



Welcome to the second issue of the Bath & North East Somerset Local Safeguarding Adults Board (LSAB) newsletter

The LSAB is a multi-agency partnership, bringing together local statutory and independent sector agencies working with vulnerable adults at risk of abuse. The Board is responsible for ensuring the Multi-Agency Safeguarding Adults Policy and Procedures are effective and prevent adults from experiencing significant harm.

People can be especially vulnerable if they have a disability which makes them less able to protect themselves. In Bath & North East Somerset all the agencies involved in caring for disabled people work together to respond in a coordinated way to cases of suspected abuse. We aim to ensure that vulnerable adults can be offered help and protection whilst still respecting their rights as adults.

New LSAB Chair

I am very pleased to announce that, from next June, Reg Pengelly will be taking over as Chair of the B&NES LSAB. You will be aware that Reg is currently Chair of the B&NES LSCB and this appointment will support closer working between the two Boards. Making the appointment now also gives us the opportunity to introduce Reg to Board activities in advance of taking up the post. This will ensure good continuity between us.

Reg will be attending as many LSABs and related events as he can between now and next June.

I am sure Reg will be a great asset and I look forward to working with him over the coming months.

Best wishes

Robin Cowen
Chair of B&NES LSAB

Appointment to Head of Safeguarding & Quality Assurance

Most of you will know that we have recently appointed Lesley Hutchinson to the position of Head of Safeguarding & Quality Assurance for Bath & North East Somerset Council, People & Communities. Lesley's appointment is a key milestone in progressing plans to put in place a joint structure across the People & Communities Department for the oversight and management of Safeguarding and Quality Assurance for both Children and Adults.

Making Safeguarding Personal (MSP) – The Next Wave...

Background

This started out as a sector-led initiative in response to findings from peer challenges, consultation and engagement etc. with the aim of developing an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

2011/12: A Toolkit of Responses was developed

2012/13: 5 Councils were ‘test beds’

2013/14: 53 Councils participated (including Bath and North East Somerset)

Making safeguarding personal is engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. (*peer review messages LGA June 2013*)

Some of the things that were said by Councils who took part last year..

“People are more likely to maintain a safer life if they have been involved in a safeguarding process and empowered to take measures to protect themselves. “

“Commitment to quality assurance requires time and a shift of emphasis from “care management” to effective professional social work”

“The presence of service users at meetings has helped in some cases to really get at the truth and to make an impact on other professionals and providers and bring home the impact of abuse.”

Moving Forward with MSP in 2014/15 and beyond

MSP is now a nationally recognised programme and local authorities can no longer opt out. The programme is intended to last three years and is supported by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). In Bath and North East Somerset a Project Group is underway and four ‘test bed’ sites have been agreed upon to trial some of the initiatives proposed nationally and from the working group. Two of the sites are from Sirona; ASIST and LD in Bath and two from AWP; Recovery and CIT.

Frontline staff will be at the forefront of mainstreaming the personalisation of safeguarding approach and will be involved in the three key areas of service delivery, staff development and information systems. It is recognised that there are many challenges in moving forward including enmeshing this approach with the implementation of the Care Act so that the benefits derived from MSP are much more widely applicable and recognised.

‘Avoid safeguarding arrangements that do not put people in control of their own lives, or that revert to a paternalistic and interventionist way of working. People have complex lives and being safe is only one of the things they want for themselves’

‘We are all individuals with different preferences, histories, circumstances... It is...unhelpful to attempt a prescriptive process that can be followed in every case for concern’ (*Care Act Statutory Guidance*)

What you can be doing now?

- Ask service users what they want at the beginning, middle and at the end of Safeguarding, avoiding jargon (many won't know what the word 'outcome' means)
- Make their wishes and views explicit rather than implicit in any recording
- Recognise the importance of 'soft' data, such as quotes from service users to express their views and wishes.
- **Tell us and your colleagues where you have learnt something valuable or where you have engaged in areas of positive practice.**

Karyn Yee-King

Care Act Update

The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care; this is called the 'Care Cap'.

The Care Act brings in new entitlements for carers to help them maintain their caring role and their life beyond their caring role. All carers will be entitled to an assessment and if eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.

More information can be found at www.bathnes.gov.uk/mycaremysupport

Melanie Hodgson

Service User Involvement and Feedback

It is always very challenging to obtain meaningful feedback from service users who have been subject to the Safeguarding procedures for a variety of reasons; they may not wish to be reminded of a painful episode, they may have communication difficulties or mental capacity issues and (like many people) they may not wish to complete one more questionnaire.

A feedback questionnaire is routinely handed to service users who are subject to safeguarding procedures and 23 completed returns were received over the course of the year, which is a similar figure to last year and a big improvement on similar efforts in previous years.

In addition, practitioners are asked the question '*Did the service user feel safer?*' when the case has been closed, and a free text response is required. This is rarely a 'yes' or 'no' answer because of the complexities of each individual case but the majority of service users are reported to feel safer, happier and / or better supported as a result of the intervention.

Out of the 23 people who returned a questionnaire (21 service user were supported by Sirona Care and Health and 2 were supported by AWP), 21 said that they were clear about the reasons why a worker came to see them (1 not sure, 1 not answered), 21 felt listened to (1 not sure, 1 not answered) and 20 said they were happy with the outcome (1 not sure, 1 not answered).

(This information is taken from the [LSAB Safeguarding Adults Annual Report 2013/14](#))

Maggie Hall

Safeguarding and Human Rights – Learning from our Neighbour

The Court of Protection recently handed down a damning Judgment in the case of Somerset v. MK (July 2014) highlighting the need to keep in mind European Convention rights and due legal process when investigating and making protection plans under Adult Safeguarding Procedures.

P, a young woman with severe learning disabilities, autism and very limited verbal communication lived with her family all her life. On 21st May 2013 she was returned home from school early due to high levels of distress and challenging behaviour. Her mother (M) later noted bruising to P's chest and advised the school of the bruising, as well as the respite placement where P was due to stay to accommodate a family holiday. The placement found further bruising to her chest and she was taken to the local hospital for examination where the Doctor stated that it would be unlikely to be self-inflicted and suggested it *"highly likely that P has received a significant injury from someone or something other than herself..."* A Safeguarding Strategy meeting was held and a decision made that P should not be returned to the family home following the respite stay. On her return from holiday M expressed her objection to the situation and stated that she wanted P to return to the family home; this was not facilitated.

Judge Marston found that P was illegally removed from her family when she was not allowed to return home and that this was in breach of Article 8. He also found that the Safeguarding Investigation was not carried out competently as information was missed that was easily accessible and would have identified the cause of the bruising. Judge Marston suggested that the use of DoLS by the LA was depressingly similar to the case of Steven Neary (2011) as a "means of getting its own way" in relation to Best Interests and that P had been illegally Deprived of her Liberty. The LA further breached ECHR by not making an application to the Court when M raised her objection to the on-going placement, by not advising her of her right to make an application herself and with regard to the limitations and restrictions on contact between P and her family.

Judge Marston suggested the findings "illustrate a blatant disregard of the process of the MCA and a failure to respect the rights of both P and her family under the ECHR". The case makes clear the need to involve families in Safeguarding investigations and plans, consulting with families in line with MCA s4 and ensuring disputed cases are swiftly referred to the Court for a decision. As noted by 39 Essex Street "it is almost impossible to emphasise too strongly the message that acting on the basis of safeguarding concerns gives no additional powers to local authorities to intervene in the lives of vulnerable adults – those powers have to be found either in statute or in the common law".

See the full Judgment at: <http://www.bailii.org/ew/cases/EWCOP/2014/B25.html>

Summary and comment at: http://www.39essex.com/court_of_protection/browse.php?id=3672
<http://www.familylawweek.co.uk/site.aspx?i=ed132931>

Christine Somerset

Female Genital Mutilation (FGM)

Most professionals working in adult social care and health are familiar with this term and what it means. However, to provide a brief summary female genital mutilation (FGM) is a collective term for procedures that include the removal of part or all of the external female genitalia, for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

The procedure is typically performed on girls aged between four and 13, **but** in some cases FGM is performed on new-born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure, from blood loss or infection.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed and replaced in 2003 by The Female Genital Mutilation Act 2003. This legislation is designed to prevent families and carers from taking girls abroad to undergo the procedure. The Act increases the maximum penalty for being found guilty of FGM from 5 to 14 years imprisonment.

FGM is considered to be a form of child abuse (it is categorised under the headings of both Physical Abuse and Emotional Abuse). A local authority may exercise its powers under Section 47 of the Children Act 1989 if it has reason to believe that a child is likely to suffer or has suffered FGM. Under the Children Act 1989, local authorities can apply to the Courts for various Orders to prevent a child being taken abroad for mutilation.

FGM is much more common than most people realise, both worldwide and in the UK. There are substantial populations from countries where FGM is endemic in London, Liverpool, Birmingham, Sheffield and Cardiff, but it is likely that communities in which FGM is practised reside throughout the UK.

FGM is also an abuse of female adults usually categorized under honour based violence and domestic abuse definitions. Where a female adult is also defined as a Vulnerable Adult, additional support mechanisms would be available through local social care teams and adult safeguarding processes. A Non Molestation Order under Part IV of the Family Law Act 1996 may also be used as protection for the child or adult. The Domestic Violence Crime and Victims Act 2004 make the breach of a Non Molestation Order a criminal offence.

Despite professionals and volunteers in most agencies being more aware it is recognised that they have little or no experience of dealing with female genital mutilation. Encountering FGM for the first time can cause people to feel shocked, upset, helpless and unsure of how to respond appropriately to ensure that a child, and/or a mother/any female adult, is protected from harm or further harm

From April 2014, it is be a mandatory requirement for NHS hospitals to record

- If a patient has had FGM
- If there is a family history of FGM;
- If an FGM-related procedure has been carried out on a women - (de-infibulation).

Adult Females at Risk

When an adult female has undergone/is about to undergo FGM these incidents should be dealt with by the Public Protection Investigation Unit as a form of Domestic Violence and Abuse/Honour Based Violence incident. Relevant risk assessments (such as the domestic abuse risk indicator checklist) and safeguards should be put in place and referrals to partner agencies made as appropriate in order to ensure the victim receives all relevant support.

If the adult female is a Vulnerable Adult, the adult safeguarding process should be initiated and an urgent Strategy Meeting arranged. The risk to wider public interest should be considered. Immediate protection may be secured through the Court of Protection or the High Court.

If a referral is received concerning one female in a family, consideration must be given to whether other females in that family are also at similar risk.

There should be consideration of other females from other associated families once concerns are raised about an incident or the perpetrator of FGM.

To download the multi-agency practice guidance and support in working with victims of female genital mutilation go to: www.gov.uk/fgm

Karyn Yee-King

Human Trafficking and Modern Day Slavery

The subject of human trafficking and modern day slavery has featured in the media recently but how much do we all know about it? Are we naïve to believe it is not happening in Bath and North East Somerset?

What is human trafficking?

Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of modern slavery and individuals can be brought to or moved around and within a country.

What is Modern Slavery?

Someone is in slavery if they are:

- Forced to work – through mental or physical threat
- Owned or controlled by an ‘employer’, usually through mental or physical abuse or the threat of abuse
- Dehumanised, treated as a commodity or bought and sold as ‘property’
- Physically constrained or has restrictions placed on his/her freedom of movement.

Who is affected?

- Contemporary slavery takes various forms and affects people of all ages, gender and races.
- Vulnerable groups within our society – children, people with a learning disability, people with mental health issues etc.
- 2,744 cases were reported in the UK in 2013 a 22% increase on the number of cases reported between 2012-2013 (taken from Global Slavery Index and UK National Referral Statistics 2013). This is believed to be an underestimate

Top Countries of Origin

Victims found in the UK come from many different countries, including Romania, Nigeria, Vietnam and also the UK itself, **90 were UK nationals in 2013**. Poverty, limited opportunities at home, lack of education, unstable social and political conditions and war are some of the key drivers that contribute to trafficking of victims.

Types of Slavery and Trafficking

- **Forced Labour** - forced to work against their will often for little or no pay and long hours and under threat of verbal or physical abuse.
- **Debt Bondage** – victims are forced to pay off debts that realistically they never will be able to
- **Sexual Exploitation** – forced to perform non-consensual or abusive sexual acts against their will
- **Criminal Exploitation** – often controlled and maltreated, victims are forced into crimes such as cannabis cultivation or pick pocketing against their will. Cannabis cultivation is the

second most common form of criminal exploitation and 81% of victims are children most of whom are from Vietnam.

- **Domestic Servitude** – Victims are forced to carry out housework and domestic chores in private households with little or no pay and restricted movement, very little or no free time.

Slavery is closer than you think and happens here in the UK and yes, here in Bath and North East Somerset. Currently there is little information on how much this is occurring in our area but what we do know is that trafficked people are found in:

- Farms
- Traveller sites
- Labouring jobs
- Nail bars
- Car washes
- Local neighbourhood and residences
- Houses of multiple occupancy
- Takeaways and restaurants

As employers either directly visiting vulnerable people or visiting places where vulnerable people may be, we all have a responsibility for not ignoring possible indicators where modern slavery may be happening.

What to do...

The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support.

To learn more about your duties and responsibilities under this mechanism go to www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms

If the person is at immediate risk call 999

Call Salvation Army 24/7 accommodation and immediate advice helpline 0300 303 8151 (Salvation Army are the recognised provider for the 45 day reflection and recover period for victims of trafficking)

Email any suspicions/concerns to info@aspartnership.org.uk (anti-slavery partnership that are active in Bristol)

Karyn Yee-King

Rogue Trader – a narrow escape from roofing fraud

An elderly Keynsham man who cares for his sick wife had a narrow escape from paying out his life savings, when a rogue trader came to call recently.

The man entered a Building Society asking to withdraw most of his savings to pay for roofing work that he had been told was required. The manager of the building society could see that the man was distressed and asked him into his office to discuss his withdrawal. The manager was told that, at the man's request a builder had looked at his roof because of a leaking ceiling. Despite the roof having been refurbished only 4 years ago he was told that it needed completely rebuilding and that the leak would get worse if it wasn't repaired.

When the man spoke to a friend about it, he became concerned that perhaps the roof didn't need doing and tried to put the builder off. The builder, however, tried to force his way into the house

and was only kept out by the man kicking his foot, which was trapped in the door. It was after this incident that he went to the building society and spoke to the manager.

The manager spoke to the Police and Trading Standards who came out to discuss the incident. He was advised that under no circumstances should he give any money to the builder. A formal investigation is now being undertaken by Trading Standards.

Trading Standards advise the following:

- Don't be concerned if your bank or building society asks for information about why you want to make large withdrawals. They are trained to be concerned for your financial wellbeing.
- Never do business with someone who calls at your door unannounced.
- Always obtain at least two quotations for any work around your house.
- Use friends or family to suggest reliable and reputable tradespeople.
- Trading Standards have an Approved Trader scheme called 'Buy with Confidence'. You can get the directories for Bath and North East Somerset in any council building or by calling 01225 396759. There is also a website: www.buywithconfidence.gov.uk

*Robin Wood
Team Leader
Trading Standards and Health and Safety*

Training – safeguarding and Domestic violence and abuse

Level 1 Safeguarding Adults

20th January 2015, 2 - 4 pm

L2 Safeguarding adults training

28th Jan 2015, 6.30 - 9 pm

MCA/DOLS training

10th February 2015, 7 - 9 pm

For more information and to book a place, please contact Anne.hodgkins@nhs.net

Domestic Violence and Abuse courses

The awareness course will explain the dynamics of Domestic Abuse and the impact on those who experience it. Staff will be able to explore how Domestic Abuse affects behaviours and choices. The course is for those wishing to enhance their knowledge around the subject matter.

Dates:

14th Jan 2015

18th March 2015

For more information and to book a place, contact Sirona Learning and Development Centre on 01225 831488

Leaflets

Have a look at the [leaflets, posters and cards](#) available on the Council's safeguarding website. Please let us know if you like copies.

Useful links:

- [Bath & North East Somerset Council Adult Safeguarding web page](#)
- [LSAB 2013/14 annual report](#)
- [B&NES Local Safeguarding Adults Board](#)
- [B&NES Local Safeguarding Children Board](#)
- [B&NES Council Child Protection page](#)
- [Action on Elder Abuse](#)
- [Association of Directors of Adult Social Services](#)
- [Social Care Institute for Excellence](#)

The next LSAB newsletter will be produced in June 2015. To include an article, news item or tell others about a project or some training, please contact Melanie.Hodgson@bathnes.gov.uk by the end of April 2015

Produced Dec 2014
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