Learning Review Terence
7 Minute Briefing

Who was Terence?

Terence was a 76-year-old white British man who lived alone in his home following the death of his wife in 2006. He had care and support needs, including diabetes and mobility issues. He was known to multiple agencies, including health services, police, adult social care and probation. He was described as socially isolated, often declining support and living in poor home conditions. Terence very sadly died in an arson attack in his home.

Terence's Experiences

Terrence experienced anti-social behaviour (ASB) at his home with many incidents reported to the Police. Self-neglect was present with deteriorating living conditions, hoarding and infestations. There was poor management of his diabetes, inconsistent engagement with treatment. Terence's conviction, living situation and behaviours were seen as contributing factors to him being targeted by others.

Key Findings

Escalating risk and information sharing: Self-neglect, ASB and vulnerability were present over many years but not addressed holistically. Repeated Police MERLIN reports and ASB incidents did not trigger a robust system-wide response.

Multi-agency response and engagement: Agencies worked individually and positively with Terence but did not consistently share information or develop a coordinated plan. Multi-disciplinary meetings were held only in the weeks before his death.

Missed opportunities to use safeguarding frameworks: The Care Act and safeguarding enquiries could have been applied earlier.

Understanding of the person: There could have been more focus on Terrence's lived experience, wishes, and motivations.

Learning and Implementation

Hoarding and Self neglect guidance in place.

Strengthened Safeguarding Adults Complex Cases Group process with senior management oversight and lead practitioners identified.

Community MARAC led by ASB Manager and Police and clear and improved referrals pathways in place. Training and awareness sessions for Police and Private Sector Licensing Officers.

NELFT weekly safeguarding risk meetings and case escalation process in place linking to the multi agency Complex Cases Group, Mental Capacity Assessment Lead Professional in place, staff safety risks are recorded, monitored and shared across teams.

Professional curiosity embedded in Police training.
The MAPPA framework embedded with opportunity to share risks identified.

Multi-agency challenge workshops and escalation pathways for non-engagement of service users and partner engagement.

Safeguarding meeting Multi-Agency Accountability Framework to clarify expectations of professionals around information sharing and ownership.

Effective staff incident and accident reporting process with management oversight.

Recommendations

Strengthen legal literacy and early intervention: Improve understanding and application of the Care Act, Mental Capacity Act, and self-neglect guidance.

Improve multi-agency coordination: Ensure all relevant agencies are identified and involved, supported by strong professional curiosity and supervision.

Embed Community MARAC: Ensure complex cases involving safeguarding and community safety are discussed in appropriate multi-agency forums.

Improve information sharing on risk including MAPPA: Strengthen links between probation, police, and frontline services to ensure shared understanding
of risk.

Strengthen response to repeated MERLINs: Develop clearer processes to recognise cumulative risk and trigger safeguarding action.

Challenges

Complexity of self-neglect: Balancing autonomy, capacity and risk made intervention difficult.

Professional curiosity and escalation: Limited challenge, questioning or escalation despite repeated concerns.

Information sharing: Critical information including risks linked to offending history and ASB were not effectively shared across all agencies.

Co-ordinated response: Lack of clear lead agency or consistent oversight of the case.

Use of multi-agency forums: Mechanisms such as the Complex Cases Group and Community MARAC were not utilised.

Balancing risk to the individual and others: Including staff safety and community risks.

BARKING & DAGENHAM ONE PANEL