Hillingdon Safeguarding Partnership

Safeguarding Adults from Neglect

Strategy 2024 - 27

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Introduction

All members of the Safeguarding Adult Board commit to working in accordance with this strategy in pursuit of the Safeguarding Adult Board vision:

> *Hillingdon citizens, irrespective of age, race, gender, culture, religion, disability or sexual orientation are able to live with their rights protected, in safety, free from abuse and the fear of abuse.*

Safeguarding adults from neglect is a priority for the Hillingdon Safeguarding Adult Board. Neglect is alleged in most safeguarding concerns brought to the attention of the local authority and can carry significant risk of harm for those adults at risk. This strategy aims to:

- prevent neglect,
- identify it when it occurs, and
- support effective safeguarding responses to promote the safety and wellbeing of adults at risk.

What is Neglect?

Adults with care and support needs often depend on others to meet their most basic needs. Sometimes these needs go unmet to an extent that puts the adult at risk of harm. This is neglect.

This strategy is focused on neglect of someone by another person or an organisation. It is not about self-neglect. For information on best practice in self-neglect see the Research in Practice guidance.

Neglect includes:

- ignoring medical, emotional, or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- withholding the necessities of life, such as medication, adequate nutrition and heating

Neglect can cause discomfort, indignity, pain, deterioration in health, and death.

Adults can be neglected by family members, informal carers, any health or social care professionals. It could be anyone responsible for identifying or meeting someone's needs. Sometimes people are neglected by more than one person or organisation at the same time.

Neglect can be deliberate, but it can also be inadvertent. Neglect can happen because someone doesn't understand the care that someone needs, or because the person expected to meet the needs is unable to do so. There can also be organisational issues relating to policies, procedures,

training, staffing, and organisational culture that can result in neglect; this can be a form of organisational abuse.

Prevalence and Severity

Safeguarding Enquiries are undertaken when an adult with care and support needs is believed to be at risk of abuse or neglect and unable to protect themselves. Allegations of neglect make up a substantial majority of all safeguarding concerns brought to the Adult Multi Agency Safeguarding Hub. Most safeguarding enquiries undertaken in Hillingdon, where neglect is the main concern, are prompted by allegations against paid care providers. A much smaller proportion relate to allegations against informal carers/family members.

Safeguarding Adults Reviews (SARs) are undertaken when an adult with care and support needs has survived serious abuse or has died as a result of abuse, neglect, and where there are concerns about the way that organisations have worked together to safeguard the adult.

Neglect is a prominent feature in most of the serious incidents referred for consideration by the Hillingdon Safeguarding Adults Review Panel, which determines whether the criteria for a Safeguarding Adults Review are met. These criteria are set out in section 44 of the Care Act 2014.

The Second National Analysis of SARs (2024) reviewed SARs from 2019-2023 across the UK. 46% of the SARs nationally involved neglect; in 82% of all SARs reviewed, the adults were deceased.

The prevalence of neglect among serious incidents, locally and nationally, evidences the high risks involved in neglect and why prevention, identification and effective responses are so important.

Principles

Six key principles underpin all adult safeguarding, including efforts to safeguard adults from neglect. These are set down in the Care and Support Statutory Guidance. We commit to working in accordance with these:

- Empowerment – safeguarding should promote choice and control for adults at risk. By empowering people to make choices and speak up for themselves we can reduce risk of abuse and neglect.
- Prevention – prevention of neglect is a key objective of this strategy. Good practice in assessment, care planning, work with families and carers, information sharing and quality assurance of care provision help to prevent neglect.

- Proportionality – intervening in families and people's personal lives must be proportionate to the risks they face. Effective risk assessment and analysis of information helps to support proportionate interventions.
- Protection – appropriate and timely support and care are important tools to protect people from avoidable harm. When someone has been neglected there is a duty to explore ways to reduce harm by intervening with those causing harm and by addressing the harm caused and ensuring needs are met subsequently.
- Partnership – professionals need to work together, across organisational and disciplinary boundaries, to assess needs and risks, to safely plan and deliver care, and to protect people from harm. Seeking and sharing information and addressing and resolving differences of opinion helps to safeguarding people. There needs to be partnership working between professionals, adults and their families too.
- Accountability – assessments, decision making, and communication between professionals should be clearly documented. The reasoning behind decision making should be documented explicitly.

Achievements So Far

Following the decision to make adult neglect a priority for the Safeguarding Partnership a range of steps have been taken to improve the prevention, identification and response to neglect of adults.

Neglect training has been commissioned and is available to the whole multiagency network on the London Borough of Hillingdon's Learning Zone, an online training booking system. Partners are encouraged to continue supporting staff to attend this training.

The Metropolitan Police Service have internally delivered focused professional development on safeguarding adults, including neglect.

A number of relevant practice briefings have been issued:

- Adult Neglect Best Practice
- Best Practice in Safeguarding Adult Enquiries
- Carers Week 2024
- Adult LADO
- Safeguarding Adults – Reporting Crimes to the Police
- How the Courts Can Support Adult Safeguarding
- Learning from Practice - Adult F

Relevant webinars have recently been delivered:

- Adult LADO: Managing Allegations Against People in Positions of Trust with Adults
- Safeguarding Adults from Pressure Ulcers
- Learning from the Carol SAR

The Safeguarding Partnership Escalation Policy and the Adult LADO process has been updated and awareness has been promoted through the partnership newsletter. The Disclosure and Barring Service offered a webinar London-wide in November 2024 to raise awareness of the role of the DBS and duties to refer to them and this was advertised in the partnership newsletter.

Learning from neglect related SARs has been shared through briefings and webinars and has informed training and system changes tracked through relevant multiagency subgroups, in accordance with the Adult Learning from Practice Framework. This will continue with subsequent SARs.

Agreed pathways for social workers and community health clinicians to exchange information have been made clearer and shared with frontline staff.

Opportunities for Further Development

There is a need to take further steps to:

- Increase confidence and resources for working with hostile and resistant families and carers.
- Raising the quality of supervision to ensure that it supports staff to engage in complexity and manage risk more effectively.
- Improve risk assessment and management when people cancel or refuse care.
- Enhance Adult MASH processes to improve the quality of triaging, including differentiating poor care and neglect.

Preventing Neglect of Adults

Risk of neglect can be increased by a range of factors:

- Transition and change e.g., hospital admission or discharge, moving from one care setting to another, change of care provider, transition from child to adult services, moving boroughs, cancellation of care.
- Complex family dynamics, such as a history of domestic abuse, hostility or mistrust within families, conflict around money or property.
- Complex needs and behavioural difficulties
- Rapidly changing physical or mental health needs

- Poor communication between professionals, both amongst themselves and with families and carers.

There are steps professionals can take to prevent neglect:

- Robust assessment of needs and risks
- Assessment and support of informal carers
- Quality care and support provision

Robust Assessment of Needs and Risks

Social care assessments should include information gathered from healthcare professionals. Healthcare professionals should seek and share information from social care professionals to inform healthcare assessments, decision making and risk assessments. Health care and social care professionals should seek and share information with care providers.

Risk assessment is an important part of all assessments.

All assessments should consider the views, wishes and feelings of adults and their family members. Concerns from family members about the risks someone faces, the care they need, and any doubts expressed about the person's mental capacity should be taken seriously and clearly recorded.

Advocacy

Where individuals have substantial difficulty participating in an assessment under the Care Act 2014, there is a legal duty on the local authority to arrange an appropriate representative to support the adult's engagement and representation of the views and wishes of the adult. Where there is no suitable person within the person's social network to represent them, the adult has a legal right to an independent advocate. This is set out in section 67, care Act 2014. Ensuring that adults are appropriately supported to participate in assessments of their needs can prevent neglect as it promotes accurate identification of needs and their associated risks.

Chapter 7 of the Care and Support Statutory Guidance sets out the duties on the local authority in relation to advocacy and representation.

Partnership Working

The law and statutory guidance governing assessments of need make clear the importance of partnership working across professional boundaries to achieve good quality assessment of needs and risks.

Care Act 2014, Section 7 creates a duty on all relevant organisations to cooperate with each other. It makes clear that if a local authority requests co-operation of health professionals, or other relevant professional, to help in the assessment or support of an individual with care and support needs, they must cooperate, unless it is incompatible with their own duties. And vice versa.

Care Act 2014, Section 9 says when an adult may have needs for care and support, the authority must assess the adult's needs, and that assessment must involve the adult, any carer that the adult has, and any person whom the adult suggests; or where the adult lacks capacity, any person who appears to be interested in the adult's welfare. This would include any involved health professionals, paid carers and any other relevant professionals involved with the person.

The Care and Support Statutory Guidance says:

> *The local authority must… consider whether the individual's needs impact upon their wellbeing* ***beyond the ways identified by the individual*** *(paragraph 6.14)*
>
> *Where a person has both health and care and support needs,* ***local authorities and the NHS should work together*** *effectively to deliver a high quality, coordinated assessment (paragraph 6.78)*
>
> *Where more than one agency is assessing a person, they* ***should all work closely together*** *to prevent that person having to undergo a number of assessments at different times (paragraph 6.77)*

Information Seeking and Sharing Pathways

Whilst there is a duty on organisations to cooperate with each other, including information sharing, it is important that anyone being asked for information is given a clear reason for sharing the information so that they are not breaching GDPR. If professionals are asking for clinical information or social care information it is important they explain their professional role and the reasons for requesting the information.

If responses to requested information are not satisfactory and this is or may be hampering the arrangement of safe care or treatment the Safeguarding Partnership Escalation Policy should be used.

All queries from social care professionals seeking information from CNWL physical health services should go via the Hillingdon Community Health Contact Centre by email rather than phone: cnw-tr.hchcontactcentrerefs@nhs.net.

All queries from social care professionals seeking information from CNWL mental health services should email the CNWL Single Point of Access cnw-tr.spa@nhs.net

All queries from social care professionals seeking information from CNWL older adults' mental health services should email oacmht_hillingdon.cnwl@nhs.net. This includes the Older Adults Home Treatment Service and the Older Adults Community Mental Health Team.

When seeking information from GPs, email the GP surgery, unless it is urgent, in which case make a telephone call.

For health professional seeking information from Adult Social Care emails should be sent to Hillingdon Social Care Direct socialcaredirect@hillingdon.gov.uk. The email will then be sent to someone in the department suitable to provide a response.

Professionals should think critically about the information they receive from all sources, explore contradictions and differences of opinion and think about the implications and likely consequences of the information available to them.

Fluctuating or Degenerative Conditions

For people with degenerative and fluctuating diseases, or escalating frailty, assessments should include someone's needs and risks on the day of assessment *and* foreseeable needs that are likely to emerge. Some examples of degenerative diseases are dementia, Parkinson's, Huntington's, and Multiple Sclerosis. Mental illnesses such as schizophrenia, depression and bipolar affective disorder can result in significant fluctuations in need. Understanding the likely course of a condition can help an assessor complete a more thorough and robust assessment. Assessors should always familiarise themselves with information about the conditions that someone has, to inform the assessment, and speak to relevant clinical experts.

Assessment and Support of Informal Carers

There is a duty on the local authority under s.10 of the Care Act 2014 to assess and meet informal carers' needs. NICE guidance[1] on supporting informal carers is aimed at all organisations who have responsibilities for meeting health or social care needs for adults – it is relevant for all Safeguarding Adult Board members.

[1] Overview | Supporting adult carers | Guidance | NICE

When an informal carer is expected to provide care and support it is important to assess their needs and to assess their ability and willingness to provide care. Just because someone says they will provide care does not mean they are able and willing to provide the care that is needed, nor that they have a good grasp of what is required of them. Frank conversations about the person's needs and associated risks is needed.

Carers need to be given clear information about the needs of the adult and exactly what care is required, and how they can seek help if and when they face challenges. There is information available on the local authority website about carers support services.

To show love and support, people sometimes overestimate what they can do to help. Professionals need to be realistic about the level of care that someone can provide – for example, no one can provide care on their own 24 hours a day. Talking through predictable challenges and exploring how the carer might respond to them is useful, for example, the dangers of wandering and behavioural disturbance in the context of dementia.

Contingency planning with carers, particularly when the adult has a degenerative condition, such as dementia, Huntington's Disease or Multiple Sclerosis, is important. When someone's needs increase the carer needs to know what to expect and where to get help.

When considering if a family member or friend is willing and able to safely provide the care needed there should be exploration and professional curiosity about family dynamics. Background information or current concerns about domestic abuse, family conflict or financial stresses can make informal care less likely to be safe and effective.

Some training opportunities are available for informal carers to support them to deliver safe care and support to their loved ones. This can be accessed through Carers Trust. If a carer would benefit from training in a particular area of care discuss the needs with the Carers Trust. Some training on clinical tasks can also be delivered to informal carers, on a case-by-case basis, by community nurses.

Quality Care and Support Provision

High quality, timely and appropriate care and support provided to adults can prevent neglect occurring. This includes care provided by any professionals and by informal carers such as family or friends.

Clear care and/or treatment plans, which address identified needs and risks, need to be shared with all relevant partners – both the adult, relevant family members, informal carers, paid carers and the relevant professional network.

It is important to share accurate, clear and thorough information about care needs and any changes in needs or risks at points of transition such as hospital discharge, and moves from one care provider to another, or when informal carers are taking over care.

All paid care providers should be quality assured and held accountable for the care they provide.

Private and voluntary sector care providers are duty bound to undertake safer recruitment practices, undertake monitoring of DBS checks and maintain compliance with mandatory training and supervision. Compliance is monitored by the local authority Quality Assurance Team, through routine monitoring visits and structured support to address shortfalls in compliance with robust contractual requirements.

All organisations with staff or volunteers in positions of trust should make appropriate use of the Adult LADO process. The Adult Local Authority Designated Officer (LADO) Process sets out how to respond to concerns about the behaviour of any person in a position of trust, including behaviour outside of their work role.

Poor care should be identified and addressed, using supervision, training, and review of relevant procedures that may be hampering best practice. Effective and timely approaches to remedy instances of poor care can prevent neglect developing.

Seeking the views of adults receiving care and support, and their families and friends where appropriate, is a valuable way of quality assuring all care, support and healthcare provision.

Thorough investigation of complaints and spot-checking practice are important tools for addressing poor care across all organisations, including healthcare providers, social care providers, local authority services and voluntary sector services.

The local authority has a robust structure for quality assurance of commissioned care providers, in addition to the routine inspections undertaken by the Care Quality Commission. Where there are concerns about the safety of a care provider's practice the local authority's Care Governance Board processes, including the Provider Risk Panel, should be utilized. Improvement plans are developed along with providers where there are concerns.

The Integrated Care Board should maintain oversight and scrutiny of healthcare providers when there are serious concerns about the safety of the care they are providing.

Preventing Pressure Ulcers and Moisture Associated Skin Damage

Pressure ulcers are caused by sustained pressure, including pressure associated with shear forces (eg the movement of skin and deeper tissue when sliding down a bed or chair), where the person's

individual tissue tolerance and susceptibility to pressure has been overcome[2]. Pressure ulcers[3] and Moisture Associated Skin Damage[4] cause pain and distress, and in some situations can lead to serious illness and death.

Some causes of skin damage relate to the individual person, including factors such as the person's:

- medical condition
- immobility
- lack of sensation
- poor blood supply
- poor nutrition and hydration

External factors may contribute to this, including:

- poor care, including inadequate management of incontinence
- poor communication between carers and nurses
- ineffective multi-disciplinary working
- lack of access to appropriate resources such as equipment and staffing

While the treatment and response to pressure ulcers is predominantly a clinical one, the prevention of them is a shared responsibility with all people involved in meeting the needs of adults at risk. This includes social workers and paid care providers. Most of the care provision is commissioned by Adult Social Care, by professionals who are not clinically trained.

Any assessments, including assessments of social care need and healthcare needs, should address the likelihood of pressure ulcers developing and identify what can be done to prevent them for a given individual, whether at home, in a residential setting or in a hospital. Those responsible for carrying out assessments and arranging services need to be alert to this issue and access clinical advice to support care planning. There is a clear communication pathway between Adult Social care and CNWL Community Health Services for seeking clinical information to inform assessments.

Carers, whether family, friends or paid carers, should receive training in the prevention of, and signs of, developing pressure ulcers for those at risk. Any treatment or risk management plans established by clinicians should be clearly shared with care providers, whether paid or unpaid, to ensure that all parties follow plans and take relevant action to protect the adult at risk.

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[2] https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern#:~:text=care%20and%20support-,Background,-Pressure%20ulcers%20may

[3] Pressure ulcers (pressure sores) - NHS (www.nhs.uk)

[4] Moisture-Associated Skin Damage (MASD) | WoundSource

If clinicians think a change in social care provision is required to manage risk to skin, this should be communicated clearly and promptly to Adult Social Care via Hillingdon Social Care Direct.

Identification of Neglect

Professionals should look out for signs of unmet need. Unmet need may indicate neglect. Professionals need to be curious about why needs are unmet and what the barriers to meeting those needs might be.

Signs and Indicators of Neglect

- Refusal of support even when there are clearly identified needs
- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene e.g long toenails or malodour
- Pressure ulcers or moisture associated skin damage (MASD)[5]
- Malnutrition, dehydration or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of unused medication
- Uncharacteristic disengagement from social interaction
- Inappropriate or inadequate clothing

Lived Experience

Professionals need to think about the day to day lived experience of the people they are seeking to help. It is important to be curious about what life is like for them. For example, where professionals feel uncomfortable because of hostility of a family member, it is important to consider what it might feel like for the vulnerable adult to depend on that family member for support. Empathy, curiosity and imagination help to identify neglect.

Sometimes information provided by someone who is neglecting a vulnerable person is untrue or indicates a marked misunderstanding of what is safe for the person in need of care and support. It is important to challenge someone saying something that contradicts other available information. For example, if an informal carer says they are meeting a person's personal care needs, but it is evident the person is not clean, this is a contradiction that needs exploring.

[5] Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK (www.gov.uk)

Is it Poor Care or Neglect?

Sometimes it can be difficult differentiating between poor care and neglect. It is important that poor care is addressed to prevent future harm. Incidents of poor care should be addressed through training, supervision, contract monitoring and improvement plans, and review of staffing sufficiency etc. Poor care does not need to trigger the safeguarding process.

Safeguarding interventions should be reserved for neglect, which is different to poor care because of the severity of associated risks and chronicity. Distinguishing between poor care and neglect helps safeguarding professionals to focus their time and energy where it is most needed.

Examples of Poor Care:

- A one-off medication error (although this could of course have had serious consequences)
- An isolated incident of under-staffing, resulting in a person's incontinence pad being unchanged all day
- Poor quality, unappetising food
- An isolated incident of a missed visit by a care worker from a home care provider

Examples of Neglect:

- A series of medication errors affecting one or multiple users of the same service
- Avoidable accidents, especially if there is more than one affecting one or multiple users of the same service
- Avoidable pressure ulcer or moisture associated skin damage.
- Nutritionally inadequate food, especially if repeated
- Evidence of ongoing/repeated poor personal care incidents
- Evidence of repeated non-adherence to care plans around for example skin integrity, continence, nutrition.
- Repeated missed visits by a home care provider.
- A pattern of missed GP or dental appointments for one or multiple users of the same service.

Pressure Ulcers and Moisture Associated Skin Damage

Pressure ulcers and Moisture Associated Skin Damage may occur as a result of neglect, but often develop as a result of circumstances other than neglect. The Department for Health and Social care has published the Safeguarding Adults Protocol: Pressure Ulcers and Raising a Safeguarding Concern. This identifies pressure ulcers as primarily an issue for clinical investigation by appropriate healthcare professionals, rather than a safeguarding enquiry led by the local authority.

If pressure damage or MASD is suspected a referral should be made to the relevant nursing service – depending on whether the person is in hospital or in the community.

The Department of Health and Social Care state:

> *It is the responsibility of the designated safeguarding lead in each setting to appropriately triage any safeguarding concerns and ensure that referrals to the local authority for consideration of a section 42 (2) enquiry are appropriate. (DHSC, 2024)*

The process clinical services should go through to ascertain whether pressure ulcers or MASD require safeguarding enquiries under section 42 is set out in the protocol. A decision-making tool should be completed by a suitable clinician *before* a safeguarding concern is raised with the local authority. This should be completed by any healthcare provider coming into contact with a person with pressure ulceration or MASD. This is regardless of where and when the damage appears to have developed.

If a person comes into hospital with pre-existing pressure ulceration or MASD, hospital clinicians should complete the decision-making tool through clinical assessment and discussion with community health colleagues before a safeguarding concern is raised with the local authority.

If a person comes out of hospital with pressure ulceration or MASD, community health clinicians should complete the decision-making tool through clinical assessment and discussion with hospital-based health staff before a safeguarding concern is raised with the local authority.

Using the decision-making tool will avoid Adult Social Care triaging unnecessary safeguarding concerns that require clinical expertise to make the determination as to whether neglect is a factor.

Criminal Neglect

It is important for professionals to be able to recognise suspected criminal neglect and report it to the police at the earliest possible opportunity. For both types of criminal neglect wilful neglect or ill-treatment is defined as:

- deliberate conduct which could reasonably be described as ill-treatment, or neglect, irrespective of whether it damaged or threatened to damage the health of the victim; and
- an understanding by the offender at the time of the offence that s/he was inexcusably ill-treating an adult with care and support needs or healthcare needs, or that s/he was reckless as to whether s/he was inexcusably acting in that way.

It can be either intentional or reckless neglect – this means the person didn't necessary mean to do harm, but they may have been able to reasonably foresee the consequences of their actions.

There are two forms of criminal neglect:

- where a paid individual or an organisation wilfully neglects or mistreats any person who is in receipt of any type of health and/or social care provision;
- and where any individual ill-treats or wilfully neglects an adult who lacks mental capacity.

Neglect By Social Care or Healthcare Providers

Sections 20 and 21 of the Criminal Justice and Courts Act 2015 makes it a criminal offence for an individual or an organisation to wilfully neglect or mistreat any person who is in receipt of any type of health and/or social care provision. This offence can apply even where no actual harm was caused.

The offence applies:

- to all formal healthcare provision for adults and children in both the NHS and private sector, other than in specific excluded children's services and settings;
- to all formal adult social care provisions, in both the public and private sectors, including where care is self-funded; and
- to individuals and organisations paid to provide or arrange for the provision of these health and adult social care services.

Neglect of Adults Who Lack Mental Capacity

Section 44 of the Mental Capacity Act 2005 makes it a criminal offence to ill-treat or wilfully neglect an adult who lacks mental capacity. This offence can apply even where no actual harm was caused.

The offence can be committed by anyone who:

- provides care - paid or informal - for a person who lacks, or whom the carer reasonably believes lacks capacity, and/or
- holds Lasting Power of Attorney for the person who lacks mental capacity or
- are court appointed deputies for the person who lacks mental capacity

Barriers to Identification of Neglect

There are many barriers to identification of neglect. Professionals need to be aware of these barriers and take steps in their own practice and through supervision to recognise and move past them to be able to help adults at risk. Below are some barriers.

Disguised Compliance

This is a concept commonly associated with safeguarding children, but it applies equally to safeguarding adults. The NSPCC (2019) says:

“Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns.”

Disguised compliance can show up in several ways:

- Focusing on one particular issue – family members/carers make sure one thing goes well, and talk about it, to deflect attention away from other areas (e.g., emphasising they are successfully administering medication, but failing to take the adult to medication reviews)
- Being critical of professionals – families/carers may blame other professionals for things not happening, whilst deflecting attention away from things they themselves have not done. This can divide the professional group working with the family and hinder good communication and information sharing between professionals.
- Failure to engage with services – family/carers may say they want services but then repeatedly express spurious reasons why a particular service or professional is not able to provide care or why access to the adult at risk cannot be given.
- Avoiding contact with professionals – family/carers may say they are happy to engage with an assessment or review but then repeatedly cancel appointments for spurious reasons.

Respectful uncertainty is important. This means taking what people say seriously but also looking for other information to reality test their account. It is important to keep a tight focus on the wellbeing of the adult who needs care and support, think critically and actively about the risks they face and think about the potential impacts on them of the delays and distractions arising from the behaviour of family members and carers. If family members are creating barriers that prevent thorough assessment and dialogue with the adult at risk, this is an indicator of risk that requires more assertive interventions and support from more senior staff.

Hostile or Resistant Family/Carers

Hostile or resistant families and informal carers can make it more difficult to properly assess someone’s needs and effectively provide care and support to meet needs and manage risks.

Many professionals lack the confidence and skills to meaningfully engage and challenge hostile or resistant families and informal carers. Sometimes hostile or resistant family members and informal carers hinder professional access to a vulnerable adult or hinder the delivery of care and support to them.

Intimidation of professionals or hindered access can make it more difficult to undertake robust assessments and thereby identify and remedy neglect.

In the Evelyn SAR, it was apparent that a range of professionals were fearful of challenging Evelyn's son for fear of accusations of racism. In the Carol SAR, it was apparent that feeling intimidated by an informal carer prevented a professional from asking important questions in an assessment.

Use of reflective supervision, modelling and joint work with more confident colleagues, as well as partnership working with professionals from other services can help.

Organisations need to think carefully about how to support staff to be open about their fears and insecurities in their work and to create working cultures that support staff to express uncertainties and lack of confidence.

Legal advice should be sought where there is hindered access for assessment or for delivery of care. Police should be consulted in case the actions of the family members could be considered a criminal offence. There may be scope for asking the courts to use their inherent jurisdiction to make an order to support access to the person.

Norms and Expectations

Sometimes professionals' perceptions of what is reasonable and normal for a person can be influenced by stereotypes, norms and assumptions about a particular group of people or an individual. Certain challenges or decreases in quality of life are sometimes considered a normal part of ageing or some disabilities.

Also, the chronic nature of neglect can sometimes mean that professionals form a view of what is normal for a person and therefore find it harder to imagine what life could be like for someone if their needs were truly being met.

Culture-based positive stereotyping can also hamper professionals in correctly recognising and/or anticipating difficulties for informal carers in delivering care to family members.

Reflective supervision and robust assessment can help to avoid these pitfalls.

Response

When neglect is identified the professional who first becomes aware of the concern must take steps to manage the risk by ensuring the persons needs are met, assessing and addressing the risks and supporting the person to access appropriate support as quickly as possible. Neglect requires a safeguarding response. Suspected criminal neglect should be reported to police at the earliest possible opportunity.

Care, Support and Healthcare Providers

When a care, support or healthcare provider becomes aware of neglect by a member of their staff or a volunteer, they are under a duty to protect the adult from harm as soon as possible, raise a safeguarding concern with the local authority, inform Care Quality Commissions (CQC) and inform the Integrated Care Board, where they are the commissioner. Report all allegations of crime to the police. Criminal allegations should always be investigated by police. Inappropriate investigations by non-police can jeopardise prosecution and access to justice.

When informing the local authority of the concern, the provider should give clear information including:

- why they suspect neglect
- The information on which they have based this view, and the source of that information
- action they have taken to protect the adult(s) at risk
- whether they have reported the concern to the police
- who else has been informed

Thought needs to be given to whether there is anyone else at risk. This would include thinking about the other service users who are receiving care from the same person or service. In such situations, it is important that actions are taken to safeguard all the people at risk.

Staff with appropriate seniority within the provider organisation should investigate allegations of neglect unless there is a compelling reason why it is inappropriate or unsafe for them to do this.

Members of the Public

If neglect is suspected by a member of the community, whether the adult at risk, their family, or anyone else, they should report concerns to the local authority.

Adult Social Care

Safeguarding Enquiries Under Section 42 Care Act

Alongside the efforts of the care, support or health provider to safeguard the adult(s) at risk, a safeguarding concern should be raised with the local authority with as much detail as possible. Such concerns are processed by Hillingdon Social Care Direct and sent to the Adult Multi Agency Safeguarding Hub (MASH). Adult MASH will then make enquiries in accordance with section 42 Care Act 2014 which states:

(1) where a local authority has reasonable cause to suspect that an adult in its area

(a) has needs for care and support

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make, or cause others to make, whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

Adult MASH will establish whether section 42 applies to the adult and will take necessary action to safeguard the adult(s) at risk, including seeking assurance that the care, support or healthcare provider has done so. They will seek to ascertain the views of the adult(s) at risk or a suitable representative. If further enquiries are needed to establish a safeguarding plan going forward, Adult MASH will ask the relevant team in Adult Social care to lead the enquiries.

Any safeguarding enquiries about neglect by a person who provides care or support to more than one person should be pursued even if the adult at risk does not wish to have the concerns explored further. There is a public interest in making such enquiries.

The primary purpose of safeguarding enquiries is to decide what action is needed to safeguard a person from abuse or neglect. The primary purpose is not to ascertain whether neglect occurred, but rather to gather information necessary to form a safeguarding plan. Any safeguarding plan must balance the need for safety with the autonomy of the adult at risk to make decisions about their own care.

Where the suspected neglect was by a professional or a volunteer, the employing organisation or the police should undertake an investigation and provide the outcome and relevant details of their investigation to the local authority in a timely fashion to enable the local authority to fulfil its duties under section 42 of the Care Act 2014.

The local authority has a responsibility to coordinate safeguarding enquiries and include the adult(s) at risk, their representatives and all relevant organisations in the enquiry. It is important that Adult Social Care does not undertake enquiries and make safeguarding plans in isolation. It must be a partnership endeavour from the outset.

There is a legal duty on the local authority to ensure that where the adult at risk has substantial difficulties in participating in the enquiry, that they are representative by an appropriate person, as set out in Chapter 7 of the Care and Support Statutory Guidance. This applies even where the adult has died.

Assessment of Needs – sections 9 and 11 Care Act 2014

Where there is reason to believe an adult with care and support needs is experiencing or at risk of experiencing neglect or abuse there is a duty to assess or reassess their needs under the Care Act 2014. This duty applies even where the adult refuses the assessment, as specified in section 11(2), Care Act 2014. Safeguarding enquiries should always be accompanied by an assessment or reassessment of needs of the adult at risk.

Carers Assessment – Section 10 Care Act 2014

Where there is concern that an informal carer has neglected the person they are the carer for, then a reassessment of their needs as a carer, under s.10 of the Care Act, is needed. Understanding and exploring the relationship between the carer and the cared for person is an important factor in exploring how able and willing the carer is to provide care. It is also important to support the carer to understand what is expected of them and support them to understand the needs and risks associated with caring for the adult at risk.