Gateshead Safeguarding Adults Board
Adult H
7 Minute Briefing

1. What is a safeguarding adult review (SAR)?

SARs are a statutory requirement for Safeguarding Adults Boards (SABs). Safeguarding adult practice can be improved by identifying what is helping and what is hindering safeguarding work, in order to tackle barriers to good practice and protect adults from harm. SARs are not a mechanism for investigating or apportioning blame, but for identifying learning and making recommendations to improve practice and systems.

2. The SAR referral

The referral was not received via the SAR referral route but via an enquiry from Gateshead's front door team to the Safeguarding Business Manager in April 2023. Advice was sought from Gateshead's Legal Services regarding the SAR criteria as it was unclear if Henry had care and support needs.

The case was brought to the Safeguarding Adults Review and Complex Case Subgroup on the assumption that Henry had the appearance of care and support needs. At this point there was no known next of kin and no cause of death. Henry was not known to statutory services, however there were points throughout the case history where further professional curiosity could have resulted in a referral for services or additional support.

3. Background

Henry passed away in 2023 at the age of 64 years, there is very little information known about him. A Management Officer from housing provider attended Henry's home address on an arrears visit as rent had not been paid for one month. It is reported that Henry crawled to the front door to answer due to a 'fall' he had some weeks early, he could not remember the exact date. Henry was short of breath and struggling to manoeuvre about. He was also very slim and did not have any food in his cupboards or heating on. The Management Officer called an ambulance for Henry.

Henry told the ambulance crew that he had not eaten for a month due to sanctions on his benefits. He lived alone, there was no food or drinks in the property, he had been sleeping on his sofa and going to the toilet there. Northeast Ambulance Service records provided this description "the patient and the home were described as unkempt, only one working light in the property no bulbs in other rooms and the heating system was turned off".

Henry was transferred to the Queen Elizabeth Hospital in Gateshead, where he passed away two days later.

4. SAR Themes

- Missed opportunities to engage with Henry.
- No overall picture of his physical or mental health. Impact of the fall which he had had on his ability to access services.
- Support which was made available to Henry around understanding information which was provided to him from DWP or from Adult Social Care.
- No records of capacity assessments or anyone querying capacity.
- Reapplication for benefits, was this an inability to reapply or had he declined to reapply.
- How Henry had managed financially since his Universal Credits were stopped in November 2022 to his admission to hospital in March 2023.
- How had the pandemic and the cost-of-living crisis affected Henry.

5. Good practice

- Positive relationship with Library staff.
- Food parcels were provided by Community Hub and CAB.
- CAB provided initial support around benefits reapplication and in providing a mobile phone.

6. Areas for improvement

- Develop a wider understanding of the services available from organisations, this should include statutory services and the PVI sector.
- Understanding of the benefits which people receive and the money they have to support themselves.
- Assertive outreach for people like Henry, engaging with them to provide a trusted person who they can work with.
- Engagement with services who provide informal support such as libraries and voluntary groups, more joint working between these and statutory services.
- Professional curiosity to be promoted, practitioners to question what they are seeing and hearing, does this correlate or is there more questions to ask individuals about their circumstances. Practitioners dealing with the presenting problem or issue but not using professional curiosity to look at the bigger picture.
- Better use of Multi-Disciplinary Team (MDT's) meetings to share information and risk around individuals such as Henry.
- Use of on-line and digital platforms to access services is clearly a barrier for some individuals, agencies need to recognise that not everyone has access to a mobile phone, internet or that they are digitally literate.
- Understanding of self-neglect, why people self-neglect, links to mental health, trauma and stress, how to support individuals who self-neglect.
- DWP to ensure systems are in place to support people such as Henry and are understood by all staff.
- Housing Provider to review process used to flag up tenants who maybe struggling and the system for flagging non-payment of rent.

7. Actions

- DWP reviewing the guidance around "Treat as Phone Claim" once this is complete training will be made available to all DWP employees.
- DWP reviewing the guidance around closing a claim to ensure this is clear and accessible.
- Additional support tab has been included on the DWP electronic system. Advisors can now record additional information relating to a variety of topics such as vulnerabilities, domestic abuse, drug and alcohol misuse etc.
- Housing Provider to provide feedback on their restructured which will create smaller patches to support better oversight of tenants.
- Re-promote information sharing between practitioners in relation to who is working with an individual.
- Raise awareness of other organisations working in Gateshead, what support they can provide and how to access services.
- Guidance to be developed on how to instigate MDTs to ensure practitioners/ organisations come together to share information and support individuals holistically not individually responding to issues.
- Provide information, guidance and training to improve practitioner knowledge, understanding and skills around professional curiosity.
- Provide information, guidance and training to Improve knowledge and understanding of self-neglect, and when does this stop being a lifestyle choice.