



Gloucestershire  
**Safeguarding Adults**  
Board

# **Gloucestershire Safeguarding Adults Board (GSAB)**

Annual Report 2022/23

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# Welcome from the GSAB Chair

## Welcome to the Gloucestershire Safeguarding Adults Board Annual Report for 2022-23

Welcome to the Gloucestershire Safeguarding Adults Board (SAB) annual report, the production of which is one of the statutory requirements of the Care Act 2014 and covers the period April 2022 to March 2023.

The purpose of the report is to set out what we have done in Gloucestershire in the last 12 months in order to help and protect adults at risk of abuse and neglect.

Progress has been made during the last year, as we are now at the end of the first year of our 3 year strategic plan 2022-2025. There is still much to do in order to raise greater awareness of what constitutes abuse and neglect, how to report it and the risk factors associated with it, in order to minimise the risk of it happening.

During 2022/23 there were 2227 concerns raised of potential abuse and neglect, an average of 186 per month, which is slightly less than the previous year. Once again, we have seen numerous examples of individuals with complex needs who are experiencing severe and multiple disadvantages. These individuals really challenge agencies in Gloucestershire, in finding a person centred response that truly protects them, enabling them to lead the life they seek, and to become the best version of themselves.

We have started working more closely with partners in order to understand these individuals in order to better meet their need, and lead to better outcomes. There have also

been many conversations throughout the year about particular risks in the system and there is now much more knowledge of adverse childhood experience and trauma informed practice, that will positively influence safeguarding practice.

A significant and critical part of the Safeguarding Adults Board role relates to learning and development, through the work of the Workforce Development Group and Safeguarding Adults Review Sub Group. They are responsible, on behalf of the Board, in supporting improvements in professional practice and making sure that the recommendations from reviews, both local and National, become embedded in local practice.

Our Workforce Development Group oversaw the take-up of 16,535 individuals undertaking GSAB approved Safeguarding and Mental Capacity Act courses and the Board received 5 referrals for consideration of undertaking a SAR, of which one is proceeding to a SAR and a further review is still ongoing from the previous year.

Along with the Gloucestershire Safeguarding Children Partnership and the Gloucestershire Domestic Abuse Local Partnership Board, we undertook a thematic review of recent SARs, Children's Reviews and Domestic Homicide Reviews in order to identify cross cutting themes. The findings from this work are being taken forward.

As this year ends and another year starts, we continue to experience at first-hand how both the Health and Social care systems are having to cope with unprecedented demand.

In July 2022, we saw the establishment of the NHS Gloucestershire Integrated Care Board, which provides us all with a greater opportunity to deliver safeguarding work more closely together across the partnership landscape, to protect and help adults at risk of abuse and neglect.

There is further work to be done to enhance our quality assurance and data analysis from across the partnership, to build on the data provided by the local authority.

The forthcoming year will be challenging for all those individuals engaged in adult Safeguarding. During 2023, the Care Quality Commission will begin the assessment of the quality of care at a local authority and Integrated Care Board level, in order to provide independent assurance to the public. However, the new assurance regime will shine a light on adult safeguarding and hopefully open the door to further local collaborative and partnership work, that will benefit adults who are at risk of abuse and neglect.

Some of the work delivered by the Board and its sub groups during this period is outlined below:

- A project to update and improve the GSAB website began,
- A report was commissioned to look at the joint learning from statutory reviews (SARs, Children's Reviews and Domestic Homicide Reviews),
- The scope of the year's Annual GSAB Roadshows was expanded to include Faith Groups, Community Leaders and the Public,
- A Hoarding Forum has been set up by the Fire Service for both professionals and those that hoard,

- Producing and disseminating four issues of the GSAB Quarterly Newsletter, covering a variety of themes,
- An online form for professionals to raise Adult Safeguarding Referrals went live,
- A Train the Trainer CPD Event was held in October, with topics including domestic abuse and learning from Safeguarding Adults Reviews (SARs),
- Our Multi-agency Audit Group has undertaken a programme of multi-agency audits on the following topics:
  - Domestic abuse
  - Sexual abuse
  - Enquiries caused to be made by GHC
  - Making Safeguarding Personal
  - 2 x "deep dives" - one Domestic Abuse case, one complex needs/substance misuse.

I would like to finish by extending my thanks and appreciation to my Board Business Manager, the Board and members of our various sub groups, for their continued support and commitment to developing and promoting the work of protecting adults.

I would also like to acknowledge the work and commitment of our front-line practitioners, for their dedication and professionalism in these ever challenging times.



Paul Yeatman

**Independent Chair  
Gloucestershire Safeguarding Adults Board**

# This is Gloucestershire

The 2021 Census showed that Gloucestershire's population was 645,076 in 2021. This is an increase of 8.1% between 2011-21, which is higher than the growth rate of 6.3% for England and Wales.

Gloucester continues to have the largest population with 132,416 people and the Forest of Dean has the smallest at 87,004. Between 2021-22, Tewkesbury had the most population growth at 15.8% followed by Cotswold with a 9.6% increase. Cheltenham saw the lowest rate of growth with an increase of 2.7% or around 3,000 people.

The overall gender distribution for Gloucestershire is 48.9% males and 51.1% females, in line with the gender split seen at a national and regional level

In 2021, an estimated 517,644 adults aged 18 and over lived in Gloucestershire, of these around 139,810 people were over-65s

The proportion of the population who are of working-age (16-64) is 60.84% in Gloucestershire. This is lower than the overall working-age proportion in England and Wales (62.93%) but slightly higher than in the South West (60.73%).

The proportion of people over the age of 65 is higher in Gloucestershire (21.6%) than in England and Wales (18.66%) but slightly lower than in the South West (22.34%)

In the 12-month period to May 2020, around 12,100 adults and older people were receiving social care services funded by Gloucestershire County Council, including about 6,200 who received long-term care such as domiciliary care, residential care and nursing care. There were also around 1,400 adults in Gloucestershire receiving council-funded services as a carer in the same period.

*Gloucestershire has a larger proportion of older population (age 65+) than nationally. Its older population is forecast to rise at a faster pace than nationally in the next 25 years, from 135,000 to 205,900 people between 2018 and 2043.*

*There were around 20,200 informal carers aged 65+ in Gloucestershire in 2020, this is expected to increase to 25,100 in 2030.*

*Studies suggest that the level of unmet social care need is higher among older people on low incomes than those on higher incomes. In Gloucestershire, 8 neighbourhood areas were ranked among the national top 10% income deprivations affecting older people.*



# What is Safeguarding?

**The Care Act 2014 Statutory Guidance confirms that “Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect” (14.7)**

It is about people and organisations working together to prevent and stop both the risks and experiences of abuse or neglect, whilst at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard for their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

Abuse and neglect can take various forms including: **Physical abuse, Modern slavery, Domestic abuse, Discriminatory abuse, Sexual abuse, Organisational or institutional abuse, Psychological or emotional abuse, Neglect and acts of omission, Financial or material abuse and Self neglect.**

More information on these can be found in Appendix One.

The Care Act 2014 requires partner agencies and services to work together to protect adults at risk of abuse and neglect. Joined up safeguarding processes and practice ensure that:

- ❖ Joint working prevents, reduces or delays the risk of harm to the adult
- ❖ Safeguarding concerns are identified and reported to support the adult
- ❖ Those who have a statutory duty to enquire, act in a timely, person centred and co-ordinated way

Under Section 42 of the Care Act, the local authority has a responsibility to undertake an enquiry where there is a concern that an adult with care and support needs is unable to protect themselves when experiencing or at risk of abuse or neglect. If the criteria in Section 42 (1) are met, then the local authority must conduct an Enquiry and decide on any action under Section 42 (2).

Any enquiry should include an attempt to gain the views of the adult at risk as to what is important to them and what they would like to happen, providing any necessary support, such as an advocate. This is called Making Safeguarding Personal. If the adult at risk has the capacity to make a decision, their wishes must be respected. However, this view must be balanced with an assessment of the risks and an agreement reached as to how these risks will be monitored and managed.

**The Care Act says: Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.**

# What are the six principles of Safeguarding?

## Empowerment

People being supported and encouraged to make their own decisions and informed consent

## Prevention

It is better to take action before harm occurs

## Proportionality

The least intrusive response appropriate to the risk presented

## Protection

Support and representation for those in greatest need

## Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

## Accountability

Accountability and transparency in safeguarding practice

## Deprivation of Liberty Safeguards (DoLS)

If a person needs protective measures to be put in place to keep them safe and is assessed as lacking capacity to make decisions about that particular area, either the local authority or the Court of Protection, depending on the circumstances, can authorise a Deprivation of Liberty Safeguards (DoLS). This gives a legal authority to restrict a person's liberty in a specified way in order to keep them safe. There are strict criteria as to what is appropriate when putting such measures in place.



# Safeguarding Adults Board (SAB)

**The Care Act 2014 Statutory Guidance confirms that “the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area” who meet the safeguarding criteria (chapter 14.133).**

## Role and Purpose

The Care Act 2014 introduced Safeguarding Adults Boards (SAB) and gave them the responsibility to seek assurance that there are effective local safeguarding arrangements. The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assuring itself that safeguarding practice is person-centred and outcome-focused
- Working collaboratively to prevent abuse and neglect where possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

Under the Care Act a SAB is required to:

To publish an Annual Report

To publish a Strategic Plan

To commission Safeguarding Adult Reviews

To hold partner agencies accountable for how they work together to protect adults from abuse and neglect

# How to report a safeguarding concern

**A safeguarding concern is raised where there is reasonable cause to suspect that an adult who has, or may have, needs for care and support is at risk of, or experiencing, abuse or neglect. Care Act 2014 Section 42 (1) (a) and (b).**

If you are concerned that you or another adult is being abused or neglected, please report it.

Some adults are particularly vulnerable to be hurt or abused because they have a disability, illness, or impairment and need help and support. Depending on others can sometimes make them vulnerable and at risk of abuse, very often from people they know. This isn't always intentional... but it is still abuse.

## Helpful Information

- Why you are concerned
- The name, age and address of the adult at risk
- If anyone lives with them
- If they are getting help from any organisation
- Who may be carrying out the abuse

Don't delay in reporting the abuse if you're not sure about some of these details.

## Contact the Adult Help Desk

- Telephone 01452 426868
- 8.00am to 5pm Monday to Friday
- Or when out of hours call the Emergency Duty Team on 01452 614194
- You can also email: [socialcare.enq@gloucestershire.gov.uk](mailto:socialcare.enq@gloucestershire.gov.uk)

## Professionals Only

Professionals reporting safeguarding concerns about an adult with care and support needs should complete a **Safeguarding Adults Referral Form** (link below) <https://forms.gloucestershire.gov.uk/AdultSocialCareReferral>

# Safeguarding activity in Gloucestershire

The data below covers the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

The number of Safeguarding concerns raised on behalf of adults at risk was **2,227**.

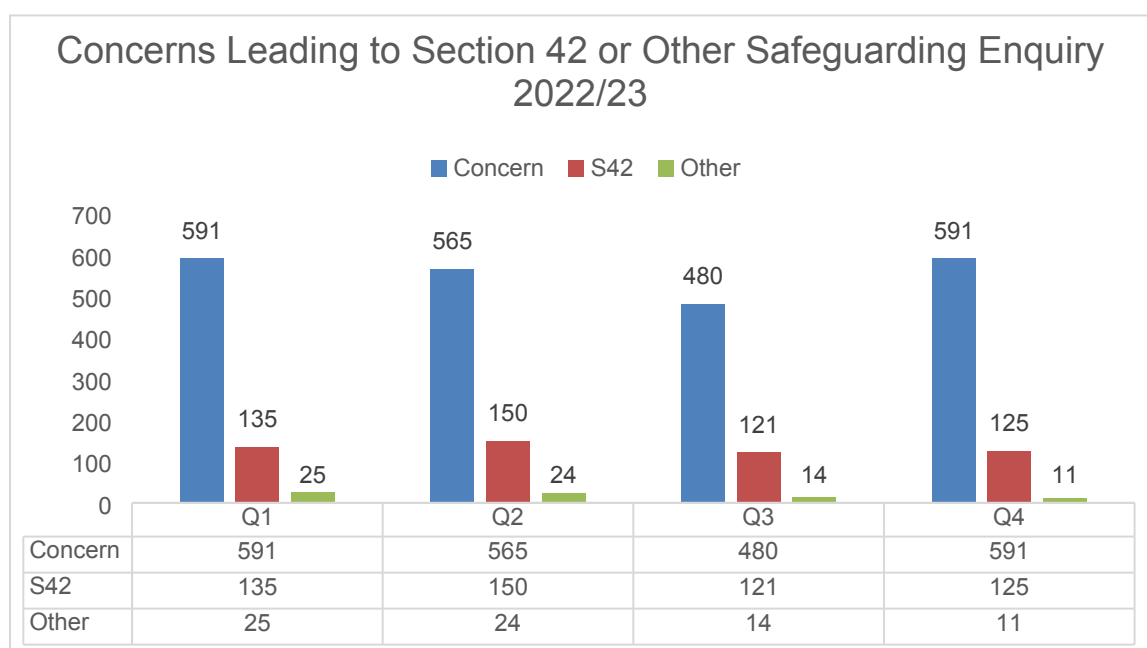
Of the **2,227** concerns, **531** went on to become Section 42 enquiries and **74** became 'Other'

enquiries, making a total of **605**.

'Other' relates to enquiries that have not met the criteria for a statutory enquiry, however some form of safeguarding enquiry is deemed to be required, for example, the person is at risk of abuse and has support needs, but not care needs.

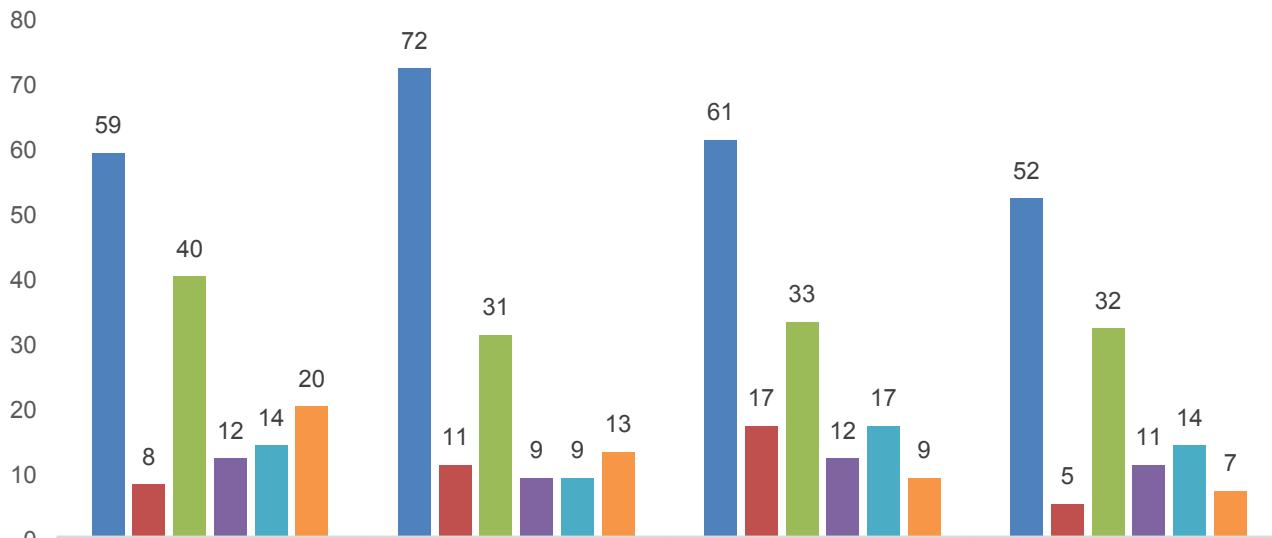
## Safeguarding Activity 2022/23

LA	Safeguarding Concerns	Section 42 Safeguarding Enquiries	Other Safeguarding Enquiries	Total Enquiries
Gloucestershire	2,227	531	74	605



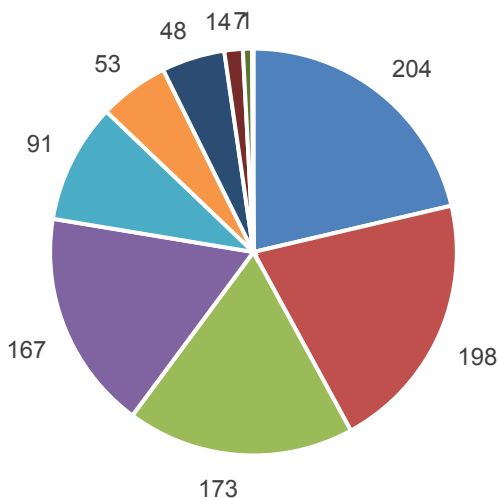
## Closed Section 42 Enquiries and Risk 2022/23

■ Risk Reduced   
 ■ Risk Remains   
 ■ Risk Removed   
 ■ No Risk   
 ■ No SG Action   
 ■ Inconclusive



	Qtr1	Qtr2	Qtr3	Qtr4
Risk Reduced	59	72	61	52
Risk Remains	8	11	17	5
Risk Removed	40	31	33	32
No Risk	12	9	12	11
No SG Action	14	9	17	14
Inconclusive	20	13	9	7

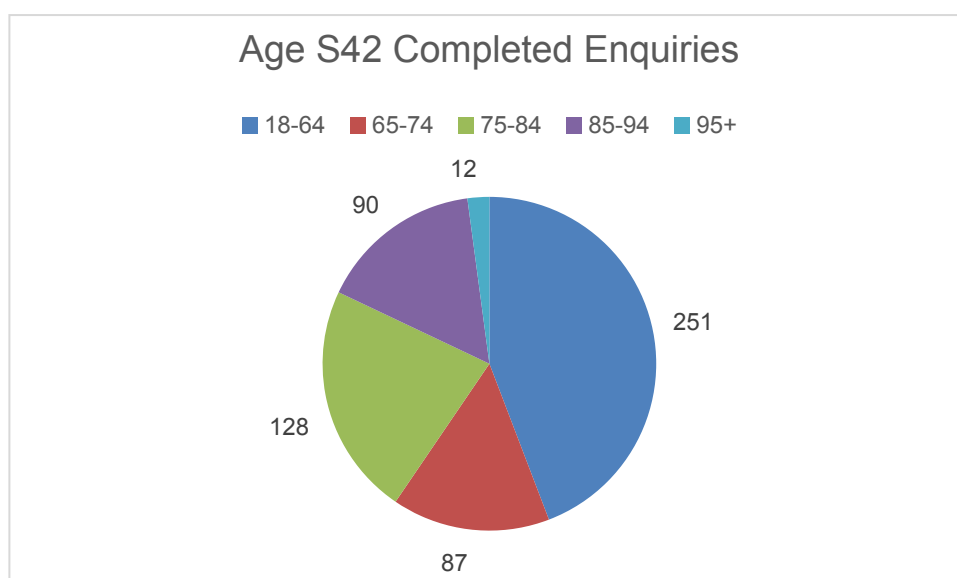
## Safeguarding Enquiries - Abuse Types



■ Emotional/Psychological   
 ■ Financial and Material   
 ■ Neglect and Acts of Omission   
 ■ Physical  
■ Domestic Abuse   
 ■ Sexual   
 ■ Organisational   
 ■ Discriminatory  
■ Sexual Exploitation   
 ■ Modern Slavery

Abuse Type	Safeguarding Enquiries	% of Safeguarding Episodes
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Emotional/Psychological	204	39%
Financial and Material	198	37%
Neglect and Acts of Omission	173	33%
Physical	167	32%
Domestic Abuse	91	17%
Sexual	53	10%
Organisational	48	9%
Discriminatory	14	3%
Sexual Exploitation	7	1%
Modern Slavery	1	0%
	956	



Age	Number	Percentage
18-64	251	44%
65-74	87	15%
75-84	128	23%
85-94	90	16%
95+	12	2%
Total	568	100%

There has been a slight decrease in the number of concerns this year compared to last year, when 2,314 concerns were received. The percentage of concerns proceeding for a section 42 enquiry has also reduced, from 27% to 24%. We anticipate that the introduction of the Single Point of Access Team will lead to an increase in the number of concerns received as all contacts from professionals will be screened by workers within the safeguarding adults team.

There has been an increase in the number of enquiries involving discriminatory abuse compared to 2021/22 but the figure is still low, and it has been recognised nationally that this type of abuse is likely to be under-reported.

As our access to data improves, we hope to provide more qualitative information about people's experience of the safeguarding process which will be used to try to ensure safeguarding enquiries are

carried out in a person-centred way.

## Case Study (Names and some of the details have been changed to protect confidentiality)

F is an 86 year old Bangladeshi man who has left sided weakness due to a stroke, and some cognitive issues. His wife and son recently gave notice to cancel his daily privately-funded care package, claiming “he doesn’t need it, and anyway it’s too expensive”. F received two calls a day from two carers to assist with medication and supporting him to and from bed.

When the care manager was discussing the cancellation with a couple of the care team, concerns were raised that F had recently said his wife and son were not allowing him sufficient food and that he had made an offhand remark that they had “taken over” his bank account and were spending money on themselves. The son was in the room when F mentioned this, and the carers described the son as smiling sheepishly at them then turning to F with a “withering look” saying “dad you know that’s not true”. One of the carers then recalled that the son had previously mentioned financial difficulties with his textile company and seemed quite stressed about the situation.

The care manager raised a Safeguarding concern for possible financial and material abuse on that basis, but as there was no consent from F for the referral, or any discussion with him about what he meant by them “taking over” his bank account, they were asked to go back and have a discussion with F. It was also requested that they explore F’s comment about not receiving enough food.

Recognising that they may only have one opportunity to discuss the issue with F due to the care package ending, the care manager allocated more time for one of F’s calls and made a plan to attend with the carers. They would try to speak to the wife and son away from F on the pretence of exploring whether there were any issues with the care provided, and how they intended to ensure F received what he needed.

The care manager’s plan was successful and while they were talking to the wife and son, the carers established that according to F either his wife or son had identified his online banking password and changed it so he no longer had access. This upset him because he felt it was one area of his life he was in control of. He had tried to remonstrate with his son but he’d said F was going mad, nobody had changed his password – he must’ve forgotten but also that F “didn’t need money anyway”. In relation to being denied food, F said he ate reasonably well but he was frustrated because his wife no longer gave him a dessert every day at lunchtime as he liked – he was not concerned about this aspect though and didn’t want it taken forward.

The care manager’s discussion was less straightforward, in that F’s wife and son were seemingly evasive about how they would ensure that F received appropriate care. The care manager said that F had a right to an assessment of his needs undertaken by the local authority and that this may elicit some ‘free’ care for F, a statement he felt would appeal to them. When the wife and son seemed initially sceptical, the care manager stated that one of his relatives did this and it was the best thing for them. They then said that it was F’s right to decide whether to have an assessment, but also to decline it if he wanted, and that maybe they should ask him. The wife and son agreed, and the care manager got the sense that whatever was happening with F’s finances, his family didn’t want to see him come to physical harm.

With this additional information the Safeguarding team was able to take the matter forward – although there was little known about F beforehand, it was considered that the Section 42 duty was triggered because he had care and support needs, there was now a “reasonable suspicion” that he was experiencing or at risk of financial abuse, and he couldn’t protect himself due to his care needs. It was also identified that the concern fell

under the definition of domestic abuse too. Prior to putting the matter forward to the locality team, the Safeguarding Practitioner contacted the Community Development Support Team, who gave some useful insight into the Bangladeshi community and explained the services they offer, which could be of benefit to F.

A social worker visited F to talk about the concerns. Initially F's wife and son wanted to be present for the visit, but at F's request only his wife was permitted to take part in the discussion. F felt confident asking his wife why the care package had been cancelled, and she expressed concerns about the rising cost of living. F asked her directly whether she was involved in changing the password for his internet banking and she looked shocked and denied this. F was satisfied that she was being honest with him. With the social worker's support, F was able to regain control over his internet banking. He was not interested in having his needs assessed but he did want the care company to resume its calls. This was also arranged with the social worker's support.

F and his wife were clear that although their son could come across as 'entitled', he did not pose any physical risk to them, and they felt he was reacting to the stress of trying to keep his business afloat.

Although F identified some withdrawals from his bank account that he did not authorise, he did not want any action taken. He also did not want a referral made to GDASS. Knowing that his wife was acting out of genuine concern for their finances when giving notice on the care package reassured F, and both he and his wife were able to put on a united front to explain to their son that they were willing, to a degree, to support him with his business but that there was to be no duplicitous behaviour and that they were aware of what he'd done. F's wife agreed to provide him with jam roly poly three times a week and he visits the Friendship Café in Gloucester from time to time.

This case highlighted a number of important issues – although the care manager initially accepted F's wife's and son's instruction to cancel the care package rather than checking with F, they were firm when visiting about F's right to an assessment. Their creativity in addressing the issue meant that there was an opportunity for the carers to speak to F about the concern, getting useful context and obtaining his consent.

Additionally, the social worker was clear that F was entitled to choose whether his wife and son were present when discussing matters and ensured his wishes were respected. It is also a case that demonstrates that where there is a suspicion of financial abuse between family members, this would fall within the definition of domestic abuse as well, which can open up further avenues of support.

Finally, we are aware that people from ethnic minority backgrounds are under-represented in relation to the number of concerns received. The Adult Safeguarding team is working to try to address this in conjunction with the Community Development Support Team.



# Learning from our Safeguarding Adults Reviews

**A key statutory duty of the SAB is to carry out Safeguarding Adult Reviews (SARs) as appropriate under Section 44 of the Care Act.**

The Safeguarding Adults Review (SAR) sub group are responsible for deciding whether a SAR referral meets the criteria for a S44 Review under the Care Act (2014). Decision making on each referral follows the identification of relevant agencies, information gathering and subsequent analysis. As SARs are progressed, the group works together on all proposed recommendations, ensuring that key learning is cascaded.

## Safeguarding Adult Reviews (SARs)



For the year 2022/23, one new SAR has been commissioned (EP), one is ongoing (M), and one has concluded. This has not been published as the person was identifiable, but the learning is being taken forward by all of the agencies involved.

### **Ongoing SAR - M**

A referral was made by Gloucestershire Health and Care NHS Foundation Trust following the death of a man with Huntington's Disease. This is a complex disease and any refusal to accept formal support may have been linked to that. All of the information gathering and potential themes discussions have taken place and the reviewer has begun to write the final report. It is expected that this will be published in the autumn.

## Overview of SAR Referrals Received 2022/23

The table below shows an overview of the SAR referrals made to GSAB, capturing the breadth of referral sources as well as time period when referrals were made.

	Q1	Q2	Q3	Q4
<b>Referrals Received</b>	Nil	SS	EP	HS PO NS
<b>Referral Source</b>	-	Gloucestershire Constabulary	Member of Public	GCC Safeguarding Adults Team x3
<b>SAR Undertaken</b>	-	0	1	0*
<b>Name</b>	-	-	EP	MM
<b>Learning Event</b>	-	0	0	0
<b>Comments</b>	-	-	-	*One awaiting a decision on a SAR

### SAR Referrals 2022/2023:

JS – A case for concern was raised (Q2) by Gloucestershire Constabulary following concerns about neglect by a family member. This did not meet the criteria for a SAR.

EP – A case for concern was raised (Q3) by a member of the public. EP was murdered and there were also concerns about self-neglect. It has been agreed to conduct a review and this will begin once the court case has concluded.

HS – A referral was made (Q4) by the GCC Safeguarding Adults Team, following concerns of self-neglect. More information is needed before a decision on whether to conduct a review can be made.

PO – A referral was made (Q4) by the GCC Safeguarding Adults Team when a man died after refusing medical treatment on religious grounds, it was agreed that the case did not meet the criteria for a SAR.

NS – A referral was made (Q4) by the GCC Safeguarding Adults Team following the death of a man with care and support needs, who was mugged. Good work was demonstrated, and agencies worked well together, the case did not meet the criteria for a SAR.

### Recently published SARs

The full SAR reports can be found at: <http://www.gloucestershire.gov.uk/gsab/>

# Fire Safety Development

## Meeting Attendance:

The focus from all partners on the cost of living crisis and the impact of poverty, utility price rises and deprivation on fire safety in the home resulted in good attendance from housing, health and social care at meetings in late 2022 and into 2023. There is now a named representative for Gloucestershire Constabulary who has already proven invaluable in discussion about recent serious incidents.

## Key Issues:

Cost of Living Crisis. The focus of the sub group's work has been raising awareness of increased fire risk from potentially unsafe alternative forms of heating and increased vulnerability as a result of the cost of living crisis. The outcome has been a welcome increase in referrals from all partners into the Gloucestershire Fire and Rescue Service (GFRS) for home fire safety checks. The group also identified additional support pathways for the provision of electric blankets, slow cookers and heated throws, suggesting charities and community hubs through which GFRS has been able to distribute items. This partnership work has been a successful feature of the sub group, so it has been working both to improve information sharing and practical support. The sub group will continue this work during winter 2023 to reach adults with care needs who may only be known to their GP rather than other agencies.

Fire Fatalities. A formal role of the sub group is to monitor any serious fire incidents resulting in injury or fatality and to consider whether there needs to be a SAR referral of a learning event for the incident. In 2022, there were two incidents and information sharing was good. To date, there have been three fire-related fatalities in 2023 which have been discussed at the sub group. Following this, we have improved the sharing of information for vulnerable people known to other agencies, such as some people living in caravans or those using fire as a form of self-injury. A new policy has been written which adopts the language of a SAR to ensure that we can learn from serious fire incidents to see how working differently could prevent further harm.

Hoarding. The hoarding forum has continued well, and Adult Social Care has now planned to train community-based staff to deliver the sessions with individuals. The sub group representatives all have cases and information about the impact of hoarding on poorer outcomes for adults with care and support needs so this work will continue to be supported and extended across the County.

Homelessness. Despite the sub group's endeavours, we have made little progress on reducing the risk to people who are experiencing homelessness as a result of fire behaviour. However, work has continued in single agencies such as the NHS Homeless Nursing Team and in Gloucestershire Fire and Rescue Service, to engage more effectively to minimise the likelihood of people who have set fires being evicted from their homes. This is small progress

but will remain an action target for future work.

Campaigns and Engagement. The agencies who attend the sub group have supported fire safety campaigns throughout the year, inviting GFRS to share events and making resources available to a wider workforce. This has seen an increase in local residents completing the online self-assessment, thus helping the Service identify people who are at risk of fire injury through personal, behavioural or home factors.

#### Key Successes:

- GSAB opening up links between GFRS, GPs and Social Prescribers for people who needed help to reduce fire risk but also then signposting people to further support.
- Reducing fire risk by providing electric blankets and heated throws to replace damaged items.
- Improved awareness of fire risk across all agencies at the sub group which improved information sharing and referrals – such as fire risk at unofficial caravan sites.
- Improved connections between agencies through sub group conversations and updates.

#### Next Steps

- To further improve the understanding of how fire impacts on people with known risk factors (expected to be a learning outcome from the MM SAR)
- To embed fire safety work with the Homeless Nursing Team
- To implement the Serious Incident Notification Process
- To ensure that the activity of the sub group continues to meet the objectives and actions of the GSAB Strategic Plan.

## Case Study (Names and some of the details have been changed to protect confidentiality)

S is a 94 year old woman who experiences some minor age related memory issues and reduced mobility. She lives in a residential home and up until recently was quite active around the home and liked to assist the Receptionist with her daily tasks, as this was a job that she herself had carried out when younger. Recently however she has wanted to remain in bed rather than getting up each morning.

S is described as frail and due to the time she is spending in bed has developed pressure sores which have got infected leading to Sepsis and S being hospitalised. Following her hospital admission, the ambulance crew raised a Safeguarding concern for alleged neglect by the carers at S's home, on the basis that the Sepsis should have been prevented by what they describe as "appropriate care", including assisting her to get out of bed. The referral states that the ambulance crew had attempted to speak with the home manager or deputy, but neither were available and the carers on shift seemed disinterested and unaware of how to support S.

Information gathering was carried out by the Safeguarding team, and a call was made to the care home manager, although after a few attempts the Practitioner was ultimately only able to speak to the deputy manager. He said that S had started deteriorating about two weeks ago. He said that staff had made a call to the GP (although it was unclear as to what the GP had offered or advised), and this was done about a week after S had started remaining in bed. When asked what carers had been doing on a practical level to try to encourage S to out of bed, and maintain her skin integrity, the deputy manager said they had called S's daughter in Scotland to try to "talk her out of her mood", and they had checked on her "from time to time" to see if she would get out of bed. The Practitioner said the home needed to investigate the circumstances of S's deterioration in the light of the ambulance crew's concerns and emailed the home an investigation form for them to complete.

A call was made by the Practitioner to the GP who explained they discussed the home at the previous day's Safeguarding session. There is a perception that the home minimises issues, and as a surgery they have decided to make visits on future occasions when the home calls for advice. However, in relation to S, the GP made a referral to the Later Life team for some support regarding her mood issues. At this point there was no concern vocalised by the home about S's skin integrity, so the District Nurse team was not involved at that time.

The next call made by the Safeguarding Practitioner was to the Hospital Safeguarding team, and they were aware of the concerns from the ambulance crew, although they felt that the home had responded in a timely fashion once Sepsis was suspected. The Practitioner also called S's daughter who expressed concern for her mum, and said she felt helpless being so far away and says she felt she had no option but to trust that the home know what they are doing.

Finally, the Practitioner contacted the GCC Brokerage team and the CQC Inspector to share information of the concern and seek any information that may

be pertinent to her assessment of the concern. She was told that there have been concerns about the home's responsiveness to issues, and their recording.

This concern proceeded for further enquiries under Section 42 of the Care Act, as S has care and support needs, S is potentially experiencing and/or at risk of neglect, and due to her care and support needs would be unable to protect herself. The Practitioner passed the case to the Hospital social work team, as S was in hospital for treatment, thankfully making a recovery. The first thing they were asked to do was to speak with S, being sensitive to her physical condition and her reported low mood, as it had not been possible to gain a reasonable understanding of her views and wishes up to this point. S described her care as adequate, although it was clear she wasn't feeling positive generally, with the social worker recording S's mood as "melancholic".

When S was medically fit for discharge a few days later she was asked again about her views and wishes. She said she wanted to go back to the care home as, despite what S said were its failings, it remained her home and she felt too old to move. While some of the hospital staff involved in S's discharge expressed concern with her going back to the home, they recognised that this was S's choice.

The case was passed over to the appropriate community-based Adult Social Care team who followed up at the earliest opportunity when S was settled back at the home. They were concerned at the poor recording they found and expressed this in no uncertain terms to the home manager. The District Nurse team was engaged to support with S's skin integrity, and the Later Life team are involved, with S's emotional state improving as a result.

The home provided the completed investigation form to the Safeguarding Practitioner, but this was considered to be lacking in detail and did not appear a genuine attempt to investigate the circumstances behind the concerns. After discussion with CQC, the Inspector decided to visit the home and following that visit, the home was deemed to be in breach of Regulation 12 (Safe Care & Treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 17 (Good Governance). Therefore, a decision was made to place the matter under GCC's Organisational Policy & Procedures which is currently ongoing, with the home making reasonable progress.

This case started off as a concern about S's care, although it wasn't entirely clear what the ambulance crew meant when saying they felt the Sepsis could have been prevented with appropriate care. However, with proportionate exploration of the issues with other agencies, some serious concerns were identified. This highlights the importance of considering not only the adult at the centre of the Safeguarding enquiry, in this case S, but the wider risk to others which can be identified as a result of looking at issues about a single adult. It is important to remember that sometimes neglect can be isolated to a single incident or adult, but we must remain vigilant to possible provider-wide issues.

# GSAB Strategic Plan 2022-25

The Board's Strategic Plan covers a three-year period, as recommended by the Care Act Statutory Guidance. The plan, in its first year, covers 2022-25. Consultation on the content of the plan was conducted by Healthwatch. The priorities of the Strategic Plan have been completed by the various GSAB Sub Groups and partner agencies.

## GSAB's Three Key Strategic Priorities

- To increase awareness and understanding of Adult Safeguarding among professionals and the public in Gloucestershire
- Prevention and Responding to Reports of Abuse and Neglect
- Learning and Continuous Improvement

Key achievements and work against the Strategic Plan are detailed throughout this report, but some examples include:

- ❖ A GSAB Development Event for members was held in December to raise awareness of the work of partner agencies
- ❖ The scope of the Annual GSAB Roadshows was expanded to include Faith Groups, Community Leaders and the Public
- ❖ Migration was the theme of the November 2022 GSAB meeting
- ❖ A project to update and improve the GSAB website began
- ❖ An online form for professionals to raise Adult Safeguarding Referrals went live
- ❖ A Hoarding Forum has been set up by the Fire Service for both professionals and those that hoard
- ❖ A Train the Trainer CPD Event was held in October, with topics including domestic abuse and learning from Safeguarding Adults Reviews (SARs)
- ❖ In February 2023, the GSAB meeting was dedicated to Adverse Childhood Experiences (ACEs) and Trauma Informed Practice
- ❖ It was agreed that the GSAB Self-Assessment Audit for partner agencies, including the Voluntary and Community Sector (VCS) would become annual
- ❖ Further development of the GSAB Quarterly Report, using Power BI, as the reporting tool
- ❖ Producing and disseminating four issues of the GSAB Quarterly Newsletter, covering a variety of themes
- ❖ Commissioning a report to look at the joint learning from statutory reviews (SARs, Children's Reviews and Domestic Homicide Reviews)



# Communication & Engagement

## GSAB Roadshows 2022

The GSAB Roadshows were held in April 2022 on the theme of 'Safeguarding in a Changing World'. This was a week long programme of virtual events with the first three days aimed at professionals, the fourth day was for Community and Faith Leaders and the last day was for the Public. Over 200 people attended across the week, and they were well received, with several people asking if they could be held more than once a year.

Each day focused on a specific theme:

Safeguarding Individuals in a Changing World

Safeguarding within Changing Systems in Gloucestershire

Changing Nature of Crime

Role of Community in supporting Safeguarding

Safeguarding Is Everyone's Responsibility

With presentations including:



**16 presentations** were delivered throughout the week to over **200 people**.

- **Highly positive feedback** was received, which provided an opportunity to inform people about the amazing work happening in Gloucestershire to support some of the most vulnerable people in our communities.

## GSAB Website – New Information Zone

A new area has been created on the GSAB website, the 'Information Zone', this contains information for both professionals and members of the public. It includes various leaflets, including information on how to raise a concern and the different types of abuse; there are also short films and case studies. Extra resources will be added over the next year, as more are created.

[The Information Zone - Safeguarding Adults in Gloucestershire](#)



# Safeguarding Training

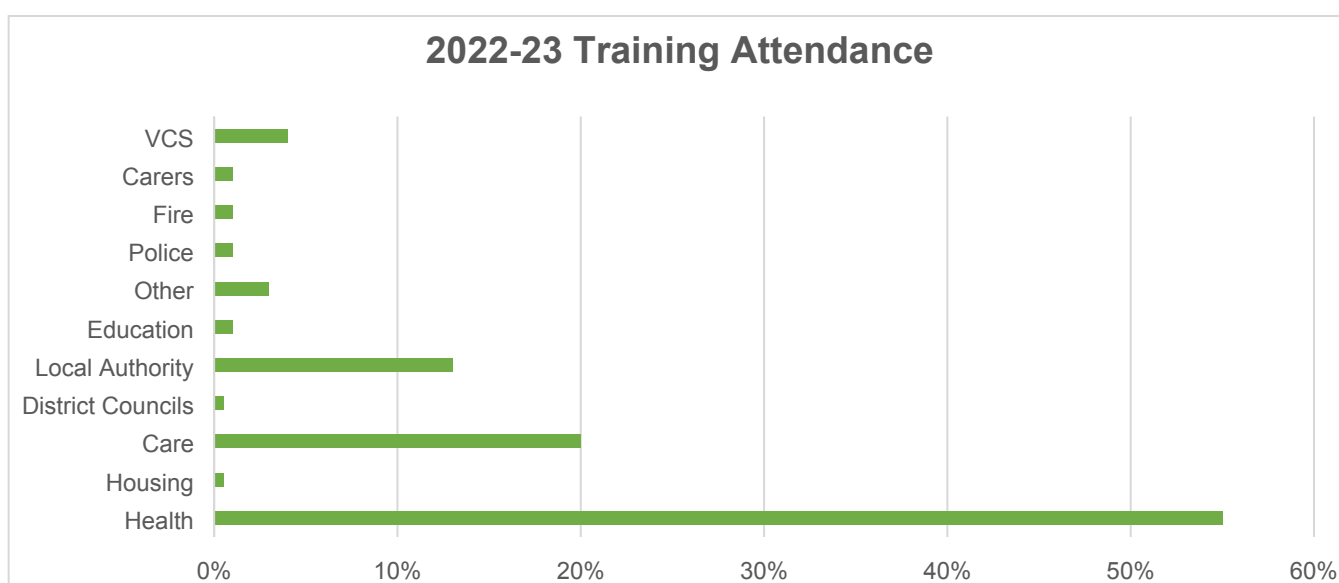
Training figures highlight the take up of GSAB training and e-learning by partners during the year. In summary, 16,535 Gloucestershire staff and volunteers undertook GSAB approved Safeguarding and Mental Capacity Act (MCA) courses.

## Safeguarding Training Levels

**Level 1** - Is an E-Learning module that provides an introduction to Safeguarding Adults

**Level 2** - For all frontline staff that have direct contact with adults with care and support needs

**Level 3** - Recommended for those with organisational responsibility for reporting and responding to safeguarding concerns.



## Train the Trainer

There are currently around 60 approved trainers that are delivering the Level 2 Safeguarding training within a variety of organisations in Gloucestershire. This is aimed at organisations with more than 150 staff. The workshop takes prospective trainers through the training package that they will deliver, plus giving a background to the overall network, supporting information behind the training materials, and ideas for delivery methods to engage learners. The first delivery session is observed and quality assured by the Safeguarding Adults Training Lead before being signed off as an approved trainer and a network member. Each year the approved trainers attend an event to update their knowledge and skills on the developments and changes that are relevant to Safeguarding Adults in Gloucestershire.

### Other Relevant Training Available Includes:

Mental Capacity Act (Level 1- 3)

Modern Slavery

Introduction to Safeguarding Adults and Children

Domestic Abuse

Deprivation of Liberty Safeguards (DoLS)

Prevent



2022/23 Training Figures can be found in [supporting documents](#).

# Looking Ahead

Safeguarding is everybody's business and there is a clear need to continually raise awareness of what constitutes abuse and neglect among the public and professionals across Gloucestershire. Likewise, what to do if you suspect an individual is being abused or subject of neglect.

In order to achieve this, we cannot underestimate the benefit of working more closely with our voluntary, community and social enterprise sector within Gloucestershire. They have a very key role to play as a strategic partner, with its close links across neighbourhoods and communities, where it provides support and guidance to many of our most vulnerable citizens, on a daily basis.

We need to be able to provide first-hand accounts from individuals who have been safeguarded to better understand what difference we have made to keep them safe and to meet their individual needs. This will also help us understand where we can make changes that lead to improved outcomes for individuals in the future. This is in the context of increasing demands that we will see in Gloucestershire, as the local and National population gets older, with ever increasing levels of complexity, and vulnerability to abuse and neglect.

We also need to ensure that we have a robust and sustainable quality assurance regime in place that contains multi agency data, that better enables us to understand the difference we are making to individuals lives and that shows us where we need to focus our attention.

# Financial Summary

## Funding Contributions

The Board is pleased to confirm that Gloucestershire Constabulary and NHS Gloucestershire ICB (on behalf of Gloucestershire Health and Care NHSFT and Gloucestershire Hospitals NHSFT) have agreed to continue their financial contribution to the Gloucestershire Safeguarding Adults Board.

## CORE BUDGET INCOME AND EXPENDITURE 2022-23

Partner Contributions	Amount
NHS Gloucestershire ICB	38,877
Gloucestershire Constabulary	20,440

GSAB Business and Activity Costs	Expenditure 2022/23
Independent Chair	20,000
Other Staffing (Includes 30% Head of Safeguarding Adults, 100% GSAB Business Manager, 15% Admin Manager and 100% Administrator)	101,400
Workforce Development	65,000
Safeguarding Adult Reviews (SARs)	20,000
Comms and Publicity	4,000
<b>Total</b>	<b>210,400</b>

These contributions help with the costs associated with the running of the Board, including its Independent Chair, the Gloucestershire County Council Head of Safeguarding Adults post, costs in conducting Safeguarding Adults Reviews, Communication & Publicity and delivering on the Board's Workforce Development and Training Pathway.

Other partners have contributed with their time and commitment to the Board's work.

All documents and supporting reports referred to in this annual report can also be found on the [GSAB website, supporting documentation](#).

Special thanks are reserved for all agencies who have contributed to this report and the achievements of the Gloucestershire Safeguarding Adults Board over the last year.



# Appendix One

## What is abuse and neglect?

**Abuse and neglect can happen to anyone, whatever their circumstances and can be carried out by anyone. This could be family, friends, neighbours, paid staff, carers, or volunteers. It could also be strangers.**

<b>Types of Abuse</b>	<b>Behaviours Include</b>
<b>Physical</b>	Hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
<b>Sexual</b>	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
<b>Psychological</b>	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
<b>Financial or Material</b>	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
<b>Neglect and Acts of Omission</b>	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.

Types of Abuse	Behaviours Include
<b>Discriminatory</b>	Racism, sexism, or acts based on an adult's disability, age or sexual orientation or other protected characteristics. It also includes other forms of harassment, slurs, or similar treatment such as disability hate crime.
<b>Domestic Abuse</b>	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence by those who are or have been intimate partners or family members.
<b>Organisational Abuse</b>	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes, or practices.
<b>Modern Slavery</b>	Encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
<b>Self-Neglect</b>	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

# Appendix Two

## GSAB Membership:

Cabinet Member for Adult Social Care  
Care Quality Commission (CQC)  
Cheltenham Borough Homes  
Department of Work and Pensions (DWP)  
District Councils  
Gloucester City Homes  
Gloucestershire Action for Refugees and Asylum Seekers (GARAS)  
Gloucestershire Care Providers Association (GCPA)  
Gloucestershire Carers Hub  
Gloucestershire County Council  
Gloucestershire Diocese  
Gloucestershire Fire and Rescue Service (GFRS)  
Gloucestershire Health and Care NHS Foundation Trust (GHC)  
Gloucestershire Hospitals NHS Foundation Trust (GHT)  
Healthwatch  
Inclusion Gloucestershire  
Kingfisher Treasure Seekers  
NHS England  
NHS Gloucestershire (Integrated Care Board)  
POhWER Advocacy Service  
Police  
Probation Service  
South West Ambulance Service Trust (SWAST)  
Trading Standards  
VCS Alliance  
Young Gloucestershire

**Support to the GSAB:**  
GSAB Business Manager