

Carers and Safeguarding

Presented by
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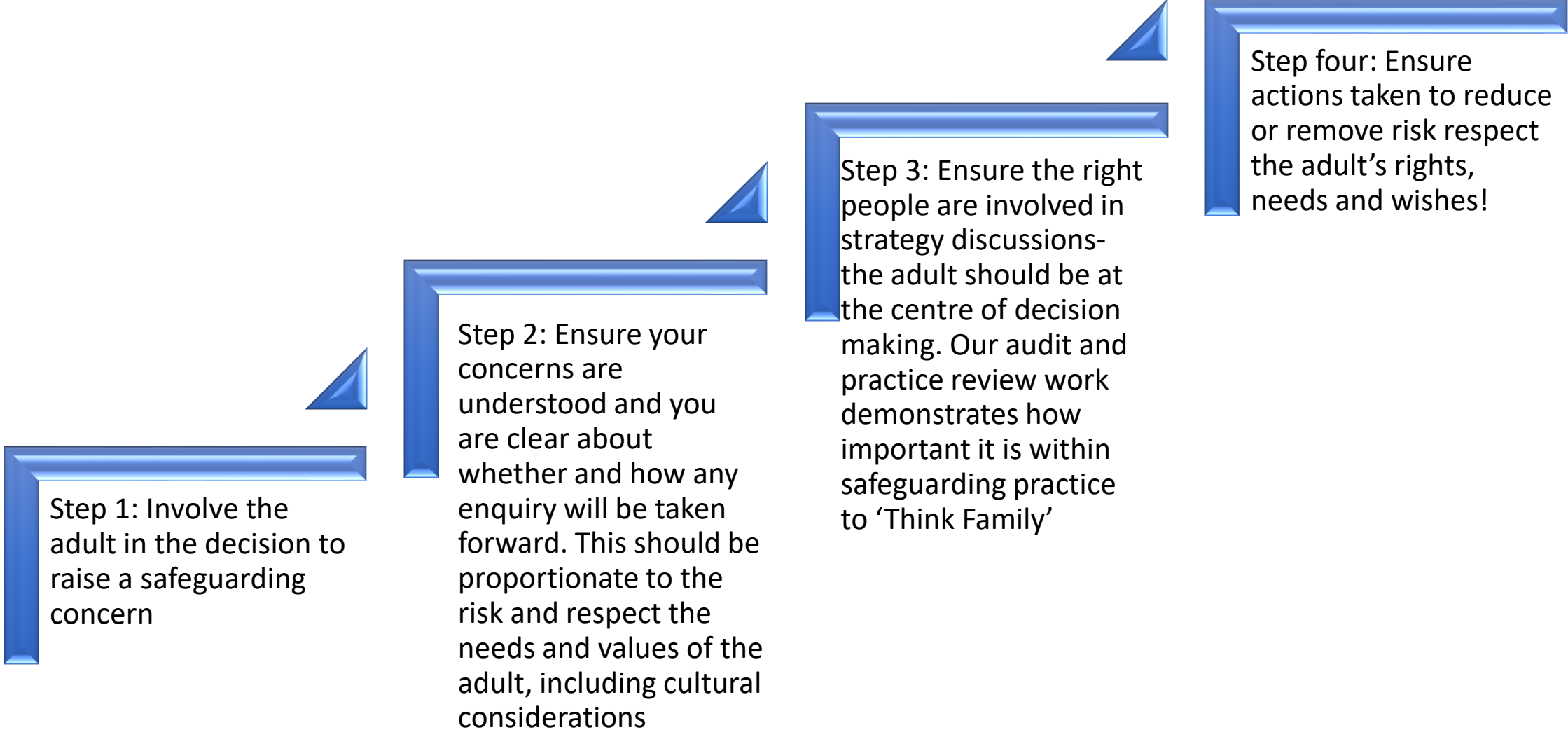
Welcome to our monthly Lunch and Learn session

Webinar house keeping

- Please put all microphones on **MUTE**
- If you would like to ask a question, please use the **CHAT** function
- **RESPECT** the stories you hear and protect the identity of adults at risk through **CONFIDENTIALITY**
- Take care of your own **WELLBEING** throughout this session



Our values: Making safeguarding personal



Step 1: Involve the adult in the decision to raise a safeguarding concern

Step 2: Ensure your concerns are understood and you are clear about whether and how any enquiry will be taken forward. This should be proportionate to the risk and respect the needs and values of the adult, including cultural considerations

Step 3: Ensure the right people are involved in strategy discussions- the adult should be at the centre of decision making. Our audit and practice review work demonstrates how important it is within safeguarding practice to 'Think Family'

Step four: Ensure actions taken to reduce or remove risk respect the adult's rights, needs and wishes!



Think Family: Local Context

The Right to respect for family life is enshrined in the Human Rights Act, but we know from local safeguarding practice reviews that interpreting these duties alongside obligations to safeguard adults at risk and children can be complex.

BSAB Safeguarding Adults reviews:

- Gabrielle- harm caused by family members refusing pressure ulcer care for their loved one during the Covid-19 lock down. This highlighted the importance for professionals to understand the issues of the whole unit using a multi-disciplinary/multi-agency approach, including psychology, in order to develop whole family plans.
- Thematic SLIP review- harm caused by family members refusing health and social care support for their adult child with learning disabilities. Whilst professionals recognised the risk of harm, failures to pass relevant information to legal advisors hindered escalation, leaving practitioners feeling powerless to intervene and support the adult at risk and her family.

Who cares?

- Caresweek/YouGov poll estimates 13.6m people are providing unpaid care in the UK (50% increase during the Covid-19 outbreak). That's 26% of the adult population, 62% of whom are having to juggle paid work, caring and (for 35% of those) home schooling duties!
- 2011 Census: 32,256 Barnet residents were providing care. 64% of carers in England and Wales care for 1-19 hours each week whilst 13% provide 20-49 hours and 24% provide 50 hours or more unpaid care.
- The top three most frequently chosen challenges by all unpaid carers were:
 - Managing the stress and responsibility (71%)
 - The negative impacts on their physical and mental health (70%)
 - Not being able to take time away from caring (66%).
- The public without caring responsibilities also felt they would have concerns about not having the necessary skills to provide care (48%)
- 'Caring behind closed doors' reported in 2020 that 81% carers were providing more care than before lockdown, 78% reported the cared for person's needs had increased, 58% had seen their physical health needs impacted by their caring role.



Assessment Duties owed to carers

A person does not have to be in receipt of funded care [pg 6.123 DHSC Care and Support Guidance] for their carer to have a right to an assessment. The duty to assess a carer is triggered by the carer's appearance of need for support, including a future need [s.10(1)]. The level of need or carer's financial circumstances are irrelevant to the duty to assess, but relevant to eligibility for services.

- s.10(3) defines carer as an adult, 18 or over, who provides or intends to provide care for another adult ['P']. Children providing care and adults providing care to young people in transition have rights to an assessment, advice & info and support under the Care Act [s58-66].
- An adult is not a carer if providing care by virtue of a contract or voluntary work [s.10(8)] unless the LA considers that the relationship between the carer and P is such that it would be appropriate they are so regarded [s10 (9)] so a relative paid through DP could still be a carer for purposes of the care they provide outside contracted hours.



Treatment and Care Reviews

S. 27 Care Act requires LAs to keep under review generally, care and support plans, and support plans, that it has prepared, and on a reasonable request by or on behalf of the adult to whom a care and support plan relates or the carer to whom a support plan relates, review the plan.

They may revise a care and support plan; and in deciding whether or how to do so, it must have regard to matters referred to in section 9(4) (and specified in the plan under section 25(1)(d)), and must involve:

- (i) the adult to whom the plan relates,
- (ii) any carer that the adult has, and
- (iii) any person whom the adult asks the authority to involve or, where the adult lacks capacity to ask the authority to do that, any person who appears to the authority to be interested in the adult's welfare.



Social care staff,
District nurses,
Pharmacists and
GPs should always
provide advice and
information on safe
care and how
carers can ask for
further help.

Further help is available
from:

Statutory agencies
providing support with
finances- DWP, OPG and
Court of Protection

Voluntary Sector
Providers- Barnet
Carers, Age UK,
Mencap, Mind

Prevention and effective multi-agency responses to safeguarding risks

- Covid-19 lockdown put into sharp focus how important it is to work collaboratively to anticipate risk and adapt to respond effectively to this.
- The BSAB understands we have a dual responsibility both to protect adults at risk and to ensure those caring for them have access to the help and guidance they need to provide safe care, maintain their own wellbeing and understand how to report concerns.
- Recent BSAB audit activity has highlighted safeguarding concerns can arise unintentionally, e.g.
 - Adults at risk appearing to refuse medical treatment/ social care.
 - inadequate manual handling or preventative care can result in harm- e.g. pressure ulcers
- We must also be alert to intentional harm, such as financial or domestic abuse.
- Adults have the right for their decisions to be respected, but practitioners and carers must actively consider if they have capacity to know the risks and protect themselves.
- Carers must be given the information and support necessary to provide safe care, they must also be heard and time taken to explore whether caring tasks are impacting on the carer's wellbeing or beyond what they are able to provide.

Accessing Health Reviews and Medical Treatment

- Requires capacitated consent or, if the person lacks capacity decisions must be made in accordance with their best interests, taking into account all the duties under the Mental Capacity Act 2005.
- To deny treatment to an incapacitated patient may breach of statutory duty of care, Human Rights Act and Equality Act 2010.
 - Burke v GMC [2005] No professional can be ordered to provide medical intervention which, in their view, is not appropriate. No absolute duty to keep people alive, even if possible to do so.
 - Wye Valley NHS Trust v Mr B [2015] “...a conclusion that a person lacks decision-making capacity is not an ‘off switch’ for his rights and freedoms. To state the obvious, the wishes, feelings, beliefs and values of people with a mental disability are as important to them as they are to anyone else, and may even be more important. It would be wrong in principle to apply any automatic discount to their point of view.”
- So the ‘decision maker’ must assess capacity, if reasonably believe they are incapacitated, act in their best interests and not contrary to the lawful decision of an LPA/deputy or a valid and applicable ADRT. Where treatment is in the person’s best interest, if restraint or DOL is required those additional requirements must be met for provision to be lawful.
- If it involves ‘serious medical treatment’ clinicians must refer to Court of Protection, likely be reserved to the CoP President/High Court judge.

LGA: Carers and Safeguarding briefing

- Carers are not a homogenous group.
- What they usually have in common is a willingness to work alongside statutory, community and voluntary services to promote the cared for person's wellbeing.
- However, it is not always easy to understand the routes for carers to raise concerns, or who is responsible for explaining possible ramifications for them or their duty of care.
- LGA briefing stressed the importance for carers of being *'recognised and valued for what they do, to have the information to be able to care well and safely and make the right decisions for them and their family.'*
- Practitioners are trained to identify situations where a vulnerable person may be experiencing abuse and expected to make safeguarding referrals. However, a more freethinking approach (one that suspends judgement, is empathetic and open to critical evaluation of different perspectives) should be employed, particularly where practitioners have themselves experienced a reluctance from the cared for person to engage with treatment or social care plans. Where concerns arise that someone's care and support needs are not being met by an informal carer, a careful assessment should be carried that focusses on understanding the experience of caring for that person, as well as the carer's capacity to meet their needs and what information and practical support they might require.

Discussion

Taking into account learning from local SARs, how does 'safeguarding' feel in practice?

- Is there time and a 'freethinking approach' adopted so the assessment reflects what happens day to day or what matters for the carer?
- Are cultural and racial issues that matter to the carer and the family, sensitively and adequately addressed?
- Do practitioners take the time to explain why they have concerns and why it might be necessary to carry out an enquiry?



Further reading



- 'Safeguarding Adults under the Care Act 2014', Jessica Kingsley Publishers, 2017
- https://www.local.gov.uk/sites/default/files/documents/25.130%20Making%20Decisions%20on%20the%20duty_06%20WEB.pdf: LGA and ADASS guidance on decision making re s42 enquiries
- <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>: MCA Code of Practice
- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>: Care Act statutory guidance
- <https://www.local.gov.uk/parliament/briefings-and-responses/carers-and-safeguarding-briefing-people-who-work-carers>: LGA briefing on Carers and Safeguarding

How to report concerns in Barnet

Social care direct at Barnet council are the point of first contact

- **Tel 020 8359 5000 text (SMS) 07506 693707**
email socialcaredirect@barnet.Gov.Uk

Police community safety unit in an emergency 999

- **Tel 020 8200 1212 email sxmailbox-tib@met.Pnn.Police.Uk**

- What happens after you report abuse:

<https://www.Barnet.Gov.Uk/sites/default/files/assets/citizenportal/documents/adultsocialcare/whathappensafteryoureportabusebookletmay12.Pdf>

- Your concern should always be taken seriously and acknowledged. Usually the adult at risk will be consulted and you should always be told if the concern will be investigated.
- If you hadn't had this it is ok to ask again!

