South Gloucestershire Safeguarding Adults Board (SGSAB)
Practitioner Learning Brief
SAR: Family Z November 2019

Background Summary

The Z Family is Earnest, Agatha and David Z
Earnest and Agatha experienced increasing care and support needs as they grew older.
The SAR was commissioned when Earnest Z died in 2017.
David looked after Earnest and Agatha in their own home, although his ability to do this well was not assessed and he had his own care and support needs.
After Earnest died Agatha's needs were largely unmet and she was neglected and often hungry, cold, frightened and in pain.
Many Professionals worked with this family, but their response was not always coordinated, timely or effective.

The SAR for the Z family has not been published to protect the anonymity of the family

10 agencies took part in the review

Elements of good practice were identified in particular by community based staff who built relationships in challenging circumstances and demonstrated proactive and creative work.

Good quality views of an adult were gained once the adult was in a safe environment with an advocate

The police had serious concerns about the welfare of the family and communicated these to other agencies, but no immediate safeguarding action was taken

Find the Resolution Of Professional Differences Policy here

What are we worried about?

- There was too much reliance on historic information about what the Z family had wanted in the past and this became more important than focus on the current needs
- The provisions of the Mental Capacity Act were not used effectively, formal capacity assessments did not lead to best interest decision making, a necessary approach to the Court of Protection was not undertaken for several months
- Risk assessments were not reviewed and updated in the light of new information, the impact of challenge on risk levels was not monitored
- The impact of the control exerted by one family member was not properly understood or analysed in terms of family dynamics and accumulated risk
- The nature of the control exerted by one family member was allowed to impede the engagement and assessment of other increasingly vulnerable family members over a period of years
- The principles of Making Safeguarding Personal were not followed and the input of advocates not fully utilised in decision making
- A Carers Assessment was undertaken but not utilised to address the perspectives of the controlling family member.
- One hospital Trust did not use the provisions of the Mental Capacity Act
- Local authority recording systems impacted on joined up working
- Multi agency planning meetings were not used effectively and were not responsive or timely
- Agencies did not use escalation processes to challenge the decisions made by the local authority

Working with Control

One family member exercised complete control over the others daily lives, including what they ate and drank, what they wore, how comfortable they were and what medication they could take. As two of the family members became frailer this need for control to try to prevent their loss of health became acute, with serious consequences for wellbeing and human rights.

Whilst not meeting the definition of 'coercive control' this type of total control, that of a carer for those dependent upon them, can have serious and even fatal consequences.

When someone who lacks capacity does not attend an appointment, consider use of the term 'was not brought' rather than did not attend

Read the Domestic Abuse Guidance by clicking here

Key Finding:
Professionals were overly optimistic that change would occur

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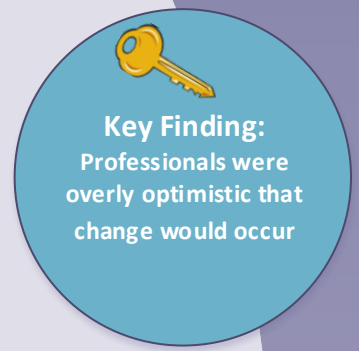
What Needs To Happen?

Recommendations:

- ✓ To seek assurance that South Gloucestershire Adult Social Care has been able to implement all recommendations to improve the quality of Adult Safeguarding processes. Whilst the local authority has made a significant start in improvement action changes in practice must be regularly audited and reports made to the SAB on progress against agreed demonstrable outcomes.
- ✓ To seek assurance from North Bristol NHS Trust that it is now compliant with the provisions of the Mental Capacity Act 2005 in all activities and that provisions have been implemented to support people unable to access clinical services.
- ✓ To review the South Gloucestershire Domestic Abuse practice guidance
- ✓ South Gloucestershire Adult Social Care are recommended to review and update their adult safeguarding procedures and systems in the light of the learning. The learning will need to be embedded into MSP practice, risk assessments, recording practices and multi-agency meetings in particular.
- ✓ Adult Social Care is also recommended to review how advocates are enabled to fulfil their role as representatives of the adult, and to promote the engagement of advocates with adults who have substantial difficulty in being involved in the safeguarding process. This duty is relevant to all adults at risk, but particularly so when there are issues of control by a third party.
- ✓ Whilst Adult Social Care senior practitioners are now 'checking' the use of the MCA in adult safeguarding processes there must also be activities to increase practitioner's confidence and skill in using the provisions of the Act.
- ✓ Domestic Abuse training and reflective supervision must address staff awareness and confidence when working in situations where adults are being controlled; and situations where people have mental health issues which are impacting on the safety of others or leading to harm.
- ✓ South Gloucestershire Adult Social Care and Avon and Wiltshire Mental Health Trust are recommended to discuss how the awareness and confidence of practitioners can be promoted in working with people who have mental health issues and to devise opportunities for this to be promoted.
- ✓ North Bristol NHS Trust is recommended to regularly audit and quality assure the use of the provisions of the Mental Capacity Act 2005 throughout all Trust activities.
- ✓ In addition, the Trust is recommended to develop policy and procedures to ensure that people who do not have the mental capacity to decide whether and how to access out-patient clinics are identified and able to access the secondary care they need.



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