

Dhiren and Paul - Safeguarding Adults Review

Recommendations: To better support vulnerable adults, it is crucial to implement training that ensures their voices and experiences are heard in person-centred planning, followed by audits. Improving the use of legislation, such as the Care Act and the Mental Capacity Act, across all agencies is essential. Additionally, commissioning culturally appropriate advocacy services and utilizing outreach models can address engagement issues. Detailed data analysis of 'did not attend' instances will help understand access barriers. Quality assurance measures for **GP Learning Disability Annual Reviews**, including peer reviews, should be implemented. Following up on Healthwatch engagement exercises and reviewing carer support needs are also important. Raising awareness among religious and community organizations, providing support when direct payments cease, continuing the use of social prescribers, and escalating cases with multiple DNAs (**was not brought**) are recommended.

1. **The circumstances** surrounding the unfortunate deaths of both Dhiren and Paul were referred to the NSAB for consideration of a possible SAR. The initial concerns identified by the NSAB included a lack of engagement with both individuals at the time of their deaths and substandard practices. These concerns were raised to understand the reasons behind the way agencies interacted with Dhiren and Paul.

2. **Paul:** Had multiple and complex needs from birth and received support throughout his life including residential care. Although he underwent annual **GP Learning Disability Reviews** most years, these were often inadequate and treated as a mere formality. Paul experienced various illnesses, including difficulties with hearing, communication, epilepsy, vision, and persistent foot pain. His needs were not consistently addressed by professionals or family, and he was often overlooked by professionals for various reasons. Questions arise regarding his needs related to his learning disability and physical health, and his mother's understanding of his care and support needs, and the professional partnership's understanding of his lived experience and voice.

Dhiren: Dhiren was less known to services from a young age. However, inaccuracies in his records, which indicated he had a learning disability rather than difficulties, affected the support he received even though he was assessed not to have a learning disability. It remains unclear how well professionals assessed the support provided by his family and whether it was appropriate to expect his family to manage his diabetes. Dhiren's death was attributed to "variable engagement with healthcare services over several years." The partnership seeks to address factors that prevented Dhiren from attending the hospital on that date, the follow-up actions professionals could have taken, and the impact of COVID-19 and the New Year period.

3. **Health Inequality and Intersectionality:** Paul and Dhiren were from ethnic minority background, as is most of the population in Newham. It is important to consider what provisions were made to understand and respond to the cultural nuances of their lives and the impact on their medical and social care, as well as the families cultural understanding of health conditions and treatment. Research indicates that managing 'manageable illnesses' is particularly challenging in young men and those from ethnic minority backgrounds. This intersectionality of this need could have warranted a more proactive intervention from all those involved. Agency Responses and Multi-Agency Interaction: Reports on the health and care needs of both Paul and Dhiren are based on individual agency responses, with little evidence of multi-agency interaction, planning, and support. The nature of their disabilities and health conditions raises the question of whether a multi-agency professional meeting to understand their needs could have improved the support provided to them and their families.

4. **Multi-Agency working**, sharing information and engagement with young men of ethnic minority background and their family carers. The collaboration, information sharing, and engagement with young men from ethnic minority backgrounds and their family carers require improvement. There is insufficient evidence of information sharing or involvement in safeguarding processes or professional curiosity between agencies, as well as professional meetings to discuss individuals with identified concerns. Individual interventions from social care and medical professionals were episodic, with Dhiren receiving care in the hospital and Paul in the community, but without appropriate referrals to support access. This raises concerns about the impact of closing involvement & failing to follow up on 'not attending' or 'not being brought,' which was not adequately understood by a multi-agency team.

5. **Cultural understanding and views of Learning disability and difficulties.** Paul's mother is documented as caring and loving. Her religious beliefs led her to believe that his learning disability & epilepsy could be cured through prayer and healing. The family's belief in the curative power of prayer impacted on the perceived importance of his epilepsy medication. At the time of his death, Paul had been on medication for an extended period **with inconsistent administration**. Understanding cultural perspectives and working with families to respect their faith is crucial for fostering engagement. It is also considered good practice to involve supportive individuals from the community and those with similar religious backgrounds to assist individuals with learning disabilities and their families.

6. **Family involvement.** The Use of the Care Act 2014 leads professionals to provide services for both Paul and Dhiren, best practice would have involved collaboration with statutory agencies, voluntary and community organizations, family members, and carers, supported by advocates, to address the needs of vulnerable adults. In both cases, the primary support came from their families, with both Paul and Dhiren living with their families. Therefore, working in partnership with their families was essential to supporting them within their communities. There was minimal assessment of family functioning, capability as carers and how to engage with the family proactively. Both Paul and Dhiren received responsive services without professional curiosity about the support they needed to access their medical and social care needs, and what their families required to support them.



7. **Recording, information sharing, coordination between agencies and Multi-Agency working.** Use of legislation – Care Act 2014 and Mental Capacity Act 2005. Effective recording and appropriate information sharing are essential for safeguarding vulnerable adults and providing their carers and families with the necessary information about their needs. Some of Dhiren's records were extensive, requiring professionals to have sufficient time to review, process, and respond to previous records to ensure safe services. Understanding and building on the knowledge of Paul and Dhiren's histories would have provided professionals with additional insights into their diagnoses, support needs, and the best approaches to working with them. Paul, having been a child in care, had a history and record of professional engagement.