Issue 18: Dec 2022

Newsletter

Working in partnership to enable adults in Somerset to live a life free from fear, harm or abuse

This is the 18th edition of the Somerset Safeguarding Adults Board (SSAB) newsletter, and we hope those who have received copies since its launch continue to find it a useful resource and an interesting read.

To all our new subscribers who have recently signed up to receive copies of our newsletter, a very warm welcome and our thanks for your interest in being part of our local safeguarding community in Somerset.

We always welcome any suggestions for improvement, requests for future content or any contributions you would like to make.

In this issue:

We would like to wish all our readers and subscribers a very Merry Christmas, and a happy and healthy New Year

News from the SSAB

There have been a number of developments since our last newsletter was published in June 2022, particularly in relation to Board staffing.

- Firstly, the Board is preparing to say **thank you and farewell to Keith Perkin**, who is coming to the end of his tenure as Independent Chair after 3 years in post.

  Keith joined the partnership in January 2020, shortly before the COVID-19 pandemic emerged, and has led the Board very effectively through a number of challenges, including significant demand and workforce capacity pressures on public services caused by and consequent to the pandemic.

A message from outgoing Independent Chair, Keith Perkin

'Recently I have had the opportunity to present the SSAB Annual report to both Somerset County Council Adults & Health Scrutiny Committee & the Somerset Health & Wellbeing Board. In both meetings I ended by thanking the partners of the Somerset Safeguarding Adults Board for their commitment & professionalism in safeguarding the most vulnerable in our society.

As I come to the end of my 3-year term I would like to directly thank you all for what has been arguably the most challenging period in adult health & social care.

As I reflect back, I started my role as Independent Chair in early 2020. Little did I know what was to happen over the next few weeks and how this would have life changing effects on us all. The coronavirus pandemic tested us all immensely, but you can be proud of how you came together to support & protect those that need support. Strong partnerships are built on people coming together when such challenges face us.

I have also found that the partnership has been keen to seek ways to continually improve in safeguarding practice. Lead reviewers have enjoyed working with a group of people that positively engaged in safeguarding adult reviews, and who have contributed to recommendations. Such learning & improvement is best embedded when identified by those directly working & who have understanding of working with people with care & support needs.

At our last Board, we had the privilege of listening to Willie talk to us about his experience of the safeguarding service he had received and how this had changed his life. I know this is just one example where people's lives have improved due to the direct work you are providing on a daily basis. Yes, we are getting better data to help us understand where we improve, but to hear people like Willie and the comments from other forms of feedback can tell us a lot more.

As we near the end of the year I would like to wish you and your families a merry Christmas & a Happy New Year, and wish you & the partnership well as you enter a new year.'

Keith Perkin, SSAB Independent Chair

- Recruitment activity has taken place for a replacement Chair, and we are pleased to announce that the Board will be welcoming Professor Michael Preston-Shoot as its new Independent Chair later in January 2023. Michael is a leading authority nationally on Safeguarding Adults Reviews (SARs) and on self-neglect. He is also a leading authority on law for professional practice and is well known as a social work academic. Michael brings considerable experience in adult safeguarding as a SAB Independent Chair, author of SARs, and as a trainer/consultant. More recently, Michael has focused on adult safeguarding and multiple exclusion homelessness, and on adult safeguarding with people who are alcohol dependent. We look forward to welcoming Michael in the New Year and continuing to progress the work and value of our multi-agency partnership.
- The Board also **warmly welcomes a new, interim Board Manager, Natalie Green.** Natalie is holding the Manager position through to end of March 2023 whilst Stephen Miles is seconded into a Strategic Commissioner role within Somerset County Council. You can read more about Natalie, her background and initial reflections from her time in post in the Business Manager's blog on p11. We also hope to welcome a new administrator to support the work of our Board in early 2023.
- The publication of our **Annual Report 2021/22:** Our annual report was finalised in the summer and has since been widely promoted. It has also been presented to the Council's Scrutiny Committee and Health & Wellbeing Board. To read our report in full, visit:

Annual Reports – Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)

The work of the Board during 2021/22 continued to be impacted by the need for member organisations and the SSAB Business Unit to prioritise their capacity and response to the pandemic, and the associated health and care system pressures arising from it. Despite this, our partner organisations have demonstrated significant commitment to continuing to protect people's right to live in safety, free from abuse and neglect. Of particular note within our Annual Report:

- Somerset has seen a declining rate of safeguarding concerns, contrary to national trends, and fewer safeguarding enquiries as a result. Analysis suggests that this is a direct result of the significant work undertaken over recent years to improve understanding of safeguarding criteria, and to more effectively triage or re-direct the previously high number of 'inappropriate' safeguarding contacts to more suitable settings or teams. The Board has convened a task and finish group to review this in more detail, working closely with Somerset Direct (the Council's front door/call centre), and colleagues from business intelligence and operational teams to confirm that both reporting and recording, and practice and assurance, remains where we need and expect it to be.
- In common with national trends, the majority of individuals involved in a safeguarding enquiry here in Somerset are over 65 and female. The most common risk type is 'neglect and acts of omission', followed by physical abuse, and financial or material abuse. The most common location where people were identified as being at risk continues to be a person's own home, followed by a residential care home

- Somerset is proud of its commitment to 'Making Safeguarding Personal' and continues to secure valuable feedback direct from service users, carers and advocates via its safeguarding questionnaires developed in partnership with Healthwatch Somerset. As of end of March 2022, satisfaction levels were highest from service users (100% satisfied with the outcome of the safeguarding work), followed by IMCAs/Advocates (88%); more could be explored to enhance the experience of friends/relatives/carers in safeguarding activity (50% satisfied with outcome), particularly where younger adults are involved. Direct feedback quotes have included:
- *"My negativity, which was total, has been transformed to positivity which has never happened before in my life"*
- *"An overwhelming sense of wanting to ensure my mother was in safe hands – nothing was beyond debate to achieve this goal" "I have the full picture – one that allowed me to make an informed decision about how best to proceed. Nothing was forced on me".*
- *"Sam and the team brought life into my life and made me feel better···I am very happy with the friendliness and support that has been provided to me. They have listened and done everything they can, and now it is up to me to make my future life work".*
- The SSAB continues to raise the profile of adult safeguarding and share best practice via its website, social media channels and internal/external newsletters and briefings. The Board led a regional webinar on 'Promoting Safer Cultures' during National Safeguarding Adults Week in November 2021 and a webinar on 'Professional Curiosity' in March 2022. New public facing materials on Mate Crime have been developed via the SSAB's Policy and Procedures subgroup, alongside the adoption of a short animation to help people understand what good friendships are, when they might be harmful and what people can do to reduce their risk of exploitation – *see Px Tricky Friends.*
- The SSAB coordinated an annual organisational self-audit of effective safeguarding activity and, more recently, conducted a repeat SSAB Effectiveness Survey of its members focused of the nationally-agreed characteristics of well-performing and ambitions safeguarding partnerships. The survey identified a range of strengths (including Board culture and leadership, proactive and responsive safeguarding activity, and clear policies and protocols) as well as some opportunities for future development and continued attention (including improving service user/carer involvement and influence, and seeking more opportunities to prevent abuse and neglect from occurring).
- One Safeguarding Adults Review was published during 2021/22 ('Matthew'). However, in common with the national and regional picture, Somerset has seen a rise in SAR referrals and is progressing a number of other reviews and debriefs.
- The Board most recently met on 13th October 2022. Agenda highlights included:
  - **Listening and learning**: hearing Willie's lived experience of safeguarding support alongside his social worker, Sam, and reflecting on the complexities of self-neglect and hoarding. Willie's story highlighted the immense value of having continuity of support, and an appreciation of self-neglect not having a 'quick fix' but requiring a truly person-centred approach to building trust and a positive relationship.
  - The review of two **draft Safeguarding Adults Reviews** (SARs): Verbal overview provided by independent author of both SARs, prompting discussion and recommendations from members. Reports agreed without amendment and plans for sign off and wider

promotion confirmed. Themes included transitional safeguarding, homelessness and corporate parenting.

The Board's next meeting is on 14th February 2023.

- The Board is currently preparing for its **annual Conference** which will be held on 2nd March 2023 and has secured a number of high-profile keynote speakers – *please **save the date** and look out for more detail about how to book your place in the coming weeks:*

SOMERSET SAFEGUARDING ADULTS BOARD

Annual Conference
Thursday 2nd March 2023

Canalside, Marsh Lane, Bridgwater,TA6 6LQ

'Making Safeguarding Personal'

With Keynote Speakers

Professor Michael Preston-Shoot

And Dr Adi Coope

Safeguarding Adults Week – November 2022

Safeguarding Adults Week 2022 took place Monday 21st – Sunday 27th November 2022 and was a fantastic national opportunity for organisations to come together to raise awareness of important safeguarding issues.

The aim was to start vital conversations and share best practice so we can all be better together.

This year's theme was focused on exploring how we better respond to contemporary safeguarding challenges.

You can find lots of helpful links, resources and information via the Ann Craft Trust website:

Safeguarding Adults Week 2022 - Links, Resources and More - Ann Craft Trust

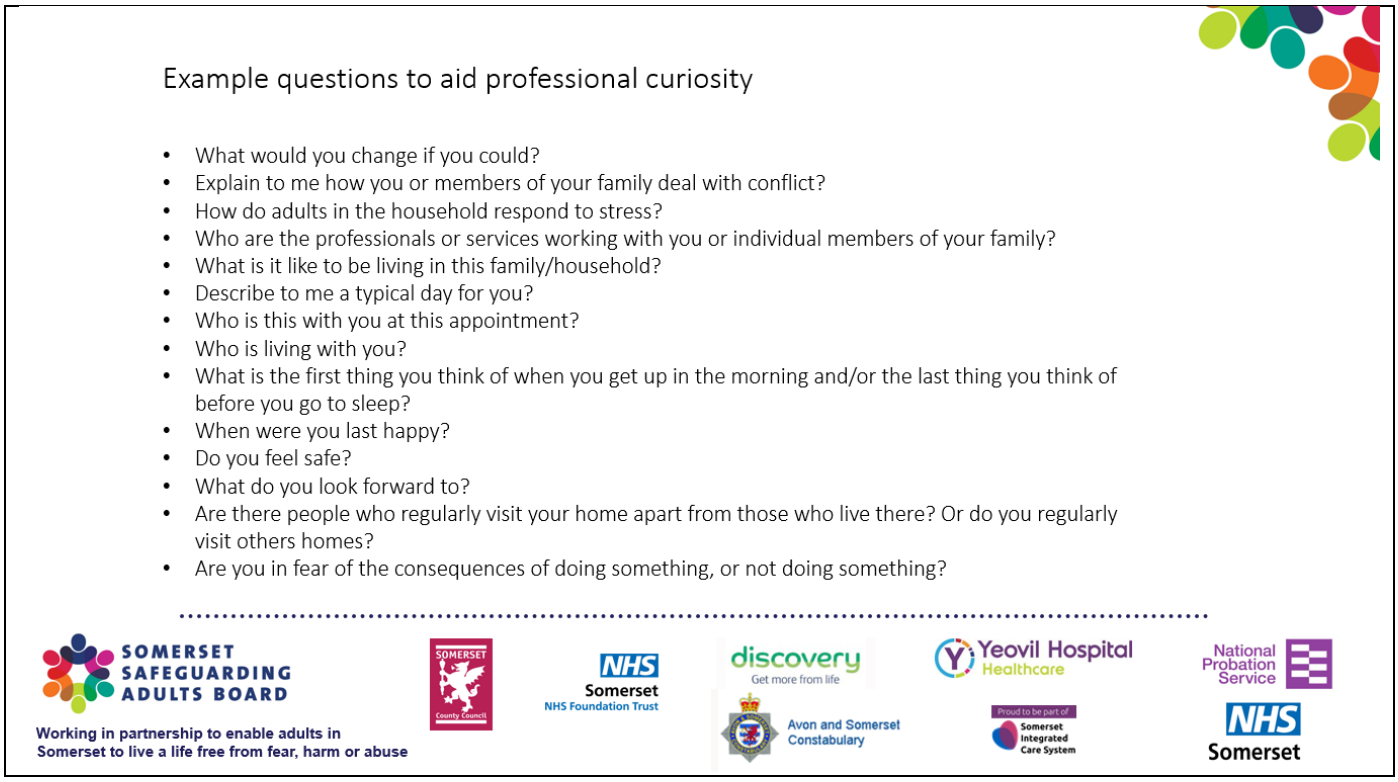
Here in Somerset, we combined with other Safeguarding Boards across the Avon and Somerset region and hosted a week of free, virtual webinars covering the following topics:

- Monday 21 November: Adult Exploitation
- Tuesday 22 November: Self Neglect
- Wednesday 23 November: Safeguarding in everyday life
- Thursday 24 November: Elder Abuse *Led by Somerset*
- Friday 25 November: Domestic Abuse and technology.

As outlined in the infographic overleaf on p7, overall:

- **779 people attended the lunchtime workshops from across the 5 Board areas.**
- **94% said the sessions delivered were excellent or very good.**

Many thanks to Somerset's multi-agency Task and Finish Group who progressed our contribution to Stop Adult Abuse Week 2022, sharing learning on elder abuse prevalence and practical tips and tools to aid professional curiosity.



All recordings are now available on our regional page:
(Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)

‘We See You – We Hear You’ Excellence Awards, November 2022

On 25 November 2022, professionals involved in supporting adult safeguarding activity came together to celebrate the national Safeguarding Adults Board ‘We See You – We Hear You’ Excellence Awards. Nominations were invited during the summer for professionals and teams across England who have gone above and beyond, and who demonstrate an outstanding commitment to safeguarding adults and their families.

The awards were judged by a panel of Safeguarding Adults Managers and Safeguarding Adult Board Managers from across the country, and sought to recognise inspirational people or teams who:

- Go above and beyond
- Share their skills and expertise
- Overcome barriers to make a real difference, and
- Work in partnership with others.

A number of staff across Somerset’s Adult Social Care service and safeguarding partnership were formally recognised across the award categories with:

- Samantha Upham (Social Worker) nominated in the Empowerment Champion category for her work supporting a gentleman who had been self-neglecting
- Kelly Robinson (Social Worker) nominated in the Proportionality Champion category, for being balanced in her approach to ensure the least intrusive response
- Multi-agency system colleagues involved in a recent Whole Service Safeguarding Concern response at a Nursing Home, nominated in the Partnership Champion category, and
- Jess Rogers (Social Worker) and Louise White (Service Manager), both of whom were individually nominated in the Accountability Champion category.

We were delighted to see Louise White recognised as overall winner in her category, with the nomination including:

> *‘Louise is one of those rare individuals who recognise that the little things are in fact the big things; providing an enormous amount of support, care and consideration for those around her, whilst at the same time holding herself and others to the very highest of expectations in the delivery of fundamental social work values and ethics. It's these inherent qualities that make her such an effective and impactful team leader. Louise is a firm believer that 'the standard you walk past is the standard you accept', and this is reflected through the rigour and attention with which she focuses her safeguarding work and the development of her team”*

In accepting the award, Louise said:

> *‘It is an honour for my peers to nominate me for this award. I am touched, thank you. The awards really do showcase some very special people. The calibre of nominations this year was very high and all candidates should celebrate the work they do and the difference they make. Safeguarding Adults needs a greater platform in society to help eradicate abuse, and*

support those who really need our support. Supporting these awards helps raise the profile of the work we all do to reduce adult abuse. Ending Stop Adult Abuse Week on a high, I encourage you all to 'be more meerkat' & question all you see'

Mel Lock, Director of Adult Social Care, said:

For Louise to have her compassionate practice, dedication and hard work recognised and celebrated by her own sector on a national scale is a most fitting tribute to the impact she has made here in Somerset. She is a modest individual who does not seek the limelight, but instead quietly demonstrates - on a daily basis – an enduring commitment to doing her job to the very best of her ability and empowering those around her to do the same.

Louise's success comes on the back of her nomination in the national Social Worker of the Year awards: Somerset social workers shortlisted for top national award | Somerset County Council Newsroom (somersetnewsroom.com) and rounds off a successful Safeguarding Adults Week of events and workshops to raise awareness of how to recognise, respond and report concerns of abuse or neglect.

For more information about Adult Safeguarding in Somerset, including practical information and guidance, visit: Somerset Safeguarding Adults Board – Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)

If you're interested in joining our Adult Safeguarding Service as a Social Worker, visit: Job (somerset.gov.uk)

Award recognition for Somerset County Council Safeguarding staff | Somerset County Council Newsroom (somersetnewsroom.com)

Tricky Friends Animation (Mate crime)

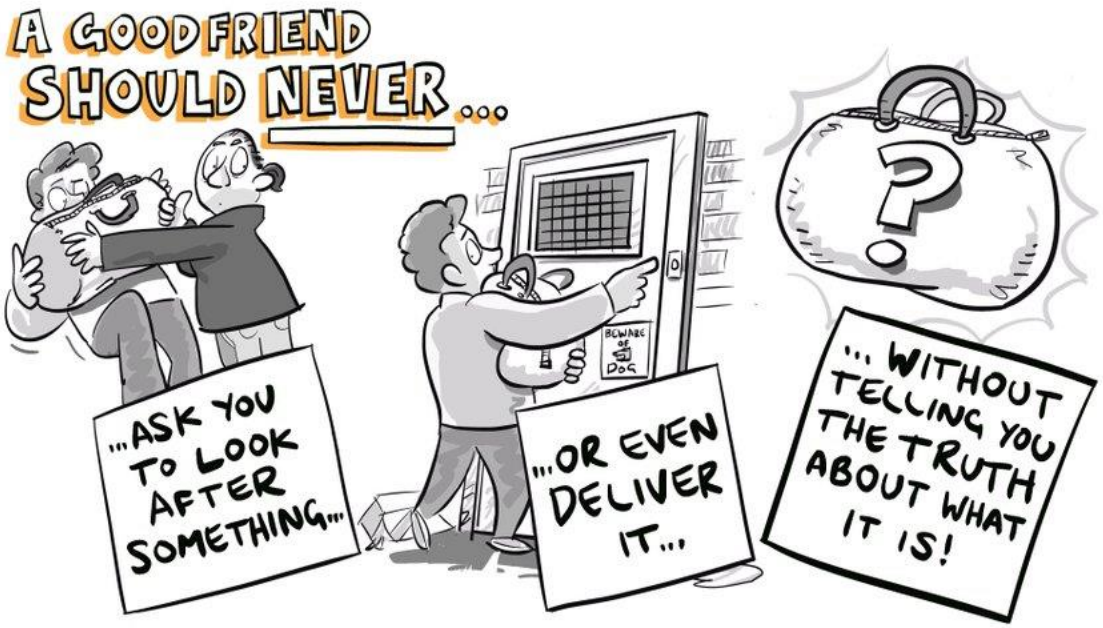
Tricky Friends is a short animation developed by the Norfolk SAB to help people to understand what good friendships are, when they might be harmful, and what they can do.

It is important that people with learning disabilities and autism, those who have cognitive difficulties, and children and young adults have positive opportunities to make and maintain friendships.

The animation hopes to raise awareness of the risk of harm and exploitation in groups who may be less able to recognise the harmful intentions of others.

Norfolk SAB hopes this will help people to think about the issues, to start conversations and keep them safer while enjoying friendships.

It is only 3 minutes long and can be used with or by anyone - carers, family, organisations, groups. To view the animation visit: **Norfolk Safeguarding Adults Board Youtube page**



What to do if it's not safeguarding?

We know it can sometimes be confusing or unclear to know how to respond to concerns or worries about a person where a formal safeguarding referral or enquiry process is not appropriate or accepted.

To help in these situations, Somerset Safeguarding Adults Board has developed clear supporting guidance to promote a joint approach to the assessment and management of risk to adults with care and support needs across organisations where the person has complex needs, but use of the Somerset Safeguarding Adults Board Adult Safeguarding Decision Making Tool has determined that a safeguarding referral is not required or where, following referral, it has been determined that a statutory or non-statutory safeguarding enquiry under the Care Act (2014) is not required.

It is intended to:

- Identify what individual organisations must do before considering this approach
- Identify the circumstances in which there is a need for a structured partnership approach;
- Identify a lead professional;
- Clarify the role of agencies and professionals.

The approach outlined in this document is intended to only be used in the specific circumstances outlined below.

Unless there is a is a good reason not to, this guidance must be read with the assumption that the person will be aware that there are multi-disciplinary discussions taking place and that they are involved in these discussions, including being invited to participate in any meetings.

- What to do if it's not Safeguarding Guidance
- What-to-do-if-it's-not-Safeguarding-Guidance-Appendix-1
- What-to-do-if-it's-not-Safeguarding-Guidance-Appendix-2

Business Manager Blog

I am so pleased to have joined the SSAB as the Interim Business Manager.

Having been part of the Somerset West and Taunton District Council for the last ten years has given me an in-depth understanding of local authorities and the systems that they follow.

I have always had a keen interest in safeguarding, having been a member of the Client Finances Team and a safeguarding champion throughout my time in local authority, this role will give me the opportunity to take this forward.

The strong partnership working across Somerset is extremely evident and after only a brief time in post, I have been part of the team presenting on Elder Abuse at the Stop Adult Abuse Week, part of the Safeguarding Adults Week – *see pX for more information.*

As we head into the darker days of Winter, it's really important to look after each other and yourselves. We have advice, through our webpages at SCC, Getting ready for winter (somerset.gov.uk) of how to prepare for Winter and will tweet updates through our Twitter feed @SomersetSAB.

These are exciting times for Somerset SAB, having just completed the selection of its next Independent Chair, we are excited to welcome Michael Preston-Shoot in the New Year. His wealth of experience within adult social care and chairing of several boards, will lead the SSAB forward and will look ahead to the future and how we spread the knowledge of safeguarding across all sectors of society.

We have our Somerset SAB Conference preparations in full swing, with 2 key speakers confirmed and a day full of valuable presentations, under the Theme of Making Safeguarding Personal. All partners are working to provide a highly valuable day of informative sessions, some interactive and some choices of breakout sessions to cater for specific areas. I am looking forward to meeting lots of you there, our first conference in 3 years!

I have been impressed by the number of organisations that contribute to the safeguarding of those in our communities and would like thank everyone who has, and continues to, support and protect adults at risk. I look forward to working with you all going forwards.

Natalie Green, Interim Business Manager – Somerset Safeguarding Adults Board
natalie.green@somerset.gov.uk

Have you been out at a Christmas party recently?
Did your partner or someone close to you give you hard time? Phoning you? Texting all the time?
You could be in an unhealthy relationship, and you don't need to put up with it.
Help is available www.somersetsurvivors.org.uk or 0800 69 49 999
Find out more about unhealthy relationships: https://somersetsurvivors.org.uk/10-signs-of-an.../

Domestic abuse thrives on silence and it usually happens behind closed doors.
Don't stay silent this Christmas, help is available and it always will be.
You will be believed and supported.

ORANGE BUTTON INITIATIVE – SUICIDE AWARENESS

The Orange Button scheme is a community-based suicide awareness scheme.

The Orange Button is a way of identifying people in the community who are ok to say/hear the word suicide, listen nonjudgmentally and signpost to support locally.

The badge is worn by people in Somerset who have undergone quality assured Mental Health or Suicide Prevention training: whilst they are not able to counsel people, they can help signpost to relevant local services.

Linked to this, Every Life Matters – Somerset have made available a free to access online Suicide Alertness course. At the heart of the approach to suicide prevention is the belief that all members of our local community can have a part to play in suicide prevention.

The training aims to reduce the stigma attached to suicide, increase understanding of when someone is at risk of suicide, raise awareness of how to practically support someone, and the range of services and resources available for people in our communities experiencing suicidal thoughts.

Undertaking this course or similar programmes such as the ASSIST suicide awareness and intervention course will enable you to join the Orange Button scheme.

Please find a link to the free Half Day online training: https://www.eventbrite.co.uk/o/every-life-matters-somerset-42223065913

Learning Lessons – National SARs

Published SAR - Durham Safeguarding Adults Partnership

Whorlton Hall was an independent hospital in Barnard Castle, County Durham, run by Cygnet Healthcare who took operational responsibility from January 2019 following acquisition of Danshell services in August 2018.

Whorlton Hall was registered with the Care Quality Commission (CQC) for two regulated activities, namely: 1 Treatment for disease, disorder or injury, 2 Assessment or medical treatment for persons detained under the Mental Health Act 1983; and Whorlton Hall admitted men and women with a learning disability, and/.or who were autistic, who were age 18 years and over and who may have had additional mental or physical needs and behaviours that challenged. In May 2019, there were 13 patients at Whorlton Hall, their placements commissioned by 10 Clinical Commissioning Groups from different areas. Two other people were discharged from the hospital just months earlier.

The Safeguarding Adults Review (SAR) was triggered by concerns raised following the British Broadcasting Corporation (BBC) Panorama Programme on 22nd May 2019 which alleged2 psychological and physical abuse of people living at Whorlton Hall by people who should have been caring for them. Following the programme, staff were immediately suspended, all the 13 people living there were moved to other care settings and Whorlton Hall was closed.

Individuals have been charged with criminal offences (ill-treatment or wilful neglect of an Individual by a Care Worker) and currently await trial. Precautions have therefore been taken in writing the summary to avoid prejudicing the criminal proceedings.

Published SARs - Safeguarding Adults Executive Board (saeb.org.uk)

Annie was a lady with learning disabilities that passed away due to late detection of bowel cancer. A lot of work has been undertaken in the Bi-borough in response to this review to improve the pathways and processes for annual health checks for adults with learning disabilities as well as a review of reasonable adjustments across community and acute sectors in relation to high areas of risk for adults with learning disabilities, including bowel cancer, coronary heart disease and epilepsy.

Joan passed away at the age of 88 after experiencing a significant and rapid decline in her health over the last year of her life. The review examines hospital admissions and concerns about discharge arrangements and services set up to meet her needs. Joan's family were able to offer powerful insights regarding their experiences. They want Joan's legacy to be that the learning from this case, means that other adults in similar circumstances should not face the same shortfalls in care and support.

Learning Lessons – Local (Somerset)

1) 'Mrs L' (Somerset)

Background

A report was published by the Somerset Safeguarding Adults Board on 16/08/2022 and documents the events leading up to Mrs L's death (pseudonym), in August 2019.

Mrs L was in her late seventies, and the incident occurred when a controlled medicine which she was prescribed was not included with her other medication when she moved from a care home in Somerset to one in another area of the South West. • The move was due to it being determined that Mrs L needed the support of a specialist provider, and in the period prior to the transfer she was being supported by an external agency which was working alongside care home staff.

Mrs L's family felt that the reasons for the transfer were not fully explained to them at the time. There was approximately a 4-month period between the need for a new care home being identified, and the move taking place.

Following the move there was a delay in Mrs L being registered with a new General Practitioner (GP), having been deregistered from her Somerset GP. This resulted in a delay in her being prescribed replacement medication.

Key considerations for practice identified in the review

Communicating about changes

The move took place relatively quickly after a best interests meeting had been convened with the intention of reducing her anxieties. It is important to ensure that there is appropriate and clear communication about why a change is needed, the proposals and decision-making process with the adult and those who are important to them/involved in decision making.

Pre-admission checks

When someone is moving between care homes, information must always be shared, ideally electronically, by the outgoing care home with the new one under their duty of care to the adult and recorded. This should aways be as early as possible once the arrangements for someone to move to a care home have been agreed in order to allow appropriate planning to take place. All care homes should use pre-admission checklists to support staff in ensuring that essential information is gathered about the adult.

Medication Policy

All care homes should have a Medication Policy that includes how information about an adult's medications, and the medications themselves, must be recorded and shared if they are moving to a different care home. • The policy should include information about how any unused medications should be disposed of.

Checking medication prior to a transfer between care homes

The transfer of any adult, their belongings and medication between two care homes must be seen as a **shared responsibility** by both care homes. Prior to the transfer taking place, the outgoing care home should check to ensure that there is sufficient medication remaining to cover the time needed

to register with a new GP, and agree arrangements to obtain any additional supplies with the new care home if necessary. At least 24 hours before transfer, the outgoing care home must share a list detailing an adult's medication. Both care homes must be working with the same information about medication.

Registering with a new GP

While changes to GP registration are instantaneous, and therefore cannot be undertaken in advance, Care Homes must ensure that they have the information required to complete the adult's registration with a new GP before an admission takes place. The adult must then be registered with their new GP on either the same or, if the admission is after it has closed for the day, the next working day for the GP Practice following the admission. All care homes should ensure that they have an NHS email address to enable secure communication with GPs. Where, as in Mrs L's case, an adult requires a medication urgently after a transfer has taken place this should be made clear to the new GP as this should enable them to request the details be disclosed by their previous GP under the duty of care element of the Caldicott Principles.

Further information

Read the review

Somerset Safeguarding Adults Board: Safeguarding and Medicines Management: Guidance for Providers

2) 'Susan' (Somerset)

Background

A report was published by the Somerset Safeguarding Adults Board on 16/08/2022 and documents the events leading up to Susan's death (pseudonym), in November 2017.

Susan was middle-aged and had a significant health condition that required daily medication. She lived with a close family member in Somerset. The family member strongly disagreed with medical professionals about the diagnosis and treatment of Susan's health condition, which they also expressed to the SSAB when contacted. However, as part of the SAR process the SSAB requested that her medical records be reviewed, which concluded that the diagnosis was correct.

Following concerns that Susan's family member might be withholding her medication, or coercing her not to take it, it was arranged for a care provider to support her with this. This was self-funded. However, Susan continued to experience a number of hospital admissions related to her health condition.

During approximately the last six months of her life, some professionals began to raise concerns that Susan might be a victim of domestic abuse. During this time Susan's family member cancelled her care, her social worker left their role, and she was not allocated a new one as she was considered to have a relatively low-level of care and support needs, and had been self-funding the visits from carers.

Key considerations for practice identified in the review

Alleged coercion and control experienced by Susan

While Susan's death predates the Domestic Abuse Act (2021), the information considered by the SAR portrayed a high level of alleged controlling behaviour by a family member over time. All

professionals should ensure that, if there are concerns about potential coercion and control (or any other form of abuse) taking place, attempts should be made to speak to the person on their own about the issues of coercion as well as the presenting medical issues. If there are differences in opinion between professionals and family members who are alleged to be using coercive and controlling behaviours (or any other domestically abusive behaviours) to influence someone, then multi-disciplinary meetings should take place so that decisions are informed by the whole multi-disciplinary team.

In Susan's case some professionals appear to have based their decisions on information received from Susan and her family member. Professionals themselves should guard against being coerced in to accepting explanations that do not fit with other information and use professional curiosity, rather than accepting information on face value.

Susan's capacity to make decisions in relation to her medication

While it was correct to conclude that Susan was not eligible for an authorisation under DoLS based on her medical condition, it was incorrect to assume that this therefore meant that she had capacity in relation to decision making about her medication. As a result, her capacity in relation to this was never formally considered.

If there is a belief that a family member may be misinformed about a condition then, with the person's consent, attempts should be made to talk to the family member about this or invite them to a multi-disciplinary team meeting, so that their concerns can be considered in the context of other information that is available.

Pharmacies should have guidance in place to alert a patient's GP if prescribed medications that could result in poor outcomes, if not taken, are not being collected.

The multi-agency response

In Susan's Case the multi-agency response was fragmented and characterised by multiple missed opportunities to jointly consider and respond to concerns that Susan may be experiencing coercion and control.

The withholding of medication is a recognised form of physical abuse that is directly referenced in Care and Support Statutory Guidance, however, this was not adequately recognised by the professionals involved in Susan's care and support. The result of this was that, when concerns were raised, they were either not followed up on at all, or where they were it was not as a safeguarding concern.

Professionals, and organisations with safeguarding responsibilities, should ensure that concerns about abuse are considered. A change in patterns of behaviour should trigger an escalation and the convening of a professionals meeting.

Further information

Read the review

Local: Domestic Homicide Reviews

You can read Domestic Homicide Reviews and case summaries published by the Safer Somerset Partnership here: **Domestic Homicide Reviews – Somerset Survivors**

Learning from SSCP

We encourage our readers to have a look at the latest Learning Bulletin from the Somerset Safeguarding Children Partnership (SSCP), **'Newsletters and Learning Bulletins',** which in their November edition includes a spotlight on updates to the Prevent Duty, SSCP multi-agency document updates, information about training opportunities, and key learning from recent partnership activities.

Local & National News and Information links

- Somerset 'warm welcome' spaces opened across county (Dec 2022)
- Employers' toolkit launched to help tackle domestic abuse (Nov 2022)
- Who I am Matters: CQC Report on experiences of being in hospital for people with a learning disability and autistic people (Nov 2022)
- Disability Hate Crime in Somerset (Nov 2022)
- Somerset joins network to offer better support to most vulnerable residents (Nov 2022)
- Award recognition for Somerset's Leaving Care Team (Nov 2022)
- 10 signs of an unhealthy relationship (Nov 2022)
- Adult Social Care in Somerset – Have Your Say Consultation (Closes 2/1/23)
- CQC State of Care Annual Assessment (Oct 2022)
- Somerset's Homelessness Health & Wellbeing work runner up in national awards (Oct 22)
- SafeLives report: The Unseen: Blind and partially sighted people's experiences of domestic abuse (Oct 2022)
- Women's aid: Impact of cost of living crisis on survivors of domestic abuse (Oct 2022)
- Somerset Council Customer Services Team named best in South West (Oct 2022)
- Multi-agency safeguarding and domestic abuse paper (Sept 2022)
- RCN Older People in Care Homes: Sex, sexuality and intimate relationships (Sept 2022)
- Building the right support for people with a learning disability and autistic people (Aug 22)
- MPs raise modern slavery concerns in adult social care (July 2022)
- Child exploitation disruption toolkit (updated Sept 2022)
- Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR Annual Report 2021) (July 2022)
- Everyone's Business – Safeguarding podcast (39 Essex Chambers) (July 2022)

Your Adult Safeguarding Experience Feedback

Somerset County Council's Adult Safeguarding service would like hear feedback not just from people who have been supported by adult safeguarding services, and their carers, but also from those who advocate or support them on a professional basis.

The forms below have been developed with support from Healthwatch Somerset, and Somerset County Council's Adult Safeguarding service will offer support to people in completing these if they are unable to access electronic versions.

- **Adult Safeguarding Service Questionnaire for adults who have been supported by safeguarding services**
- **Adult Safeguarding Service Questionnaire for carers, relatives or friends**
- **Adult Safeguarding Service Questionnaire for Advocates, IMCAs and Providers)**

Training and Development

It is the responsibility of all organisations to ensure they have a skilled and competent workforce who are able to take on the roles and responsibilities required to protect adults at risk and ensure an appropriate response when adult abuse or neglect does occur. The SSAB does not provide any single or multi-agency training but has published a **Somerset Adult Safeguarding Learning Framework**.

Somerset Survivors: e-Learning (free)

- **Professional e-Learning modules on domestic abuse**
- **Domestic Abuse and Modern Slavery e-Learning modules for the public**

Social Care Institute for Excellence: e-learning (please note that SCIE are now charging for this content)

- **e-learning: Adult Safeguarding Resource**
- **e-learning: Mental Capacity Act**

Other resources

- **FutureLearn Safeguarding Adults Level 3 Training**
- **Friends Against Scams Practitioner E-Learning**
- **Health Education England e-Learning Mental Capacity Act e-Learning**
- **Unseen Modern Slavery training**
- **Home Office Prevent e-learning**
- **Home Office FGM (Female Genital Mutilation) e-learning**

Real Safeguarding Stories is a learning tool dedicated to raising awareness of safeguarding issues. By telling compelling stories based upon real life events, it helps professionals understand these complex issues. Understanding and relating to these stories is the first step towards individuals and organisations being better able to support those at risk. On this website you will find a series of videos, each exploring different aspects of safeguarding – including child and adult safeguarding, and domestic abuse. These are based on the experiences of professionals working in the field and from interviews with victims of abuse. The videos are then scripted and filmed using actors in a realistic context, with each video supported by guidance to support wider training or awareness activity. Visit: **http://realsafeguardingstories.com/**

SSAB Board Meetings

From October 2019 onwards the Board has been publishing the minutes of Board meetings in full, with the exception of redacting confidential information relating to an individual (for example where someone has spoken about their experience of being safeguarded).

Notes are published on the **SSAB Website** retrospectively following sign-off at the next meeting.

Useful Safeguarding Adults Links:

- **Secure professionals e-referral form**
- **Joint Safeguarding Adults Policy**
- **Somerset Adult Safeguarding Guidance**
- **Practice guidance and resources**
- **Get the SSAB Website on your phone or tablet**
- **National Safeguarding Adults Review (SAR) Library**

Get in touch

If you have any suggestions for future topics or comments about this newsletter, please contact us via:

ssab@somerset.gov.uk

Alternatively call our Business Manager, Stephen Miles, on:
01823 359157

If you are worried about a vulnerable adult, don't stay silent

Phone: **0300 123 2224**
Email: **adults@somerset.gov.uk**

Or complete a secure
Professionals e-referral form

In an emergency always contact the police by dialling 999.
If it is not an emergency, dial 101

SOMERSET SAFEGUARDING ADULTS BOARD