

Safeguarding Adult Review Adult I Practitioner Learning Brief

Background

Adult I was born in the UK of British/Pakistani ethnicity spending some of his childhood in Pakistan. He left home at 16, initially homeless but then moved into social housing. Although he had limited contact with his family they believe this made him vulnerable, leading to his dependence on alcohol and drugs.

He was diagnosed with insulin-dependent diabetes in middle-age.

During the review period, his property was infested with mice, which led to him not storing food and eating low-nutritional value takeaways.

Adult I felt he was seldom heard, which led to feelings of isolation.

Engagement with Family

Adult I had a difficult relationship with his family, although his brother and friend worked hard to support him but had issues due to Covid restrictions

Escalation

Staff supporting Adult I did not feel his presentation met the threshold for a safeguarding adult referral therefore none was submitted. The staff involved in supporting Adult I all acknowledged that Adult I had care and support needs, and considered what appropriate support their agency was able to provide for Adult I. When risks were not receding or indeed increasing there is evidence to confirm that staff regularly considered what additional support could be offered to Adult I to meet his needs and who was best placed to be able to provide this. Multi-agency meetings would have supported this work and enabled clear risk management actions with lead agency and time frames for completion.

Mental Capacity

Not all agencies supporting Adult I felt it necessary to formally record mental capacity assessments on Adult I's decision-making capacity when risks to his health and wellbeing were increasing. A learning event for practitioners hosted by the RBSAB and that is recorded (for access at future times) sharing practical examples of how to apply the Mental Capacity Act in relation to self-neglect and consideration of the executive function of the mind or brain should be considered.

Engagement with Services

Adult I was referred to mental health services twice but was discharged back to Adult I's GP on both occasions.

Adult I self-referred to Thinking Ahead for psychological support. Adult I was assessed by a practitioner and offered 1:1 support throughout 2020-21. Adult I was assessed by Adult Care and following Adult I cancelling of the first care package due to 'cost', the second package appeared to better suit his needs.

Adult I was also seen by the Diabetic Nurses and District Nurses who were treating him for his diabetes and foot ulcer respectively. Adult I's GP also referred him to secondary care for investigations into ongoing digestive problems and weight loss.

Services sometimes struggled to engage with Adult I, so his attendance could be sporadic.

Good Practice

The Psychological Wellbeing Practitioner (PWP) wrote to ASC, GP & carers to establish what support each was providing to help him to better support Adult I. An additional social work team manager appointed to support with risk management and case escalation.

Good Practice

Following the delay in the supply of incontinence pads this has been reviewed by Northern Care Alliance (NCA), there is a drive towards engaging with home care providers to take ownership of making the right contacts to ensure products are delivered in a timelier manner.

Good Practice

ASC Sessions focusing on self-neglect cases inc legal requirements and guidance, resources/protection plan options available and emphasis on adopting a multi-disciplinary approach; and also focusing on LA safeguarding

What did we learn?

- Although practitioners worked well within their own agencies, difficulties came in bringing different teams together to share knowledge and concerns
- Despite most partner agencies' push on this training in recent years there remains a disconnect between 'knowledge' and 'practice' across Rochdale as evidenced in more recent SAR reports commissioned by the RBSAB
- All agencies should review their safeguarding training to ensure that staff are clear that when the safeguarding threshold is met they make a safeguarding referral and when they are sharing information that does not meet the safeguarding threshold, they are clear with the receiver that this is just an information exchange
- Awareness raising for practitioners for Adult I and others who have capacity but who make unwise decisions and in whom risk is escalating. Support in a better understanding of executive function is needed
- In engaging with Adult I peer support was not explored, it is unclear whether there are peer support networks in Rochdale that could befriend people of Muslim faith who need assistance in attending appointments or are willing to visit people of the same faith to alleviate loneliness

What needs to happen?

- RBSAB works with its partner agencies to agree multi-disciplinary team meeting guidance that provides clear indicators for when an MDT meeting should be considered and the process for such meetings to happen
- The guidance must be clear that an MDT meeting is best practice in response to a person's increasing vulnerability and/or increasing risk to their health and wellbeing when the safeguarding threshold has not been met
- RBSAB seek assurance that all agencies ensure that their adult safeguarding training incorporates the Multiagency Risk Management (MRM) process and how this should be instigated when someone in safeguarding procedures is not engaging with the safeguarding process
- The MRM should be seen as a trigger for escalation across agencies when risk is increasing
- RBSAB seek assurance that all agencies use the correct terminology when sharing information. If the communication is purely for the purpose of sharing information to allow additional support to be considered this should be clear. If the information they are sharing meets the safeguarding threshold this must be stated as such
- RBSAB considers the request of the practitioners at the Learning Event that further support is provided to practitioners to understand executive function within the Mental Capacity Act
- RBSAB should request a review of all resources available to practitioners around support for those in the community who express a wish to seek help to reduce their feelings of loneliness.

Click here

[Rochdale Safeguarding Partnership Board](#) - to access training video on the MRM Process & download the updated MDT Policy