



QUICK REFERENCE LEARNING POINTS FROM HARROW SAFEGUARDING PARTNERSHIP'S SAFEGUARDING ADULT REVIEW

Learning about hoarding and resistant service users, elective home education and young carers and potential perplexing presentations

Background

The Safeguarding Partnership's Case Review Group carried out a safeguarding adult review a review into a case following the death of a 46-year-old woman (A) who

- Was the victim of a hoarding disorder
- Was resistant to offers of help and support
- Adopted a particularly strict diet of raw veganism
- Electively home educated her children (they were 21 and 30 at the time of her death)
- Was cared for by her children who acted as young carers
- Along with her children had many perplexing medical conditions.

Hoarding Hygiene and Gas Safety

A developed a progressive hoarding disorder. Her accommodation was also reported by neighbours as verminous. Environmental services, her landlord (to carry out a gas safety check) and the fire brigade wanted to access A's property at much the same time as Harrow Council wanted access to A to assess her capacity.

There resulted a lack of clarity in how to act as a partnership. These are all difficult issues and more join up would have improved the response, including holding professional meetings to share information and agree a plan.

We need to better understand how to manage hoarding and we need to ensure that staff know how to fast track complex and escalating cases.

Elective Home Education

There was a recorded safeguarding risk in relation to A's children when they were removed from school.

We need to be better at assessing safeguarding risks to children electively home educated and particularly those who are removed from school when a risk is already known.

Staff need to be confident in escalating concerns.

Young Carers

A's children were identified as having young carer responsibilities. But they were not assessed, because they refused to see a social worker (even though one of them was just 7.)

We need to work with Harrow Carers to better understand the real numbers of young carers in Harrow.

It is important that young carers' assessments are conducted by children and adult services.

We will audit these assessments to establish how effective they are now.

Perplexing Presentations

A and her children had a number of perplexing medical presentations. A claimed to have 68 medical conditions and her daughter B claimed to have 60. Her other daughter C also had many medical issues. Dealing with potential Fictitious and Induced illness is very complicated and while this issue was considered by professionals dealing with A, B and C it was not fully investigated.

We need to ensure that professionals know and understand the Royal Colleges Pathway for perplexing presentations - and

We need to review our procedures to ensure that they are clear and work for staff dealing with this issue.



Resistant Service Users

A as a resistant service user posed problems for frontline workers wanting to respect her right to self-determination while wanting to safeguard her from the harm she was exposing herself to.

In such cases we must ensure decisions are multi agency and that staff receive good senior staff support.

The Safeguarding Response

A's case generated significant activity. Quite a lot of it failed to reach a proper conclusion. The need for a mental health assessment was not robustly pursued. Requests to other agencies for social workers to accompany them when they enforced court orders, although potentially a helpful idea, did not result in an effective joint visit. The safeguarding case appeared to have been closed too early and against the wishes of operational staff.

Since these events the Mental Health Trust has changed the way it logs requests for assistance. The Council has updated its hoarding and self-neglect policy. Professionals should be clear about the legal powers that may be used and apply these after multi-agency discussion on what best suits the circumstances.

We now need to check on the effectiveness of these changes, ensure that staff who wish to escalate concerns know how to do so and we need to ensure that we have a shared and effective understanding of how social workers and other agencies can work together to gain entry to premises for assessment purposes.