

Richmond and Wandsworth Safeguarding Adults Board Safeguarding Adults Review – Jasmine recording script

Jasmine was a 20-year-old Black British woman. She had been known to Children's Social Care since 2013 due to safeguarding concerns arising from poorly managed diabetes and emerging mental health issues. Jasmine found it difficult to maintain positive relationships in her personal life and would often refuse help from professionals. Her history shows patterns of seeking help in managing her chronic health and conditions, but not attending follow up appointments or complying with her medical regime. She was found dead in her supported accommodation in September 2019, and although a coroner's enquiry has not been held, it is believed that this was a consequence of complications relating to her diabetes.

What did the review find?

1. Transition planning can be inconsistent and delayed, in particular where young people's cases are held outside the specialist disabilities service in Children's Social Care.
2. Issues of neglect of health needs and refusal to engage with services are poorly understood by practitioners within the context of self-neglect, and consequently opportunities to mitigate risks to the individual are missed.
3. Understanding of Care Act duties and Mental Capacity is not embedded in Children's Social Care. This impacts on practitioners' ability to respond to the needs of young people transitioning from Children's Social Care.
4. Individuals with complex needs, particularly with co-morbidity with mental health or personality disorders, receive insufficient support to navigate their treatment pathway. The limited discussion between health disciplines results in an incomplete analysis of their health needs and a lack of holistic planning.

What lessons can we learn?

1. It is essential that the social workers are provided with tools and resources to support them to provide close oversight of the care plan and services that young people transitioning to adult social care require. Consistent, nuanced direct work is required to secure the trust and engagement of these young people.
2. Given the multiplicity of agency and transfers during the transitions phase it is vital that professionals collaborate as a 'team around the person' and that there is a clearly assigned professional who co-ordinates this.
3. Practitioners must take note that the Care Act 2014 imposes an obligation on the council to complete a needs assessment if there is concern that the adult might be at risk of abuse or neglect, including self-neglect.
4. Self-neglect is a form of adult safeguarding and practitioners should note that this includes medical neglect and poor compliance with medication regimes.
5. When considering mental capacity in cases of self-neglect, practitioners often respond to the challenges of engagement by leaving unexplored a person's reluctance to engage and refer to this as a 'lifestyle choice'. This leaves people at risk and not provided with a multiagency supportive response.
6. People with complex needs and inconsistent engagement with services/attendance at appointments are discharged from services, without sufficient consideration on the reasons for the reluctance to engage or attempts to make reasonable adjustments based on protective characteristics such as age and disability.

7. People with co-existing physical and mental health issues can be effectively supported with better outcomes if there is an effective multi-disciplinary team around the person.