

### Introduction

This Learning Briefing incorporates learning themes identified from reviews undertaken by the Southampton Safeguarding Adult Board during 2020-21. This, in particular, includes learning from a review relating to an adult “Steve” (please note this is not his real name). Steve sadly died. He was described as a very independent gentleman with a number of medical conditions and was recorded as being able to get around by use of an electric wheelchair. Steve was also known to the police as a class A drug user. There were concerns about financial exploitation and self-neglect and a risk of “cuckooing” was identified. This was a concern that others may have used property for drug use and drug selling.

### Professional Curiosity and challenge

- Professional Curiosity is a key factor in promoting the welfare of our adults at risk.
- Please see the [SSAB One Minute Guide to Professional Curiosity](#)
- Underpins the principle that ***‘Safeguarding is everyone’s business... until the individual is safe’***
- A need to constructively challenge if Safeguarding response is inadequate – this is both within own and across agencies.
- Intentional deception or control of practitioners could be a sign of minimising abuse and neglect – agencies need to consider how this might influence their professional response.
- Adults at risk, carers and families may have variable engagement with practitioners to deflect attention from their lack of engagement with other services
- Use of [4LSAB Escalation procedure](#)

### Holistic Risk Assessment

- Risk escalates quickly where there is a combination of domestic violence, including financial exploitation, and mental health issues or substance misuse - these could be current or historical risks.
- If not listened to our knowledge about the adult at risk is limited to the view of their carer or ‘spokesperson’ (family member etc).
- Consider the daily lived experience of the adult at risk i.e. impact of abuse and neglect and the potential long-term significant harm.
- Practitioners need to use a common language which is understood by multi-agency partners – limit use of jargon and agency specific terminology.
- Common goal needs to be established when decision making and care planning with an adult at risk.
- Professionals can become over optimistic about care planning and management of risk, again delaying timely interventions for the adult at risk.
- Information sharing to safeguard an adult at risk of harm overrides GDPR legislation.

Find out more – go to [Southampton Local Safeguarding Adults Board – Working together to improve the safety and wellbeing of Adults at risk of harm in Southampton \(southamptonlsab.org.uk\)](https://southamptonlsab.org.uk)

### Transition between services

- Effective communication and healthy working relationships are an important part of good multi-agency practice.
- Collaborative multi-agency working is key, practitioners must seek to understand the roles of other agencies and their engagement with the adult at risk to enable good communication and an effective care plan.
- Practitioners need to recognise the different points/types of transitions of care throughout an adult's life and the impact of this change on them as an individual.
- Early intervention and support will help support a person through transition of care and will help practitioners to recognise the potential multiple safeguarding risks they may have.
- At times of multiple changes, agencies may need to extend the period of transition to provide extended / overlapping support for the adult at risk.

### Self-Neglect

- Understanding and implementation of statutory safeguarding processes i.e. Section 42 where severity of self-neglect is detailed using appropriate tools and guidance.
- Practitioners should utilise the [4LSAB Multi-agency Risk Management Framework](#) and additional guidance in the management of [self-neglect](#) where the threshold of Statutory Section 42 Safeguarding is not met.
- Early intervention is a key factor in reducing harm from long term impact of self-neglect.
- Trigger trio (DVA, MH and Substance Misuse) and self-neglect issues are interlinked.
- Housing issues such as rent arrears/housing related issues and anti-social behaviour apparent in many self-neglect cases.
- There is a link between experience of neglect as a child and in adolescence, and then self-neglect as an adult.

### Management of life long /complex illnesses

- Adults who persist with high risk substance misuse can undermine attempts by agencies trying to address primary health care needs, safeguarding risks and care planning.
- Health practitioners need to consider the interface between an individual's physical and mental health needs, otherwise key health information about them could be missed.
- Practitioners need to explore if an adult has a history of non-engagement and/ non-attendance with medical appointments in order to understand the possible increased risk.

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### Using history to inform current practice

- A good quality referral to another agency would include historic information about the adult at risk.
- Practitioners should be well informed of a person's history, where possible, and this should be explored with the adult at risk as part of assessments completed by agencies.
- Use of a multiagency chronology to identify patterns of adult at risk's behaviour which leads to crisis for the family or individual

### Assessment of Mental Capacity

- A robust, decision specific mental capacity assessment is required with adults who experience continued fluctuating capacity in the context of mental illness and substance misuse (including alcoholic dementia).
- A comprehensive formal assessment should be completed if there is doubt about a person's ability to make a decision. This is then recorded.
- Practitioners should explore working with independent advocate to assist with completing assessments of adults at risk with complex needs and who lack capacity to understand the level of risk they face.
- A practitioner must remember that just because an adult makes an unwise decision this does not mean that they lack capacity.

### Learning from Safeguarding Adult Reviews – National. Michael Preston-Shoot et al

- Shortcomings in practice have an immediate and direct impact upon the individual. Resources and time pressure, information sharing, case coordination, poor guidance, absence of management scrutiny and aspects of the national legal and policy context can impact on direct practice. It is important practitioners are alert to this and escalate concerns about ways in which their own effectiveness may be compromised.
- It is important that practitioners pay close attention to mental capacity, carrying out capacity assessments where indicated particularly where an individual consistently disregards high levels of risk to themselves or others. The potential impact of impaired executive brain function on decision-making may also need to be considered.
- Explicit and comprehensive risk assessment is an essential component of practice, as is a focus on proportionate risk management.
- It is important that practitioners learn the lessons from Safeguarding Adults Reviews, both in their own locality and elsewhere, and draw on this developing evidence base to inform their own practice.

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