



NCASP

NORTHUMBERLAND CHILDREN AND ADULTS
SAFEGUARDING PARTNERSHIP



Safeguarding Adults Plus Size Guidance

A multi-agency briefing for practitioners

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Contents

1.0 Introduction..... 2

2.0 Purpose..... 3

3.0 Learning from experience - Adult C 3

4.0 Definition 5

5.0 Legal Frameworks..... 5

6.0 Multi-Agency involvement 6

7.0 Risk Assessment 7

8.0 Practitioner Guidance 8

9.0 Next Steps..... 12

1.0 Introduction

- 1.1 The level of obesity is increasing in the general population, and as a consequence a greater number of plus-size individuals with health conditions are accessing local health and social care services. The provision of care, support and manual handling of these individuals presents a specific challenge partly due to individual factors but also due to the lack of policies, space, equipment, adequate staff numbers and vehicles for safe care, treatment, and transportation.
- 1.2 For the purposes of this guidance the term 'plus size' will be adopted, in line with the definition set out in section 4.3.
- 1.3 Northumberland Safeguarding Adults Board recognises the challenges in relation to the treatment, care and support of plus size individuals and the increased level of risk. There is a need for all agencies to work together to ensure communication is effective, resources and safe systems are in place to support the individual in a variety of circumstances and settings.
- 1.4 The North of Tyne Safeguarding Adults Boards self-neglect guidance highlights the interface between obesity and self-neglect and identifies some key issues for practitioners:
 - In cases of self-neglect where the person is plus size, staff should consider any possible underlying causes, or disabilities which may be interfering with the person's ability and/or choice to engage with care and support.
 - Co-operation, collaboration, and communication between professionals specialised in working with disability and those working in obesity can help lead to improved prevention, early detection, and treatment for people.
 - Health and social care providers need to identify and understand the barriers that people with disabilities and obesity may face in access to health and preventative services, and make efforts to address them before assuming that the person is "refusing".
 - Health and social care providers need to make adjustments to policies, procedures, staff training and service delivery to ensure that services are easily and effectively accessed by people with disabilities and obesity. This needs to include addressing problems in understanding and communicating health needs, access to transport and buildings, and tackling discriminatory attitudes among health care staff and others, to ensure that people are offered the best possible opportunity of engaging with services.
 - It may be that the person is able to engage in a conversation about a mental health or physical health problem when they do not feel able to talk about their obesity. This may be due to concerns about stigma, embarrassment or worries that professionals may seek interventions that they are not ready to access. Engaging the person to work on the issues they see as important is essential to developing a longer-term relationship.
 - There should be active support for plus size individuals to live independent and healthy lives. It is important that health promotion initiatives recognise the limits of information-giving and the need for whole communities to be included in tackling discrimination, to allow people to have the confidence to accept support and join in with community activities.

2.0 Purpose

- 2.1 The purpose of this multi-agency guidance is to identify the pathways and support that may be required by plus size individuals, to prevent and/or reduce the risk of abuse and neglect. This will improve communication and joint working across all services and ensure plus size individuals are treated with respect, dignity, and equality.
- 2.2 The guidance is aimed at all staff and organisations within health and social care who may be involved in the care and delivery to plus size individuals. This includes acute hospitals and mental health provision, as well as community-based health and social care support and provision.
- 2.3 The guiding principles of this document are to ensure that all services within health and social care are designed with the needs of plus size individuals in mind, with appropriate contingencies plans in place to respond to emergencies. This includes the provision of adequate staffing levels and training, suitable equipment, and specialist advice. The following principles are prioritised;
- That individuals are moved in a safe and comfortable manner whilst maintaining, their dignity and independence
 - Managing the foreseeable risk
 - Reducing the potential exposure to hazards
 - Safety and harm free care
 - Integrated and person-centred approach
 - Education and communication are central
 - To reduce the risks to staff and plus size individuals associated with manual handling.
 - To support the provision of seamless care and to prevent delays in the transfer of care.
 - To ensure staff know how to access specialist advice and equipment when needed.

3.0 Learning from experience - Adult C

- 3.1 In March 2018 Northumberland Safeguarding Adults Board undertook an Appreciative Inquiry following the death of Adult C. This case was initially referred and considered for a Safeguarding Adults Review (SAR).
- 3.2 Section 44 of the Care Act 2014 places a duty on local Safeguarding Adults Boards to arrange a SAR:
- When an adult, with needs for care and support, (whether or not the local authority was meeting any of those needs) in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
 - or
 - If an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.
- 3.3 Whilst Adult C's circumstances did not meet the criteria for a SAR, it was agreed that there was potentially significant learning for several agencies. Therefore, an Appreciative Inquiry was

undertaken to consider Adult C's situation, but also the more general issues the case raised in terms of the management of vulnerable plus-size individuals in the locality.

3.4 Case summary

- Adult C lived with her husband in a privately owned two storey terraced property and had not been known to any services at the point of an initial safeguarding referral. Following concerns raised by neighbours, several safeguarding meetings followed, and these initiated further attempts to make contact and engage the couple in work to manage their situation.
- It transpired that Adult C was approximately 40 - 50 stones in weight. She was able to mobilise very slowly to a standing position, but was not able to access downstairs, therefore she was living in one room on the second floor. She was not managing continence and spent all day in a bed which was soaked in urine and covered in dirty bedding. Adult C was undressed and covered only by sheets. She had chronic lymphedema which caused exudate to seep from her legs. Adult C did not have any family other than her husband, who was in regular contact with their church.
- Adult C was a highly intelligent, articulate, and capacitated individual who was making what was deemed a very unwise choice to live in the conditions she was. Therefore, the focus of support was to improve conditions in the home with environmental health support, to encourage Adult C to accept medical supervision and care, and to support Adult C's husband in his role as carer. A significant amount of work was undertaken to support the couple to be rehoused, and a suitable Housing Association property was eventually identified and appropriately adapted to meet all Adult C's needs. It was identified that Adult C would require specialist support in moving from her home due to her weight and the logistics of her leaving the property.
- On the day of the move, Adult Social Care and specialist teams from Fire and Rescue and Ambulance Services attended. On arrival at the property Adult C's health was unexpectedly and drastically compromised leading to the need for an urgent plan to remove her to hospital. The deterioration in Adult C's condition had not been communicated to professionals by her husband who said this was at her request. Unfortunately, Adult C needed to be removed from her home using specialist lifting and structural engineering equipment. She was admitted to hospital and found to be dehydrated with some skin damage. Due to excretions, she had to be transported on her mattress to hospital where this was removed by medics. After a period of inpatient care, Adult C started to make a reasonable recovery and plans were initiated to move her to her new home. Sadly, Adult C subsequently developed sepsis and died aged 39 years.

3.5 Learning:

- The lessons learned from Adult C's case include the need to develop plus size pathways and guidance to include a range of different settings, and this was a clear recommendation from the Appreciative Inquiry. This is not exclusive to health settings but also social care including residential and nursing environments. Demographically, more people are remaining at home for longer into old age, therefore the provision of home care in the community for people with Adult C's needs is a key consideration.
- This and other local safeguarding cases have highlighted the need to recognise the population now includes a higher number of people considered to be 'critically or morbidly

obese'. This can lead to distinct safeguarding needs and concerns. The logistical problems this presents to services includes the provision of appropriate equipment, transport, entry and exit into homes, health and other settings, and management of care and levels of staffing. These need to be managed alongside the need to consider mental capacity, Making Safeguarding Personal, dignity and respect issues, and a person-centred approach to safeguarding adults at risk.

4.0 Definition

- 4.1 The results of the Health Survey for England 2018 [5] indicate that almost 3 out of 10 people were obese (66.9 per cent). Obesity prevalence continues to rise, particularly among women. Since 2007, there has been an upward trend in adult obesity, and it has been rising faster than previously forecasted.
- 4.2 Living with overweight is linked to a wide range of physical health problems and is also associated with poor psychological and emotional health and poor sleep. The impact on health includes an increased risk of developing co- morbidities, which in turn can lead to an increased use of healthcare services. Plus size individuals may not present until late in the course of their illness due to mobility and transportation problems, sedentary lifestyles, and depression.
- 4.3 This guidance defines a “plus size” adult as a person who has a Body Mass Index (BMI) of 40 or more and who also has an associated health condition. It is recognised that plus size individuals may have difficulties not only because of their weight but also due to their physical width, body shape, and level of mobility.
- 4.4 A plus size individual can be defined as:
- A person whose weight and dimensions are over the safe working load of routine equipment.
 - A person whose weight and size restricts their ability to access health and social care, due to:
 - limitations on movement and the ability to travel to local or specialist centres
 - difficulty with access to buildings
 - inability to gain an accurate diagnosis
 - a reluctance to seek advice from health and social care professionals
- 4.5 Plus size adults can present with several complex issues in regard to their treatment and management including manual handling and tissue viability. It is the responsibility of health and social care to make reasonable adjustments for individuals who require increased healthcare or social care interventions.

5.0 Legal Frameworks

- 5.1 In the context of this guidance, it is important to consider when issues relating to plus size adults meet the criteria for Safeguarding Adult procedures as ‘adults at risk’.
- 5.2 In accordance with the *Care Act (2014)* Safeguarding Adults arrangements apply to adults aged 18 or over whom:

- Have needs for care and support (whether or not those needs are being met); and
 - are experiencing, or are at risk of, abuse or neglect; and
 - as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.
- 5.3 More specifically, the Care Act recognises ‘self-neglect’ as a type of abuse or neglect that may prompt a safeguarding enquiry. Under section 42, Local Authorities must make whatever enquiries they think necessary where the above criteria are met.
- 5.4 The definition of ‘self-neglect’ covers a wide range of behaviour associated with neglecting to care for one’s personal hygiene, health, or surroundings.
- 5.5 The statutory guidance identifies that it can be difficult to assess self-neglect. Specifically, that it may be difficult to distinguish between whether a person is making a capacitated choice to live in a particular way (which may be described as unwise) or whether the person lacks mental capacity to make the decision.
- 5.6 For further information and guidance regarding Safeguarding Adults, please refer to the [Multi-agency Safeguarding Adults procedures](#).
- 5.7 The *Mental Capacity Act (2005)* and its key principles are crucial to determining what action may or may not be taken in self neglect cases, as it provides a framework for decision making to balance independence and protection.
- 5.8 Where there is a concern about mental capacity, this must be recorded. Any capacity assessment carried out in relation to self-neglect behaviour must be time specific and relate to a specific intervention or action.
- 5.9 There may be a need to consider other legal frameworks depending on the individual’s circumstances.
- 5.10 This guidance should be read in conjunction with individual agency policies, procedures and guidance.

6.0 Multi-Agency involvement

- 6.1 It is recognised that there are a wide range of agencies involved with vulnerable plus size adults, in a variety of circumstances and settings. There is a need for all agencies to work together to effectively safeguard and meet the needs of these individuals. When a plus size individual is identified consent should be obtained to share their details with partners for the purpose of ensuring they are offered the appropriate support when needed.
- 6.2 Whilst several agencies may be involved, the lead agency will be dependent on the issues presented. For example:
- Section 42 Safeguarding Enquiry – LA Safeguarding Adults Team.
 - Hospital discharge - Northumbria Healthcare Trust, Newcastle Upon Tyne Hospitals Trust
 - Risk management which impacts on identified care needs - Adult Social Care.

6.3 Other agencies which may be involved are as follows, although it should be noted this list is not exhaustive:

- Safeguarding Adults teams
- Adult Social Care teams including Social Workers, Occupational Therapists
- Primary Care – GP's, District Nurses
- Secondary Care – Hospital Admissions, Consultants, Tissue Viability, Dieticians, Physiotherapists, Occupational Therapists, specialist mobility teams
- Ambulance Services - this may include specialist teams involved in moving and handling
- Mental Health Services both from the community and hospital services, particularly if the adult is detained or requires treatment
- Police
- Fire and Rescue Services
- Local Authority - Environmental Health, Planning Departments, Housing, Contracts and Commissioning.
- Social Housing Providers and Private Housing Organisations / Landlords
- Legal Representatives
- Care Providers

7.0 Risk Assessment

7.1 There are a wide range of risk factors that need to be considered in relation to the care, support, and treatment of plus size adults in a range of settings, including community and hospital provision. Robust risk assessment is fundamental and should be revisited at all stages of the care pathway to ensure that individuals and staff are not exposed to unnecessary risks. The individual should be involved throughout the process, and their views and wishes should be central to this planning process.

7.2 Environment & Facilities

7.2.1 All care environments, including community and hospital settings should be risk assessed to determine whether adequate provision has been made to meet the needs of plus size individuals who may access services. These assessments should consider the suitability of the environment, equipment, and overall systems of work, to ensure that these meet the needs of individuals and safety requirements. Design and delivery should include the views of individuals who use the services.

7.2.2 These risk assessments should be used to highlight equipment deficiencies and environmental adjustments that may be required to improve access to services. Specialist advice may also be required as part of the assessment process, such as Moving and Handling Specialists.

7.2.3 Care environments may also include community care provision and an individual's own home, which also need to be risk assessed accordingly.

The following factors should be considered in the risk assessment:

- The tasks/interventions that need to be carried out
- Weight limits and suitability of equipment and furniture
- Level of mobility and ability to weight bear
- Location of the adult (upstairs/downstairs)
- Room layout and the positioning of furniture and equipment
- Weight limits and suitability of toilet/welfare facilities
- General space requirements including widths of doorways and corridors
- Availability of specialist equipment
- Availability of seating/wheelchairs suitable for plus size individuals
- The number of staff available/required to assist dependent plus size individuals
- Safe evacuation routes and access in the event of an emergency

8.0 Practitioner Guidance

8.1 Engagement

- 8.1.1 The first contact with the adult is crucial to build and sustain an effective relationship of trust. A non-judgemental approach is required whilst honesty about any concerns professionals may have should also be discussed.
- 8.1.2 If the adult is declining any form of support, significant risks are still evident, and there are doubts to their capacity to make a specific decision about the risks, a mental capacity assessment should be completed. However, as set out in the Mental Capacity Act (2005) the adult must be assumed to have capacity unless it is established, they do not. All practicable steps should be taken to support them to make a decision, including involving key professionals if the risks are around their physical and mental health. The adult should not be determined unable to make a decision merely because they make an unwise decision. If the adult is assessed as lacking capacity to make a specific decision, any actions taken on their behalf must be in their best interests, and the outcome must be achieved in the least restrictive way.
- 8.1.3 The key message for practitioners is not to walk away at this stage due to non-engagement, but to remain persistent, patient, and respectfully interested and professionally curious.

8.2 Family/Advocate Involvement

Health and social care professionals should discuss with the individual whether they would like their family, carer, or advocate to be involved in decision making regarding their care and support. This discussion should happen more than once in case the individual changes their mind or capacity is compromised.

It is however important to involve families and carers in decisions about how the services and systems they use or need are designed without negating the adult's autonomy and rights.

8.3 Multi-agency Involvement

- 8.3.1 It may be helpful to identify the right person or a 'trusted professional' to offer support. Some services, such as medical staff, Environmental Health or Fire Services may be more welcomed than others, as their services are universal and therefore not perceived as stigmatised. However,

if an adult has not accessed medical services (e.g. Adult C had a fear of medical staff), the involvement of other relevant professionals needs to be considered.

8.3.2 Nutrition

As part of the care pathway, it is essential that advice should be sought from a dietician at the earliest opportunity and an appropriate dietary management plan followed.

Plus size individuals are at risk of malnutrition due to illness, resulting in lethargy and depression. Weight gain can be a result of medication, reduced mobility, and fluid retention.

8.3.3 Tissue Viability

Plus size individuals are more at risk of developing pressure ulcers due to poor circulation to fatty tissues resulting in skin breakdown. Pressure from the sides of equipment such as commodes, wheelchairs and chairs that do not fit correctly may cause breakdown over the hip area. It is essential to ensure that the correct equipment is used to support the adult's size and width without causing pressure damage.

8.4 Contingency Plan

8.4.1 It is good practice to develop a contingency plan with the adult as soon as practicably possible to ensure any future admissions into Acute Services can meet their assessed needs, and to prevent potential risks and harms. The contingency plan should include a range of circumstances including planned and unplanned admissions to hospital, emergencies, and transfers within a community setting. The adult's views, wishes and choices must be recorded in their personal plan.

8.4.2 The contingency plan should be a multi-agency agreement, and all relevant agencies alongside the adult and/or formal or informal advocates should be involved in developing this. If the adult is unable to communicate at the time of admission, their previous views should be considered. Whilst a contingency plan may assist to prepare for events such as hospital admissions and transfers, it is acknowledged that it is not possible to plan for every situation that may arise. However, a contingency plan would support decision making in most circumstances, particularly as the adults' views will be central.

8.4.3 A lead agency/professional should be identified to coordinate the contingency plan, which will be dependent on the nature of involvement and identified needs. The contingency plan should be a multi-agency agreement, and all relevant agencies should be involved. The adult, and/or formal or informal advocates are central to developing the plan. Once agreed, the plan should be shared with all those who contributed, and any other agencies specifically identified.

8.4.4 The contingency plan should consider access to the property and any specialist equipment and/or transport required, in both planned and unplanned scenarios. If there are any changes to the individual's circumstances or accommodation the contingency plan should be reviewed and updated accordingly and communicated with all relevant parties.

8.5 Areas to consider during intervention and support

Area to consider		Multi-agency Involvement
Physical Health	<ul style="list-style-type: none"> Pre-existing conditions. 	<ul style="list-style-type: none"> GP

Area to consider	Multi-agency Involvement
<ul style="list-style-type: none"> • Conditions that may develop e.g. lack of mobility in adults increases the risk of pressure ulcers. Additional weight can put pressure on legs, occluding capillaries and decreasing oxygen flow to distal tissue, increasing the risk of ulceration on limbs. • Increased risk of chronic disease, body pain, reduced physical activity. • Increased risk of infection e.g. Sepsis. • Fluid and nutrition. • Consider falls risk. 	<ul style="list-style-type: none"> • District Nurses • Acute Services in the event hospital admission is required • Specialist health services such as Tissue Viability, SALT • Adult Social Care
Mental Health <ul style="list-style-type: none"> • Any current diagnosis. • Deterioration in mental wellbeing due to reduced social activities/contact, low self-esteem, weight-related stigma, and weight bias. • Alcohol and drug misuse. • Self-neglect. • Impact of trauma. 	<ul style="list-style-type: none"> • GP • Mental Health Services • Specialist services including addiction services, counselling services. • Adult Social Care • Relevant professionals if MHA Assessment criteria is met.
Specialist Equipment <ul style="list-style-type: none"> • Provision of specialist equipment to support independence and meet assessed need. • To assist any formal or informal carers. • To assist with transport when needed. • Robust moving and handling plans. • Training provided to operate any specialist equipment to meet identified needs. 	<ul style="list-style-type: none"> • Occupational Therapy • Adult Social Care • Specialist transport e.g. ambulance, wheelchair taxi's • Joint equipment loans Service in North Tyneside and Northumberland (JLES/JELS)
Family/Carers <ul style="list-style-type: none"> • Ensure their needs are identified and met • Carers assessment should be offered/completed. • Training provided to operate specialist equipment if required. 	<ul style="list-style-type: none"> • Adult Social Care • Carers forums • Advocacy
Care Providers <ul style="list-style-type: none"> • Training should be provided for any specialist equipment. • Risk assessments of environment and equipment to be completed by the care provider. • Robust moving and handling plans. • Contingency planning including when to communicate with Adult Social Care if change in circumstances or behaviour, or if concerns identified. 	<ul style="list-style-type: none"> • Adult Social Care • Care Providers • Occupational Therapists

Area to consider	Multi-agency Involvement	
	<ul style="list-style-type: none"> • Personal care needs – impact on staffing/equipment required. • Level of mobility and ability to weight bear. • Staffing ratios required to meet needs. 	
Accommodation	<ul style="list-style-type: none"> • If accommodation is an issue, landlord should be involved in any changes to environment. • Environmental Health should be contacted if concerns around condition of property. • Fire Services to be contacted to carry out fire risk assessment. • Assess whether property meets the adults' assessed needs. • Contact Northumberland Safeguarding Adults Team for advice and support if concerns are raised around self-neglect and hoarding. 	<ul style="list-style-type: none"> • Adult Social Care • Housing • Environmental Health • Fire Services • Occupational Therapy • Safeguarding Adults
Admission into Residential/ Nursing Care	<ul style="list-style-type: none"> • Best interest decision to be recorded if the placement is being made due to the adult lacking capacity and the decision is in their best interests. • Liberty Protection Safeguards (LPS) to be considered. • Transport requirements and specialist equipment or services may be needed. • Assessment for specialist equipment in preparation for admission. • Robust communication between Care Provider and Adult Social Care to ensure assessed needs will be met. • Personal care needs – impact on staffing/equipment required. • Level of mobility and ability to weight bear. • Staffing ratios required to meet needs. 	<ul style="list-style-type: none"> • Adult Social Care • Care Provider • Contracts and Commissioning • Occupational Therapist • Specialist health services • Mental health services if required. • LPS Team
Emergency situation (E.g. Unplanned admission into hospital)	<ul style="list-style-type: none"> • Physical and mental health needs should be risk assessed and multi-agency agreement on how risks can be minimised and/or managed. • Agreed plan of how to transport the adult from their location/property and how they can be safely transferred to the ambulance/transport. (E.g. in Adult C's case a plan to support her downstairs safely was required) • Structural changes to the property should be considered such as widening door frames, supporting staircases due to the increase weight. E.g. structures may need to support the weight of emergency services staff, equipment, and the 	<ul style="list-style-type: none"> • Adult Social Care • NEAS or specialist transport services • Fire Services • Police • Environmental Health • NCC Legal Team • Acute Services • Mental Health Services • GP/District Nurses • Specialist Health Services • Safeguarding Adults

Area to consider		Multi-agency Involvement
	<p>adult, thereby increasing risk. Who will coordinate these changes?</p> <ul style="list-style-type: none"> • Consideration should be given to the location of the property. For example, could there be increased public interest and risks associated with the use of social media. Police may need to be involved to support with management of the public, closure of roads etc. • Which agency will lead evacuation from the property (e.g. NEAS, Fire and Rescue). • Transport to be arranged including the use of specialist transport. • Relevant hospitals to prepare for admission in relation to interventions and specialist equipment required. • Legal advice if required. • Dignity and respect to be always considered. • Personal care needs – impact on staffing/equipment required. • Level of mobility and ability to weight bear • Staffing ratios required to meet needs. 	<ul style="list-style-type: none"> • NCC Civil Contingencies team
Safeguarding Adults procedures	<ul style="list-style-type: none"> • If the adult meets the criteria for Northumberland Safeguarding Adults Procedures, including self-neglect, a safeguarding concern should be submitted. • Refer to Northumberland multi-agency Safeguarding Adults procedures. 	<ul style="list-style-type: none"> • All agencies

9.0 Next Steps

- 9.1 This guidance should be disseminated across partner agencies to improve communication, collaboration, and positive outcomes for plus size individuals.