

# Learning Briefing Safeguarding Adults Review Finley

**Sharing Learning**

Working together to prevent abuse and neglect is a key priority of the East Sussex Safeguarding Adults Board (EESAB). We do this by sharing learning from Safeguarding Adults Reviews (SARs) to drive improvement in safeguarding practice. All staff and managers are encouraged to discuss and share the briefing, to ensure that the learning outcomes are used to consolidate existing best practice and develop practice where required.

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**Background**

This review was commissioned to explore the circumstances that led to the death of a man in his 30’s who died from drug toxicity. When Finley was 16, he was detained under Section 2 of the Mental Health Act (MHA). He was suffering from psychosis which appeared to be drug induced. It was at this time that he was diagnosed with schizophrenia and spent about two years in an adolescent unit.

At 19, Finley was placed in supported housing which lasted for several years before he moved to private housing. Finley had a number of inpatient admissions, usually detained under the MHA, due to Finley not taking his medication as prescribed. Finley’s mother held Lasting Power of Attorney for both property/finance and health. Finley used illicit drugs over a long period of time and continued to do so until his death. Neighbours complained about the condition of the front garden and rubbish bins and reports made suggested that he may be subject of cuckooing as items had gone missing from his flat. There was clear evidence from agencies he was not able to live well independently with obvious signs of self-neglect.

**Key Findings**

**Responding to indicators of cuckooing**

In Finley’s case, no specific evidence was found to support the suspicion that he might be at risk from cuckooing. Nevertheless, there were indicators of County Lines and previous concerns in relation to cuckooing of an individual known to Finley.

Although agencies shared some information, a safeguarding enquiry was not initiated and assumptions were made about the groups of young people visiting Finley, despite the concerns raised by the local community.

**Dual diagnosis**

Finley was known to be a long-term drug user but declined any support. When he was detained in hospital, there were missed opportunities to attempt to find ways to work with him. The review highlighted the importance of integrated assessments and support planning to support hospital discharges for people with both mental health problems and problematic use of substances.

**Multi-agency response to self-neglect**

Finley was known to neglect himself particularly during periods when he was unable to manage his medication and when he reached a mental health crisis. He was considered to have the mental capacity to make decisions about his care and support needs. This meant that he was able to keep his drug use out of the sight of professionals

The multi-agency response to someone who is known to have mental health crises, misuses substances, and is refusing help to support themselves, should be to follow the self-neglect procedures within the Sussex Safeguarding Procedures. It is important that professionals understand that the Mental Capacity Act does not stop them from acting to protect someone from self-neglect.

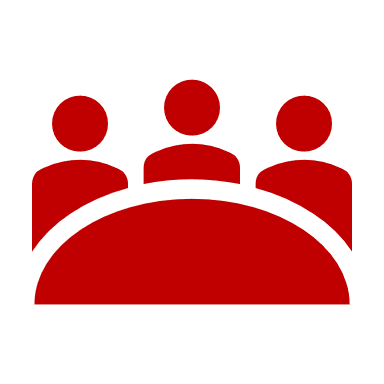
**Direct Work with the Individual and Carers**

Finley’s mother had power of attorney (POA). When someone has fluctuating capacity, as in Finley’s case, it would be reasonable to seek their agreement to include their attorney at every point, so that they understand any changes to the individual’s health and treatment.

Identification of missed appointments or substance misuse would, potentially, indicate a loss of capacity and self-neglect. Where the individual declines to consent to the attorney always being involved, this could initiate more exploration of the individual’s wishes, and the dynamics of the relationship.

**Good Practice**

* Finley’s mother identified professionals who were effective in developing relationships with her son. She was particularly complementary about the Tenancy Resolution Officer who consistently tried to work with Finley, as well as the Child and Adolescent Mental Health Service worker who continued to work with Finley into adulthood, until he was 21.
* There were considerable efforts by the Tenancy Officer and Tenancy Resolution Officer to work to keep Finley accommodated. There were also timely responses to the concerns of neighbours.
* Despite the Covid-19 pandemic restrictions, agencies maintained their efforts to undertake home visits to Finley.
* When Finley was discharged from hospital, he declined a care package. However, there were joint visits by the tenancy resolution officer, Community Psychiatric Nurse, or Social Worker. This enabled a link to be maintained between Finley and agencies.

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**Key Points for Learning and Reflection**

**Self-neglect: What are the signs and causes?**

*Self-neglect is “the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community”* (Gibbons 2006)

A decision on whether a response is required under the Sussex Safeguarding Adults Policy and Procedures will depend on the adult’s ability to protect themselves. There may come a point when they are no longer able to do this without external support.

Supporting an individual who has fluctuating capacity is a complex process. Mental capacity involves not only considering the person’s ability to weigh up information and understand consequences of decisions and actions, but also the person’s ability to implement those actions.

If you become aware that a person might be self-neglecting and appropriate steps are not taken to respond, there is a risk of the situation worsening which may result in serious consequences for the person who is self-neglecting.

**Lasting Power of Attorney (LPA)**

* **Health and welfare**

Where there is a health LPA in place, this should indicate what the individual has agreed to with their attorney. An individual is able to appoint a Lasting Power of Attorney (LPA) if they do so whilst they have the mental capacity to do so. The benefits of an LPA are that the individual can state what they want to happen if they do not have the mental capacity to speak for themselves.

The health and welfare LPA can only be used when the individual (donor) does not have the capacity to make their own decisions. The attorney can then make decisions in regard to daily routine, for example washing, dressing, and eating, medical care and where the donor lives.

* **Property and finance**

The property and finance LPA is for supporting an individual (donor) to make decisions about issues such as money, tax, bills, and benefits. The attorney can start making decisions while the donor still has mental capacity if that has been stated in the LPA and the donor has given permission.

* **Question: How do you incorporate Lasting Power of Attorney arrangements for property & finance and health & welfare into a person's care, treatment, and support plan?**
* **Factsheet:** [**Arranging for someone to make decisions on your behalf**](https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/large-print-factsheets/fs22-lp-arranging-for-someone-to-make-decisions-on-your-behalf.pdf)

**Responding to suspected cuckooing**

Cuckooing is the practice of taking over the home of a vulnerable person in order to establish a base for illegal activity. Victims are exploited, threatened, and manipulated by the gangs who then use their homes for drug dealing or other criminal activity, such as sexual exploitation.

* **Question: What evidence could indicate someone is being cuckooed or at risk of being cuckooed?**
* **Leaflet:** [**Is a vulnerable person being cuckooed?**](https://safeineastsussex.org.uk/content/files/file/cuckooing%20profs%20leaflet%202016%20%282%29%281%29.pdf)

**Further reading and resources**

* [Mental Capacity Act Multi-Agency Policy and Procedures](https://www.eastsussexsab.org.uk/documents/east-sussex-mental-capacity-multi-agency-policy-and-procedures/)
* [Sussex Multi-Agency Procedures to Support Adults who Self-Neglect](http://sussexsafeguardingadults.procedures.org.uk/pkoox/sussex-safeguarding-adults-procedures/sussex-multi-agency-procedures-to-support-adults-who-self-neglect)
* Self-[Neglect Learning Briefing](https://www.eastsussexsab.org.uk/wp-content/uploads/2020/07/Self-Neglect-Learning-Briefing.pdf)
* [Severe Mental illness and Substance Misuse (Dual Diagnosis](https://www.nice.org.uk/guidance/ng58/documents/severe-mental-illness-and-substance-misuse-dual-diagnosis-community-health-and-social-care-services-final-scope2))
* [What is a Dual Diagnosis in Mental Health? - Family First Intervention](https://www.youtube.com/watch?v=02E1QxKLIyQ)
* [Guidance on raising concerns about Abuse and Neglect](https://www.eastsussexsab.org.uk/wp-content/uploads/2022/02/Sussex-Safeguarding-Adults-Thresholds-Guidance-Print-Version.pdf)
* [Reporting a Safeguarding Concern](https://www.eastsussexsab.org.uk/what-is-safeguarding/raise-a-concern/)
* A range of multi-agency safeguarding courses, including self-neglect, trauma informed practice and Mental Capacity Act training are available through the [East Sussex Learning Portal](https://www.eastsussex.gov.uk/jobs/learning-portal).
* Reference: **Gibbons, S.** (2006) Primary care assessment of older adults with self-care challenges. The Journal for Nurse Practitioners; 2: 5, 323–328.

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