South Tyneside Safeguarding Adults Board

Safeguarding Adult Review
Adult AR

Adult AR, a 50-year-old man who had lived all his life with his mother and late father up until he moved into an extra care supporting living scheme in July 2021. His mother described that when he was a small child, he had a scan of his brain which suggested he was delayed by three years but was never diagnosed with any learning difficulty. There is no further information to indicate any additional tests or cognitive assessments. He did not attend mainstream school but was educated at a provision designated as a school for pupils with moderate learning difficulties and always struggled at school. There doesn't appear to have been a Statement of Special Educational Needs in place. At the age of 16 years Adult AR was sent to a youth detention centre for being involved in causing significant fire damage to a hospital building and while he was there it was identified that Adult AR had some difficulties with mental health issues, so was placed on medication which improved his mood and behaviour.

Adult AR's relationships with his family were positive, particularly with his father who sadly passed away in 1997. This affected Adult AR profoundly and when feeling low he would often express wishes of wanting to die to be with his dad. There was a definitive shift in his mental health following the death of his father.

Whilst he was concordant with medication for most of the time, Adult AR did spend time as an inpatient for deteriorating mental health and challenging behaviour, due to non-acceptance of medication, and there was also a period in a specialist rehabilitation and recovery provision for those aged 18 plus.

Adult AR was independent and able to travel by bus or a taxi into town. He liked listening to his music and watching films on TV. Prior to COVID the mental health team that were supporting him would often take him out and spend time with him, which he really enjoyed, however, the impact of COVID stopped this. Adult AR moved into extra care supporting living scheme on July 2021, a move initiated by him when he found the stairs at home increasingly difficult to manage.

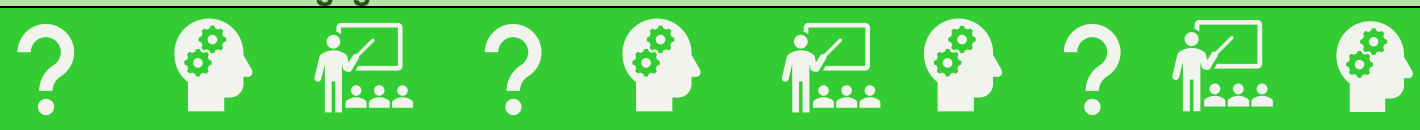
Adult AR had good relationships with three carers and his family described how they would spend time with Adult AR and would 'have a laugh' with him. The family visited Adult AR on most days taking him take away food two or three times a week, which he enjoyed, but this was never because of demands from Adult AR.

In early 2022 Adult AR became more reclusive and started to refuse to engage with health staff. There were concerns around increased weight gain, swollen legs, poor personal hygiene and he was diagnosed with type 2 Diabetes. Adult AR was referred to the Bariatric Team at some point in an earlier time frame, but this was never followed up and any further intervention was declined by Adult AR. The night before Adult AR passed away his brother had been with him watching TV. His brother had offered to spend the night to which AR declined requesting instead that he 'went home to look after Mam.' His brother left him in bed at 20.10pm and Adult AR was sadly found deceased the following morning.

The cause of death was due to complications of morbid obesity, schizophrenia and Type 2 Diabetes.

Themes of the Case

- Bariatric Management and the link to Diabetes
- Loss and Grief due to bereavement
- Self-neglect
- Undiagnosed learning difficulty / cognitive impairment
- Service Refusal/Engagement



KEY LEARNING

Language is crucial. When working within safeguarding, it is important that consideration is given to the terminology used and an explanation of any "jargon' and complex terminology is provided to ensure that people understand what safeguarding is and what their role is if they have any concerns.

Accommodation and Housing partners can play a key role in identifying and raising concerns around adult safeguarding. Consideration should always be given to their involvement in Multi-Disciplinary Team Meetings.

Self- Neglect cases involving self-harm are often a result of deep-seated prior trauma present in a variety of ways. This requires lengthy, flexible, and creative involvement and can be contrary to eligibility criteria for services and other organisational pressures. There should be clear guidance.

Practitioners should use multi-agency risk management meetings to determine levels of risk and expected outcomes, considering all aspects of Making Safeguarding Personal. The process should be structured to improve co-ordination, continuity, and communication between services. It should be agreed which practitioner within each agency would have the lead role to oversee the safeguarding process for their organisation.

Multi-Disciplinary Team meetings should consider how discretionary enquiries under the Wellbeing Duty of the Care Act (S1) support the statement *'promoting wellbeing involves actively seeking improvements in the aspects of wellbeing'* It is not enough just to have regard to it.

Mechanisms should be in place to support multi-agency practitioners with reflective practice supervision, health and wellbeing support and management oversight.

Consideration must be given to the use of more creative ways to engage adults and their families which promote effective relationship building, engagement and not disengagement.

Mental Capacity and Executive Functioning
There is a lack of single and multi-agency training (and in some cases within policies and procedures) which cover such topics as Inherent Jurisdiction, Best Interest Decisions, Court of Protection and Shared Care Protocols.

Missing Adults: promoting conversation around missing episodes and minimising the risk to vulnerable adults by putting in place timely and appropriate support

Advocacy - Where a person has been subject to safeguarding interventions, all partners should consider how they involve the person and their family from the very outset of those enquiries and how statutory and non-statutory advocacy can support this.

Trauma Informed Practice and the importance of developing an awareness and understanding of Trauma Informed Approaches through the development of trusted relationships with either the adult, their family or an advocate, which would in turn help them act within the principles of the Care Act and Making Safeguarding Personal

Everyone should seek to raise the profile and understanding of Safeguarding across such establishments as hotels, local businesses and accommodation providers.

QUESTIONS FOR CONSIDERATION

- Does this happen here – if so WHY?
- What needs to change?
- How do we ensure that learning is effectively embedded in day-to-day practice?
- How effectively are the six principles of adult safeguarding embedded in practice and how do they
- influence the promotion of an individual's wellbeing through Making Safeguarding Personal.