1 – Introduction

In May 2023, the Safeguarding Adults Board undertook a Line of Sight to Practice event in relation to Fletcher*.

As part of the event, key partners were requested to complete and submit a chronology in relation to the case for consideration by the panel. The panel is made up of key leads from the relevant SAB subgroup who come together to agree key lines of enquiry prior to a discussion with multi-agency practitioners. The event was led by a partner who was independent to the case.

The focus of the learning event is to reflect on the adult's journey and to identify any opportunities for improved collaboration between agencies and to share good practice.

*A pseudonym has been used to protect her identity

2 – Background

Fletcher was an elderly White British man who was sadly found deceased at his home following a welfare check being undertaken by the police. Concerns were raised by professionals who had been unable to locate him and neighbours had not seen him for some time.

A safeguarding concern had been raised in the month prior to his death in relation to Fletcher's home conditions and self-neglect.

Fletcher received support previously around managing his finances and home conditions. At the time of his death, Fletcher was not receiving support from any agencies.

3- Good practice

Making Safeguarding Personal

Practitioners were flexible in their approaches to working with Fletcher in that they met with him in the location where he felt most comfortable. He preferred to meet outside of his home in a number of locations across the community and practitioners accommodated this in line with the principals of Making Safeguarding Personal.

Practitioners took a relational approach to working with Fletcher. They developed good relationships with him, they knew him well and recognised the importance of working with him over a period of time to build trust.

Although the balance between privacy and risk were sometimes difficult to unpick, they respected his right to a private life.

4- Areas for learning and improvement

Professional curiosity and 'asking the question'

It was noted that on a number of occasions, assumptions were made about Fletcher due to something that had been recorded in agency records without being checked with Fletcher directly. There were examples where one reference had carried across into other agencies records which then impacted on how practitioners responded to his needs.

It of note that it was only discovered after his death that Fletcher was an armed forces veteran.

Fletcher was a proud man who was fiercely independent. As stated above, he often engaged with professionals on his own terms and his acceptance of support could be sporadic. This may have impacted upon practitioners feeling confident to ask questions about his life.

5 – Areas for learning and improvement

Identification of self-neglect

Although self-neglect concerns were identified in the referral to the NLC Safeguarding Team, there were some prior occasions where practitioners did not identify it. The records made reference to Fletcher being smart, clean and well presented therefore they determined that self-neglect was not an issue despite there being evidence of hoarding and his property being unsafe. Therefore, there may have been missed opportunities to identify it earlier.

Contingency planning

Fletcher did not have contact with any agencies for approximately 4 years prior to his death. The panel reflected around how professionals ensure that contingency planning is in place prior to the withdrawal of services to ensure that support can be provided should people's needs increase in the future.

6 – Recommendations

After the event, a report was developed and shared with the SAB Prevention and Proportionality subgroup and the following action was agreed:

- Develop a 7-minute briefing to share the learning from this event with frontline practitioners
- Continue to raise awareness of professional curiosity and working with people who self-neglect
- Strengthen the tools and resources on the Safeguarding Adults Board website around professional curiosity

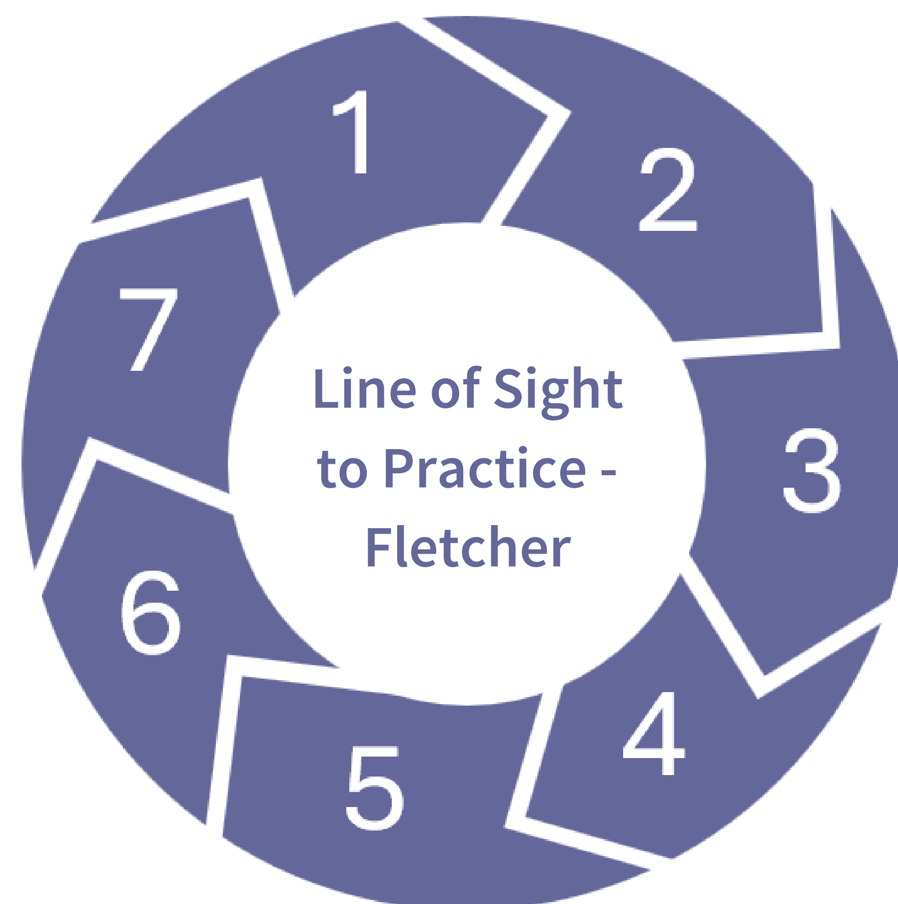
7 – Further information

Advice and guidance can be found on the Safeguarding Adults Board website including:

- A 7 minute briefing from a previous Line of Sight to Practice event on Self-Neglect
- A 7 minute briefing on professional curiosity
- Tools and resources relating to self-neglect, hoarding and professional curiosity

Other resources can be found below:

- Research in Practice – Working with people who self-neglect Practice Tool
- Research in Practice – Professional curiosity in safeguarding adults Practice Tool



7 Minute Briefing