Adult safeguarding and alcohol-dependence

Learning from safeguarding adult reviews

A selection of available reviews

- Doncaster SAB (2018) 'Adult G'
- Isle of Wight SAB (2018) Howard
- Essex SAB (2018) Frank
- Bexley SAB (2019) 'AB'
- Wiltshire SAB (2018) 'Adult D'
- Tower Hamlets SAB (2019) 'Ms C'
- Redbridge SAB (only available in an annual report 18/19)
- Brighton and Hove SAB (2017) "X"
- Southampton SAB (2019) Adult P
- Newham SAB (and others) (2019) Mr YI
- Solihull SAB (2019) Rachel

Other recent reviews – there are others!

- Thematic review - Leeds SAB (street homeless deaths) (2020)
- Thematic review - Manchester SAB (seven street homeless deaths involving self-neglect, substance misuse, homelessness, imprisonment, mental and physical ill-health) (2020)
- Thematic review - Oldham SAB (four cases involving self-neglect, substance misuse and housing/homelessness issues) (2020)
- Thematic review - Oxfordshire SAB (nine cases involving self-neglect, domestic abuse, no recourse to public funds, substance misuse and housing/homelessness issues) (2020)
- Thematic review - Ms H and Ms I Tower Hamlets SAB (two cases involving self-neglect, substance misuse and homelessness issues) (2020)
- A SAR - "Jack" Cornwall and Isles of Scilly SAB (a homeless person admitted to a nursing care following a Court of Protection ruling) (2020)
- Milton Keynes SAB (2019) 'Adult B' - former care leaver
- Worcestershire SAB (2020) Thematic Review. People Who Sleep Rough.
- Cambridgeshire and Peterborough SAB (2020) - Peter
- SAR Library: https://nationalnetwork.org.uk

Voices of Experts by Experience

- When asked what he needed, Terence replied: "Some love, man. Family environment. Support." He wanted to be part of something real, part of real society and not just "the system". (reported in a thematic review on people who sleep rough, Worcestershire SAB (2020)).
- From the Leeds Thematic Review (2020):
  - "I lost everything all at once: my job, my family, my hope."
  - "Without [this help in Leeds], I'd already be dead. I've no doubts about that. If the elements hadn't got me, I would have got me. Sometimes I have rolled up to this van in a real mess and they have offered help and support and got my head straight."
- Ms I's partner commented (Tower Hamlets SAB (2020) Thematic Review):
  - At times "she could not help herself" because of the feelings that were resurfacing; access to non-judgemental services was vital and helpful, and that support is especially important when individuals are striving to be alcohol and drug free. It was during these times that stress, anxiety and painful feelings could "bubble up", prompting a return to substance misuse to suppress what it was very hard to acknowledge and work through.

Learning from the voices of lived experience

- Seeing the whole person in their situation
- Addressing unconscious bias (pre-judgement, attitudes, stereotypes and their impact)
- A trauma-informed, whole system response to the person in context
- The problem is not the problem; it is the solution that is the problem. Tackling symptoms is less effective than addressing causes. Understanding the function of behaviour.
  - Attempting to change someone's behaviour without understanding its survival function will prove unsuccessful. The problem is a way of coping, however dysfunctional it may appear. Too often we are responding to symptoms and not causes. Put another way, individuals experiencing multiple exclusion homelessness are in a "life threatening double bind, driven addictively to avoid suffering through ways that only deepen their suffering."

Multiple Exclusion Homelessness

- Extreme marginalisation that includes childhood trauma, physical and mental ill-health, substance misuse and experiences of institutional care.
- Adverse experiences in childhood can include abuse and neglect, domestic violence, poverty and parental mental illness or substance misuse.
- For many of those who are street sleeping, homelessness is a long-term experience and associated with tri-morbidity (impairments arising from a combination of mental ill-health, physical ill-health and drug and/or alcohol misuse) and premature mortality.
- Presence of other chronic and acute physical health conditions, physical disabilities, learning disabilities and/or cognitive impairments.
- Do not assume or expect that individuals can keep to scheduled clinic appointments, in our time and space; assertive outreach.

Definitions

- Care and support needs arise from or are related to physical or mental impairment or illness. This can include conditions as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury (Care and Support (Eligibility Criteria) Regulations 2014.
- There is a duty to meet eligible needs (which are defined) and a power to meet other needs (section 19). Human Rights Act 1998 assessments crucial here.
- Section 11 empowers the local authority to conduct an assessment of care and support needs without consent where there are significant risks.
- Section 42(1) has three criteria; these are not thresholds. Unable to protect themselves - applying what is known about a person's life experiences, history and current circumstances, take the ordinary meaning of the words.
- Care Act 2014 statutory guidance (Chapter 15) on interface with housing and care and support. Consider housing and the provision of suitable accommodation when considering the provision of care and support. Part of the wellbeing principle.
- Section 23 (Care Act 2014) clarifies the boundary with the Housing Act 1996.
- Suitability of accommodation is a core component of wellbeing.

Alcohol-related SARs

- 57 cases (25%) in first national SAR analysis (2017-2019) where the principal focus was on a person with alcohol-related concerns
- This figure has risen subsequently
- Correlations with self-neglect and/or homelessness
- Examples of fire deaths involving alcohol abuse
- Impact of loss and trauma
- Additional 5 cases where someone in the person's environment was alcohol-dependent
- Highlights the importance of thinking family (domestic abuse, impact on children, understanding family and relational dynamics)
- One case of a paid carer being alcohol-dependent

Good practice in alcohol-related reviews

- Thorough and robust care and support, risk and/or mental capacity assessments
- Routine monitoring of, and treatment for, physical health issues
- Liaison with drug and alcohol teams
- Information-sharing

Practice shortfalls in alcohol-related reviews

Direct practice

- Superficial or missed assessments (impact of alcohol on capacity)
- Focus on single issues rather than holistic (risk) assessment
- Lack of think family approach
- Lack of curiosity (History)
- Reliance on self-report
- Labelling and prejudice, assumptions about life-style choice
- Alcohol abuse not seen as self-neglect

Partnership work

- Mental health and drug and alcohol services not working together
- Inflexible thresholds and referral bouncing
- Law seen as complex (mental capacity and alcohol-dependence; mental health and alcohol-dependence)
- Absence of safeguarding referrals

Service response

- Loss of services
- Lack of services (mental health support; supported accommodation; outreach)
- Lack of policies and protocols to guide staff
- Need for training
- Need for more robust, humane and flexible approach

Concerned curiosity – SAR findings

- Demonstrated an important skill in gaining an understanding of the individual and the significance of their history
- Practitioners accepted accounts at face value, which minimised abuse/neglect or failed to recognise trauma
- Self-neglect, for example alcohol-dependence and/or refusal of services, not explored
- Shortcomings in curiosity in risk assessment, carer needs, family dynamics, rapidly escalating health needs, repeated A&E attendance, dropping out of sight
- "Care-frontational questions"
- "Look for the not so obvious"
- Omission of "the mundane and the obvious."

Why is curiosity in the too difficult box?

- Lack of time, pressure of workloads, and priority given to short-term involvement over relationship-based practice?
- Fear of reaction – even hostility and anger?
- Concerns about causing offence?
- Concerns about lack of cultural awareness?
- Perceived lack of skill – uncertainty about how to question?
- Myths about making safeguarding personal?
- Impact of rule of optimism/
- Prioritising autonomy and self-determination, the right to private and family life?
- Myth of lifestyle choice?

Risk	• Assessments absent or inadequate • Failure to recognise and act on persistent and escalating risks
Mental capacity	• Assessments missing, poorly performed or not reviewed • Absence of detail about best interest decision-making
MSP	• Insufficient contact with the individual • Unclear focus on individual's wishes, needs and desired outcomes • Focus on autonomy excludes consideration of risks to others and duty of care

Findings from SARs – Mental Capacity

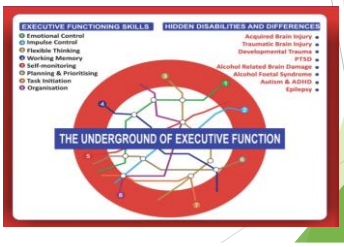
Good Practice

- Robust capacity assessments and best interest decisions
- Outcomes clearly recorded
- Assessment clearly mapped against MCA requirements

Practice Shortfalls

- Failure to assess or review
- Poor assessments
- Misunderstanding of MCA principles
- Misunderstanding of diagnostic test
- Neglect of executive capacity
- Neglect of advocacy
- Assumptions about lifestyle choice
- Poor recording
- Lack of confidence

Executive Function



National guidance (NICE 2018)

Practitioners should be aware that it may be more difficult to assess capacity in people with executive dysfunction – for example people with traumatic brain injury. Structured assessments of capacity for individuals in this group (for example, by way of interview) may therefore need to be supplemented by real world observation of the person's functioning and decision-making ability in order to provide the assessor with a complete picture of an individual's decision-making ability.

Decision-making and mental capacity guidance (para 1.4.19)

Case Law: Executive Functioning

- Sunderland City Council v AS and Others [2020] EWCOP 13
  - Importance of real world observation to obtain a full picture.
- A Local Authority v AW [2020] EWCOP 24
  - Ability to think, act and solve problems include the functions of the brain which help us to learn new information, remember and retrieve the information we've learned in the past, and use this information to solve problems of everyday life.

Signposts to best practice

- In cases of fluctuating capacity, the courts and NICE have advised taking a long-term perspective on someone's capacity rather than simply assessing the capacity at one point in time..
- Carol SAR (Teeswide SAB): *the concept of "executive capacity" is relevant where the individual has addictive or compulsive behaviours. This highlights the importance of considering the individual's ability to put a decision into effect (executive capacity) in addition to their ability to make a decision (decisional capacity).*
- Howard SAR (Isle of Wight SAB) and the Ms H and Ms I SAR (Tower Hamlets SAB) highlight people who are driven by compulsions that are too strong for them to ignore. Their actions often contradicted their stated intention to control their alcohol use: i.e. they were unable to execute decisions that they had taken.
- Ruth Mitchell SAR (Plymouth SAB): *To assess Ruth as having the mental capacity to make specific decisions on the basis of what she said only, could produce a false picture of her actual capacity. She needed an assessment based both on her verbal explanations and on observation of her capabilities, i.e. "show me, as well as tell me". An assessment of Ruth's mental capacity would need to consider her ability to implement*

Direct practice – best practice

Inter-organisational environment – best practice

Organisational environment – best practice

SAB governance – best practice

- Audit & quality assurance of what good looks like
- Multi-agency training
- Review of management of SARs
- Workplace as well as workforce development
- Continual review of outcome of recommendations
- Use of SARs to inform policy development, practice audits and training

Comments & questions

Please contact me if you have any queries:

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