HILLINGDON SAFEGUARDING PARTNERSHIP
7-MINUTE BRIEFING
Learning from Adult F

1. Summary of Adult F's Learning Review

Adult F died at home. The coroner found that **neglect contributed to her death**. At her death, she was emaciated and had suffered significant pressure damage to her skin; her personal hygiene was very poor at the time, and the living environment was squalid. She had no health or social care support in place at the time.

Opportunities to safeguard her were missed because professionals made **assumptions that her circumstances and risks were static over time**, and that **her family were able and willing** to care for her.

Both these assumptions were unfounded and placed her at increased risk

2. Neglect and Self Neglect Are Safeguarding Issues

Neglect can include ignoring **medical or physical care needs**, failure to provide access to appropriate care, and the **withholding of the necessities of life**. It can be caused **by other people, deliberately *or* inadvertently**. But it can also happen as a result of ***self*-neglect, whereby a person neglects their own needs.**

In the months prior to her death **Adult F had not engaged with support offered**. She had **repeatedly not answered the door** nor **the telephone** to **those offering support**. She had **not followed through when advised to see her GP** about unexplained abdominal pain. She did not seek help when she deteriorated. This amounts to **neglect of her medical and care needs**.

Self-neglect, *even where a person appears capacitated* to make decisions about their care and support, can be **a safeguarding issue**.

3. Best Practice When Someone is Not Engaging With Assessment, Treatment or Support.

Refusal of support, should not be taken at face value. **Barriers to accessing someone** to assess of offer support must be explored and challenged.

Involve the adult concerned, and their families**, in assessment of their needs and the risks** before deciding to withdraw. **Personal histories and chronologies** can be useful for assessing risk and planning interventions, so that individual incidents and conversations are not considered in isolation.

In cases of self-neglect, after attempts to assess and **mitigate the risks**, consideration should be given to **raising a safeguarding concern to Hillingdon Multi-Agency Safeguarding Hub** based in Adult Social Care.

The safeguarding process provides a **framework for agencies working collaboratively to assess and manage risk** where needed. This should also include **engagement with family and carers.**

4. Robust and Dynamic Risk Assessment

Robust and dynamic risk assessment is a **foundation of safe practice**. Effective risk assessment recognises that **the risks a person faces are not static or fixed over time**. **Risk is dynamic and responsive to a person's particular circumstances**, which change over time. Particularly **in the context of ageing** and **cognitive impairment**, deterioration and **increase in needs and risks over time can reasonably be expected** and **should be considered when assessing and managing risk for older people.**

Risk assessment should be **multidisciplinary and multiagency**, where appropriate. It should incorporate and **make use of information from all relevant sources**, including other **professionals, family and friends**, and above all, **the person about whom risk is being assessed**.

Risk assessment must be **specific to the person** in their **current situation** and based on **up to date information**. **Making meaning** out of **new information** from **all sources** is critical.

5. Identification, Assessment and Support of Carers

Adult F's son was an **informal carer**, assumed by professionals to **manage the risks and needs of his parents**. However, **the extent and nature of the pressure on him**, arising from looking after two cognitively and physically impaired older adults, **was not explored.**

Professionals **who become aware of carers** should assess their **willingness and ability to perform the roles that professionals are assigning to them**. They should be **proactively identified as carers** and **engaged with directly**.

Family dynamics and attitudes of the carer and the cared for adult, as well as the **potential complexity of the needs** of the cared for adult, should be considered. This promotes **realistic planning to manage the risk** to the carer and, significantly in this case, the risk to the cared for persons. **This responsibility is shared across health and social care services.**

6. When to Doubt Capacity

The **presumption of mental capacity is a principle of the Mental Capacity Act 2005.** However, practitioners need to know **when to doubt capacity**. If a person lacks capacity to make specific decisions, they might make decisions they do not really understand, causing potential harm or unnecessarily increase risk.

The **Mental Capacity Act Code of Practice** Paragraph 4.35 **explains the presumption should be set aside if:**

• the **person's behaviour or circumstances cause doubt** as to whether they have the capacity to make a decision

• **somebody else says they are concerned** about the person's capacity, or

• the **person has previously been diagnosed with an impairment or disturbance** that affects the way their mind or brain works, **and it has already been shown they lack capacity to make other decisions** in their life.

Where capacity is in doubt you should

- **engage in dialogue with the person**, as well as relevant **family and carers**,
- explore ways to **support their decision making**.
- **explore with the person their reasons for decisions** and their wishes and views about the situation. Click here for practice briefing on the MCA

7. Practice Implications: The learning from Adult F can be used to improve outcomes for other adults at risk. Think about how to apply this learning to your practice with other people.

- Remember that **risks are not fixed**. They change over time in response to changes in **personal circumstances, age, and health**.
- When you undertake **risk assessments,** include the **views and knowledge** of other involved **professionals, family, carers AND the person concerned.**
- **Refusal of support** should not be taken at face value**. Ask why, test your assumptions, assess and mitigate risk.**
- If you **cannot access someone** to assess their needs, **do not assume** they are ok. **Be curious! Be persistent!**
- If you become aware of **an informal carer**, **engage with them** directly. Be clear **what you are expecting of them**. Explore if they are **willing and able to do it.**
- **Family dynamics and attitudes** of the carer and the cared for adult, as well as the **potential complexity of needs and the emotional impact** on the carer should be considered.

Hillingdon SCP safeguarding children partnership

Hillingdon Safeguarding Partnership

Hillingdon safeguarding adults board

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