

2021 Safeguarding Week

18th November 2021

Safeguarding people in “closed” environments

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What I'll Cover

Pre-pandemic messages

- ❖ Key issues from SARs
- ❖ Some other key issues

Pandemic and current messages

- ❖ Our own insights
- ❖ From CQC
- ❖ Some other things to keep an eye on

What to look out for? AND What can we do?



Some pre-pandemic key messages (1)

From national review of 231 17-19 SARs – 20% or less ratio of good to poor practice conclusions and recommendations:-

- Attention to mental capacity
- Risk assessment
- Working with carers and their needs
- Recording
- Awareness and use of legal rules
- Hospital discharge
- Understanding history and more curiosity
- Transition planning
- Attention to alcohol and substance abuse
- Recognising and responding to coercion and control



Some pre-pandemic key messages (2)

Risks of missing things between agencies and areas eg from Winterbourne View etc:-

- Regular, good quality and prioritised Care, Education and Treatment and other reviews
- Ensuring local SABs are holding agencies to account on safeguarding concerns, early warning and what the data is saying
- Are local/other area key players (LAs including AMPHs, CCGs, CQC, HealthWatch) proactively involved in out-of-area concerns? Are they clear who is responsible for what and those responsibilities are being carried out?
- Particular concerns over responsibility gaps with private hospitals
- Are we listening to independent visitors (formally under DoLS/Sectioning and informal visitors)?



Pandemic and current messages (1)

Some of our own insights:-

- Initial sharp decline in SG concerns followed by steep increase post-first lockdown
- But majority of councils reported increased concerns from emergency services, family, friends, neighbours, volunteers and health partners
- Moderate increases in rates of domestic abuse, self-neglect and psychological abuse compared to 2019
- Reports of high levels of concerns for adults not having care and support needs but still at risk of multiple categories of abuse and neglect – often supported without going down a SG pathway
- Overall increase in enquiries in a person's own home during lockdowns and decrease in both nursing and residential home settings
- Increased levels of SG activity complexity – challenges from social distancing and unable to undertake face-to-face visits



Pandemic and current messages (2)

From CQC – Autumn 2020 Out of Sight – who cares? (restrictive interventions and risks to people with a learning disability, mental health condition, autism), some national recommendations:-

- Govt depts to work better together and clear who leads on what
- Ensuring local commissioners etc are checking and visiting services to ensure human rights are being respected
- Better, specialist hospital discharge and review
- Ensuring local teams have better specialist knowledge e.g. of autism
- Better awareness and education generally



Pandemic and current messages (3)

From CQC – State of Care (Oct 2020):-

- High-risk MH service reviews – in a few reviews people continuing to be put at risk where there are warning signs of closed cultures
- Further exposure and exacerbation of inequalities from the pandemic
- Health and care staff are exhausted and the workforce depleted
- Continuing concerns about DoLS authorisation delays, with people being deprived of their liberty for too long, or without appropriate legal authority and safeguards in place



Some other things to keep an eye on

- LPS April 2022 implementation?
- NHS/ICS and other partners competing priorities
- A very tough winter.....



What to look out for

- Past risk is the best indicator of future risk
- High levels of staff and resident turnover
- Fragmented care provision and governance – lack of whole home/system perspective
- Extended stays away from home area
- Little contact with outside world
- Lack of candour – concerns about information missing, incomplete or being “air-brushed”?
- Weak systems of communications e.g. with primary care
- Restrictions e.g. danger of blanket etc visiting restrictions



What should and can we be doing?

- Maintaining contact – phones, IT or help from others to use IT
- Making supporters your assets – support active family and friends and ask them to look out for others
- Providing training and support – turn concerns into opportunities to improve practice and people’s lives; explore use of local and national eg Skills for Care on-line etc training and wellbeing support, etc
- Better governance and communication – advise or point to advice on recruitment, induction and retention; establishment of complaints etc procedures and how to deal positively with concerns
- Making whistleblowing an expected norm – all efforts to help staff know how safely raise concerns and that commissioning etc requirements are clear and regularly updated



QUESTIONS AND DISCUSSION



Thank You



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