Swindon Safeguarding Partnership
Executive Summary
Safeguarding Adult Review – Andrew

Introduction

Andrew was a 77 year old male who on the September 2020 was found unresponsive inside a property besides his adult son who was found deceased at the scene. Andrew subsequently passed away in hospital. Since that time both deaths have been ruled as suicide by the coroner.

It was reported that they were holding hands and had Andrew's late wife's wedding ring in their hands. Andrew was transferred to hospital for treatment. Toxicology report indicates that Andrew had ingested Benzodiazepines which were not prescribed, Andrew never recovered and no further information was obtained before his death.

Andrew was open to Safeguarding Adults team within Swindon Borough Council with a Section 42 enquiry on-going at the time of his death. A referral had been made by the Ambulance Service in March 2020 as a result of an incident whereby Andrew's son had given Andrew Pregabalin which he had bought from a friend which then resulted in Andrew being hospitalised and it was this enquiry that was still open.

Andrew lived alone and had a number of health conditions, history of depression and anxiety, hearing loss, prostate cancer and he had been shielding due to high risk of COVID-19.

Andrew's wife died in 2017 and in the years that followed, he was treated for depression and low mood. There is evidence from practitioners' reports that Andrew began to show signs of self- neglecting behaviours including a deterioration in his living environment, the cancellation of a care package from domiciliary care agency and poor self-care. Andrew's son was his unpaid family carer and was heavily involved in services being able to access his father to provide support.

Emerging Themes

There are parallels in this case and that of Honor which need to be recognised.

• Lack of recognition of complexities of and plan to safeguarding against Intergenerational Domestic Abuse.
• Focus on social care needs as outcome for Safeguarding activity at the expense of investigating abuse
• Professional curiosity and working with unwise decision making
• Co-ordinated and effective multi-agency working

• Effective QA in Safeguarding across agencies

This suggests that such a complex area of Safeguarding would benefit from a refresh of the learning from SAR Honor alongside the findings from this review across the Partnership.

Coercion and Control

There was recognition of a risk around coercion and control by agencies working with Andrew but no clear work to address it.

Mental Capacity and coercive control

A panel member suggested that there is a continued need to emphasise the need for a formal capacity assessment where there are any concerns raised about a person's capacity to make a decision, including documentation of all parts of that capacity assessment within the records.
-Should there be any concerns about coercive control, discussions with the patient including any capacity assessment should take place without the possible perpetrator of the coercive control present.
-If necessary to involve the police to enable (b) this should be organised (i.e. if the alleged perpetrator will not leave).

The inclusion of GPs in adult safeguarding planning meetings

In this case there was a lot of multi-agency communication and the agencies were working together and liaising at the beginning of September. It was suggested that the organisation of additional adult safeguarding planning meetings and the development of a specific associated adult safeguarding plan for Andrew may have benefited him and impacted the outcome of events. The GP would have then been involved in the additional safeguarding planning meetings and could have helped to formulate the plan. The circulation of the plan (to agencies including the GP surgery) would have meant that the GP and other agencies would have been kept up to date with the safeguarding plan without needing rely on the adult safeguarding team for regular updates.

Bereavement Support

Turning Point believes an exploration of bereavement support for vulnerable people could be looked at in more detail. Often vulnerable people are significantly more socially isolated than the rest of the population, and managing grief without friends/family support can make the process more difficult to manage, and in turn can precipitate a decline in mental health. Turning Point's understanding is that a referral to CRUSE cannot take place until 6 months post mortem. It also raises the question of whether or not services recognise that drug/alcohol users are vulnerable and need support in coping with caring responsibilities. What would it be like in to seek bereavement or carer support as an Opiate user?

Trauma Informed Practice

The understanding of trauma is now recognised as being a key development area for a number of services areas and agencies working with children and families and adults who may have care and support needs. Agencies should ensure that trauma informed approaches are being used and developed within their agencies when working with all their service users at the earliest opportunity. Trauma may not be known at the point at which agencies are working with people, a trauma informed approach enables professionals to open up conversations about possible trauma histories and if identified can respond better to the impact of this trauma.

Recommendations

A. Development of Multi-agency Safeguarding guidance on inter-generational Domestic Abuse

B. Development of a Safeguarding Toolkit for Coercion and Control

C. Inclusion in above of a Multi-Agency checklist to instigate sharing of relevant history in relation to Adult at risk and source of harm when Coercion and Control identified

D. Suicide Prevention support to be developed by the Complex cases suicide prevention group.

E. Seek assurance from agencies about how mental health practitioners assess and measure the presence of risk in patients with suicide ideation.

F. SSP seeks assurance that there is a robust multi-agency Suicide Prevention pathway which is inclusive to all partner agencies across health, social care and the voluntary sector.

G. Promotion of the Risk Enablement Panel via training offer and Self-Neglect Policy and Guidance.

H. 7 minute briefing on Risk Enablement Panel to be developed / promoted.

I. SSP seeks assurance as to how agencies identify and work with complex clients in a multi-agency way via a mini audit questionnaire.

J. Where a trauma history is identified agencies must share this information with other professionals known to be involved with the person and at the point of making referrals to other services or agencies for treatment or support as part of multi-agency working.

K. SSP to consider commissioning training in Trauma Informed Practice in working with Adults to support the understanding and use of trauma informed approaches in practice.