

# Example of SAR/DHR/Inquest Activity



The presentation slides below is an example of how we have managed an action in relation to SAR Carol.



This is being shared at the Essex Care Association Conference 14<sup>th</sup> November 2024



Following the conference, the detail on the next few slides will be shared through the provider bulletin



Sharing information and guidance is a way we can raise awareness and support providers to understand and take actions when they are concerned that people they support are experiencing coercion/control

# Safeguarding Adults Reviews

Learning from situations that don't work well aside from complaints & resolutions processes

**Section 44 of the Care Act specifies that Adult Safeguarding Boards have a responsibility to:**

Undertake a Safeguarding Adult Review when things have not worked well and there is a concern that agencies could have worked differently together to safeguard an adult.

**Essex Safeguarding Adults Board (ESAB) has a SAR officer who coordinates all SAR activity including arranging the SAR subcommittee:**

The subcommittee review all new referrals and present decisions to accept / decline a referral for a SAR to the Independent Chair of the Board, who makes the final decision.

**ASC Practice Governance Board has a SAR activity subgroup to ensure learning is not just concentrated to the quadrant where the SAR occurred, but service wide:**

Actions are created and held within the subgroup to respond to the recommendations of the SAR.

The subgroup report back to ESAB with the outcomes of the recommendation plans.

# Carol's story

Domestic Homicide/Safeguarding Adult Review  
(not yet published by ESAB)

Carol was an older lady living with dementia. She lived with her son. She had been receiving care following hospital discharge, which had later been cancelled by her son. She had agreed to this, but the SAR raised concerns that she may have been coerced and controlled by her son as she was isolated from other family members.

Some months later Carol had a significant fall in her home; her son did not seek medical attention for 48 hours, which led to her untimely death. Further concerns were raised by the Ambulance crew about the son in terms of coercion/control and financial abuse.

## **SAR Recommendation 1**

Essex Adult Social Care should remind all domiciliary care providers that where there is a concern that a person with care and support needs is being the subject of coercion or controlling behaviour by another, a safeguarding referral should be made.

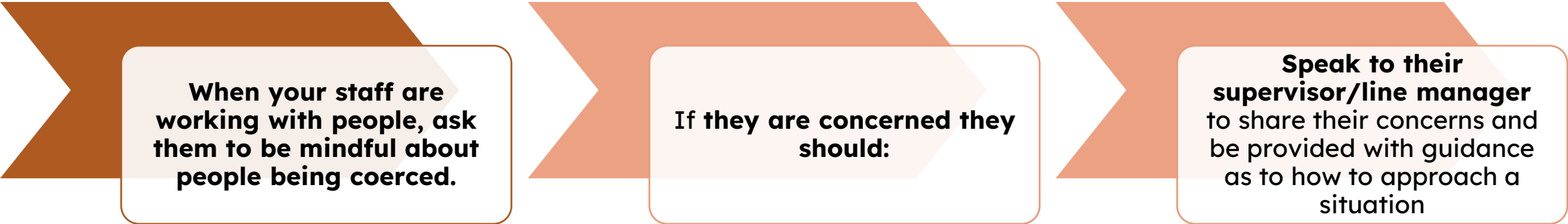
# Coercive Control – what is it?

Some common examples of coercive behaviour are:

- Isolating a person from friends and family
- Depriving a person of basic needs, such as food
- Monitoring a person's time
- Monitoring a person via online communication tools or spyware
- Taking control over aspects of a person's everyday life, such as where they can go, who they can see, what they can wear and when they can sleep
- Depriving a person from access to support services, such as medical services
- Repeatedly putting a person down, such as telling them they are worthless
- Humiliating, degrading or dehumanising a person
- Controlling a person's finances
- Making threats or intimidating to a person



# What can you do if you suspect coercion and control is happening to a person you support



**When your staff are working with people, ask them to be mindful about people being coerced.**

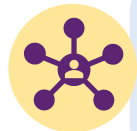
**If they are concerned they should:**

**Speak to their supervisor/line manager** to share their concerns and be provided with guidance as to how to approach a situation

## The supervisor/line manager should suggest the following



**If it is safe to do so away from the person controlling them** – suggest that the worker has an initial conversation with the person being coerced. This should only happen if the person they think is being coerced is alone. Be mindful that a person may be justifiably reluctant to speak about what is happening in their relationships and will be particularly unlikely to do so if the person coercing them is there or in a nearby/close proximity. Where this is possible, the worker should ask how the person is and whether they would like the worker to contact anyone, such as a family member/friend or their GP/social worker



**The worker should** update/their supervisor on the outcome of any conversation, including when it hasn't gone ahead, if it has been difficult to do this



**The supervisor should** – listen to the workers concerns and try to gain as much detail as possible from the worker as to why they suspect the person is being coerced/controlled



**The supervisor should raise a safeguarding alert** – please provide as much detail as possible to help in triaging the concern. Think about what you have observed and also what the person you are referring has shared with you.

**Remember – you don't need consent to raise a safeguarding concern** – it may be difficult for a person being coerced to share consent with you, due to being in fear of the person coercing them. However, if you believe or suspect the person is at risk, you should raise the concern, using the web based form (portal)