are ‘frequent callers’ to services and
- Where the agency is struggling to maintain a high-risk situation as a single agency

Swindon Borough Council

Purpose

The purpose of the Risk Enablement Panel is to:

- Share information to identify, clarify and agree on risk
- Promote safety and wellbeing of high-risk adults in Swindon
- Improve multi-agency communication pathways
- Utilise the resources in Swindon more efficiently
- Develop a Risk Management Plan
- For those who are not engaging, co-ordinate a Risk Management Plan to seize the opportunities that can enable engagement and/or monitor the well-being of the person e.g. outreach opportunities, support from the community and locality input.
- Ensure any actions are covered by a legal framework or are lawful
- Improve agency accountability
- Identification of a lead/key worker
- Share risk across agencies
- Consider options that will enhance the range of possibilities available to professionals to improve the outcome for the individual.

Swindon Borough Council

Assessing Risk

This '**Risk Assessment**' process is a proactive tool that helps to identify "hazards" (something with the potential to cause harm) and assess the "risk" (the likelihood that the hazard will be realised).

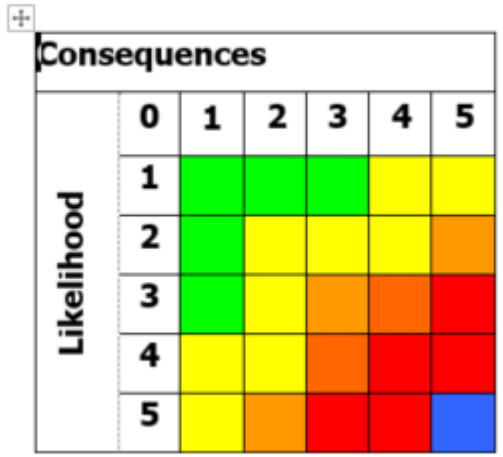
Risk Assessment is very simply the process of:

- Thinking about what harm might possibly arise from doing something
- Identify who might be harmed and how
- Evaluate the risks and identify what can be done to support people
- That we record risks and the decisions made
- We review our assessment of the risk at the appropriate intervals.
- Then look at how we judge and evaluate risks

Risk assessment will look to ensure that people are safe and not put into situations where they could be harmed, threatened, exploited or abused. There can be a delicate balance between risks that are part of living a full life and being placed at risk or in unnecessary danger.

Swindon Borough Council

Assessing Risk



1 - 3	4 - 8	9 - 10	10 - 20	20 - 25
All risks can be	Risks can be	Discuss risk	Discuss risks	Act
contained	managed but	within the	with manager	immediately
within the	will require	team consider	immediately.	Consider 999
Support Plan	either further	further	Consider Risk	call,
	assessment or	assessment	Enablement	ambulance
	monitoring	and input	Panel	and/or Police

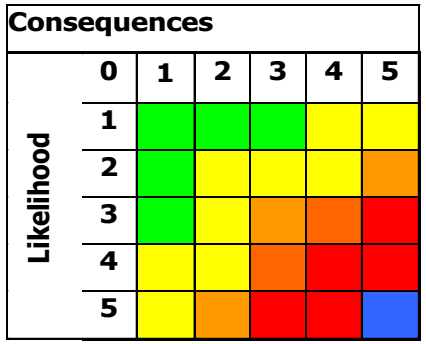
Swindon Borough Council

RISK ENABLEMENT PANEL REFERRAL FORM

1. **RISK FROM OTHERS** (Safeguarding issues. e.g. abuse, exploitation)				
Negligible	**Minimal**	**Moderate**	**High**	**Extreme**
There is no evidence of previous exploitation and the individual is able to keep themselves safe.	Risks are present, but are balanced by the individual's ability to manage these. They have a network of support. Carer and service users are comfortable with the level of risk. Situation is relatively stable.	Evidence of probable risk. Unstable or frequent changes in the situation, they need the services and/or professional input, carer/service user conflict etc. Concerns for independence. The individual's ability to manage the risks they face is limited.	Evidence of actual serious risk (current or recent) others. Safeguarding issues. Unstable situation. Vulnerable, with very little support, very few coping strategies. Major threat(s) to the independence. The need is now.	Imminent danger. Requiring immediate action. The situation requires a blue light service. Consequences of doing nothing are extremely serious.
Transitions: For young people leaving Children's Services but remain high risk (do not meet the criteria for Adult Services) can be referred via MARP Chair **Domestic Abuse:** DASH Risk Assessment to be completed. Only MARAC Chair can refer to REP for high risk DA **Adult Sexual Exploitation:** Referral to ASEP if identified only ASEP Chair can refer to REP for high risk sexual Exploitation				

Swindon Borough Council

Safeguarding / Risks	Past			Present		
	YES	NO	Don't Know	YES	NO	Don't Know
Concerns about psychological abuse						
Financial or material abuse						
Neglect and acts of omission						
Discriminatory abuse						
Institutional abuse, neglect and poor professional practice						
Religious or spiritual persecution						
Culturally isolated situation						
Transitions leaving Children's services high risk but not meeting threshold for Adult Services						
Domestic Abuse & Violence Against Women and Girls (VAWG)*						
Adult Sexual Exploitation						
Human Trafficking Modern Day Slavery						
Strengths, skills and support						

Concerns	
	 SCORE

Swindon Borough Council

- Risk of Self Harm and Suicide
- Self-Neglect and Hoarding – (including Clutter Scale)
- Risk to Others (Aggression and Violence)
- Risk to Children “All staff have a duty to protect children from harm”
- Physical
- Risk of Homelessness
- Challenges to Services

Swindon Borough Council

Case Study

Woman in 40's

Risk from others

- Assaulted by ex-partner
- Threatening Behaviour
- Probation involvement due to end
- Taken advantage of by others

Risk of Self Harm

- Polydrug use and alcohol dependent, professionals report not taking rehab placement seriously
- Possible suicide attempt
- Significant Life Event – child no longer wants contact

Risk of Self-Neglect & Hoarding

- Diagnosed DVT – self discharges from hospital
- Hoarding – Fire Service assessed 5/6 on Clutter Scale
- Failing to drink properly, using alcohol as fluid intake. Failing to eat properly. Lack of positive social contacts. Difficulty in managing physical health. Experiencing financial difficulties.

Swindon Borough Council

Risk to Others

- ASB – urinating in town centre, drunk and disorderly
- Low level common assault
- Stated will resort to committing crime to get support needs from Mental Health and Substance Misuse services

Physical

- Risk of accidental injury inside and outside the home when intoxicated
- Risk of Alcohol Related Seizures, Risk of untreated DVTs

Risk of Homelessness

- Property owned by family – ASB concerns

Challenges to Services

- Negative behaviours are escalating - Services struggling to engage/support
- Differing reports of behaviours have been reported to services. - No clear picture of current risk
- Fluctuating capacity due intoxication - Making unwise decisions
- Frequent Hospital Self Discharges - Will often self discharge before medical treatment can be completed by GWH staff.
- Not engaging with Turning Point and the Tier 4 Pathway for Detox and Rehab - Has been offered a number of appointments where she does not attend, or attends and remains outside drinking.
- High number of calls to police - Calls found to be inappropriate on response

Swindon Borough Council

Actions:

- Identified Keyworker
- Keyworker took on responsibility of GP, GWH and Turning Point appointments
- Injunction served to stop entering town centre
- Referral to MARAC for DA
- Referral to Livewell Hub regarding hoarding
- PCLS appointment organised
- PCLS and Turning Point to link regarding Dual Diagnosis Panel/Meetings
- Turning Point liaise with GWH to organise Detox when comes into A&E
- GWH Safeguarding update REP when comes into GWH
- PCLS identified an outstanding Section 117
- Broke Injunction
- Went to Prison – received Detox and Rehab in Prison
- Was hospitalised after sentence
- Moved into the care of PCLS under the Section 117
- Closed to REP

Swindon Borough Council

- With the support of agencies, commissioners, legal team and the Police case the next steps would have been to escalate to Heads of Services as Prison was the ideal opportunity to support with Rehab and Detox.
- Access the REP policy, procedures and guidance and the risk assessment/referral form:

Risk enablement and positive risk taking policy, procedures and guidance - Swindon Safeguarding Partnership

Swindon Borough Council

Any Questions?

Debbie Greenough
Community Safety Development Manager

Community Safety Partnership
Swindon Borough Council

Mobile: 07966778577
Email: dgreenough@swindon.gov.uk
Riskenablementpanel@swindon.gov.uk

Swindon Borough Council

Other Useful Resources

- ✓Safeguarding Adult Reviews: reports and learning leaflets Safeguarding Adult Reviews (SAR's) - Swindon Safeguarding Partnership
- ✓SSP A - Z - adult policies and procedures
- ✓SSP Adult safeguarding policy and procedures - Swindon Safeguarding Partnership
- ✓SSP Self-neglect – Multi-agency policy and guidance on responding to self-neglect - Swindon Safeguarding Partnership
- ✓SSP Adults Escalation Policy - Swindon Safeguarding Partnership
- ✓Swindon - Threshold E-guidance | Swindon Borough Council
- ✓SSP 7 Minute Briefs/Practice Briefs: 7-minute briefs and learning resources to improve practice - Swindon Safeguarding Partnership
- ✓SSP Training adults and children Training Information - Swindon Safeguarding Partnership
- ✓Further information on the LGA - Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 (LGA)

Please complete the evaluation form

Course evaluation form - Learning from safeguarding adults reviews/audits

If you require a certificate of attendance you can download this after completing the evaluation form. Please see the guidance Requesting a certificate for attending SSP training - Swindon Safeguarding Partnership