
GILLIAN:

SAFEGUARDING ADULT REVIEW LEARNING BRIEFING (AUGUST 2023)

Case Summary

Gillian lived at home with her adult son and daughter. The family were mostly unknown to services, although Gillian was known by primary care nurses and the GP. No significant concerns had been raised by the primary care team about the family's ability to cope. It is now known that Gillian's daughter has Alzheimer's dementia and her son appeared to be their main carer.

Gillian was understood by family members to be controlling (description by her son) and had always been the 'boss' of the family. In September 2021 Gillian's son had gone away on holiday without arranging any support for his mother or sister as he thought they could manage.

Gillian's daughter sought help from neighbours, who found Gillian in a bed which was heavily soiled with faeces and urine and the room was full of flies with no clean clothing visible. There was no food in the fridge. Gillian was admitted to hospital and a safeguarding referral was made to Adult Health and Care by the hospital. Sadly, Gillian died in hospital in early October 2021.

The medical cause of Gillian's death was confirmed as: 1a Pneumonia, 2a Frailty of Old Age. The Coroner concluded that Gillian died of natural causes to which a lack of care had significantly contributed.

A discretionary review (Care Act Sec 44) was commissioned to consider and identify learning relating to the 'Family Approach' and identification and support for unpaid Carers.

Key Findings

Family Approach	Contextualising Caregiving and support for Family Caregivers
<p>A Family Approach Protocol and supporting documentation has been implemented across Hampshire, Portsmouth, Southampton and the Isle of Wight. This is currently under review (2022-3).</p> <p>Although the Approach originated within services relating to children and their families, it was recognised as being wholly relevant within Adult Social Care and so is now in operation throughout agencies in the authorities. There is some areas for development.</p> <p>One area of interest and development identified in this review is the circumstances of families in which there are several individuals who have their own specific health and psycho-social needs due to health conditions and/or disability and how the Approach might relate to individuals (within the family system) in these situations.</p> <p>Appropriate recognition and identification of caregivers requires discussion and engagement with individuals to determine what sorts of support might be necessary and sufficient to assist them in their caring role(s). Once a carer has been identified, there can be suitable consideration of whether there are needs for any further support and assistance for them, including referrals relating to any care and support needs that they might have as a carer.</p> <p>An additional area of improvement to be considered is that of recording household composition on health and care records, including NoK, other individuals in the home and unpaid carers.</p>	<p>Within a practice context it is evident that there are several carers who don't consider themselves to be carers; it has been estimated that it can take such individuals several years to acknowledge their situation as being care related and their role to be that of a carer (NHS website: Understanding Carers (http://www.nhs.uk/CarersDirect/understanding-carers/Pages/understanding-carers.aspx)).</p> <p>From the perspective of these individuals, it seems that it appears difficult to see their caring role as separate or in any way different from the relationship that already exists with the person for whom they care. Assumptions could arise about caring roles, either within family or externally; or expectations held about familial situations and relationships which are not openly discussed or communicated.</p> <p>There is an NHS carer-related objective that 70% of carers should be in contact with a health professional (Principle 1 of the document NHS Commissioning for Carers, 2014). At a national level there is an overall target that registration of carers with a GP should attain 7%. However, at local level within Hampshire, GP surgeries were indicated to be achieving between 0.5-4%.</p> <p>If professionals do not recognise the distinctive needs of other family members and/or adults within a household, then this may link with a failure to recognise that such individuals might be limited in their ability to provide care for another adult in the household.</p>

Questions for Hampshire Safeguarding Adults Board

These are the questions posed by the review, to consider how the learning can result in positive action and change within the local safeguarding system in Hampshire. Agencies will work together to develop an action plan to address learning.

1. What might good look like when responding to issues in relation to Carers and the Family Approach?
2. Is there a current need for improvement in levels of identification of family members with their own/multiple needs, deteriorating health (physical and/or psychological) or increased dependency in terms of needs for care and support?

Is such improvement necessary across all agencies that contribute to the SAB and safeguarding processes?

How might the Board be assured that such individuals are appropriately identified through use of the Family Approach?

3. Does the Family Approach also include situations where family members do not identify themselves as carers?
4. How can identification of carers and levels of (carer) registration be improved?
5. How does or might a Carer's policy apply? How might it be best to identify and record situations in which there may be an unwilling or reluctant carer / an individual who does not accept caregiving role / or doesn't recognise (or understand) an expectation that they will provide care for a person in need in the same household?

How might it be possible for different organisations to successfully intervene when such situations arise?