

# Learning Briefing Safeguarding Adults Review Hannah

**Sharing Learning**

Working together to prevent abuse and neglect is a key priority of the East Sussex Safeguarding Adults Board (EESAB). We do this by sharing learning from Safeguarding Adults Reviews (SARs) to drive improvement in safeguarding practice. All staff and managers are encouraged to discuss and share the briefing, to ensure that the learning outcomes are used to consolidate existing best practice and develop practice where required.

***All staff and managers are encouraged to discuss and share the briefing, to ensure that the learning outcomes are used to consolidate existing best practice and develop practice where required.***

**Background**

This review was commissioned to explore the circumstances that led to the death of 48-year-old woman Hannah , who died in May 2022 as a result of a head injury. Prior to her death Hannah’s use of alcohol significantly increased resulting in significant physical health problems.

The injury was sustained due to a fall whilst intoxicated. Hannah lived with her husband and young boys at the time of her death. The children were being supported by the Local Authority Early Help team within Children’s Services. Hannah’s drinking significantly escalated during the COVID-19 period.

Hannah’s physical health started to deteriorate significantly in early 2020 with the first of many hospital admissions. Hannah returned to the Country of her birth and where her family lived, at the start of the COVID-19 pandemic for a period of residential rehabilitation which was unsuccessful and, according to a close friend the cause of much shame and anxiety. Subsequently she had multiple alcohol related medical problems, several hospital admissions and two private residential detox periods in the UK.

**Key Findings**

**Self-Neglect and the harm caused by alcohol**

Hannah was not able to always engage consistently with services that were offered. The extent of her physical health conditions led to a consultant on more than one occasion to tell Hannah in “no uncertain terms” that she would die if she continued to drink. Despite the level of seriousness of this message, it was not recognised as self-neglect and no action was taken. Hannah did not adhere with advice, treatment and frequently did not turn up to crucial health appointments. There was a lack of recognition of self-neglect by agencies in respect of Hannah.

People who are dependent on substances, including alcohol frequently deny they have a problem and reject help, this was a pattern seen in Hannah’s case. However, if someone is self-neglecting, then consent is not required to raise an adult safeguarding concern.

**Multi-agency approaches to management of risk**

The periods of time from admission to hospital to discharge have been highlighted as opportunities to facilitate a multiagency meeting under the self-neglect procedures to consider what support could have been provided to Hannah. The review identified three elements that may have strengthened these episodes, these could also have been applied in the community:

* Recognition of self-neglect and consideration of the procedure (which may have concluded on a referral to request a safeguarding enquiry)
* Facilitation of a multi-agency meeting or discussion
* Stronger connection with and/or in- reach/ hospital alcohol services to support the discharge and help to maintain abstinence.

**Consideration of Carers**

* Children’s Services were involved as there were two children in the household. In consideration of Hannah and her husband, it may have been good practice to carry out a Care Act assessment and a carers assessment simultaneously.
* A carers assessment had not been facilitated but the impact on the children had been considered several times leading to the offer of targeted Early Help.
* There was an opportunity to approach the situation from a whole family perspective, children’s services, care act assessment and carers assessment which may have facilitated a deeper understanding from all angles with a more coordinated approach and joint risk formulation.

**Trauma Informed practice and approaches**

Hannah was viewed as being resistant or reluctant to receive input from agencies and her family and friends all expressed that she felt a sense of shame and stigma however there was opportunity to explore more of the background issues.

Applying the Mental Capacity Act 2005 to cases of alcohol-related harm, fluctuating capacity is when a person's ability to make a specific decision changes frequently or occasionally. Such changes could be brought on by the use of illicit substances or alcohol. It is likely that different factors including Hannah’s age, background, and general presentation during periods of abstinence led people to assume mental capacity rather than to consider assessing it.

There are a number of factors evident in Hannah’s case that significantly changed her role and identity, and together could have created a trauma informed response. These factors were known to different agencies at different times but were never considered collectively or cumulatively.

Family and friends mentioned frequently that she had lost a part of herself, and although they were not able to pinpoint the specific reason for that, that did articulate multiple issues that may be described as “loss”. In particular, bereavement appeared to be a significant factor with reference to the loss of her mother.

**Good Practice**

* There had been good engagement with Change Grow Live ( substance misuse service provider ) where Hannah self-reported increasing alcohol use, depression, and anxiety.
* A GP face to face appointment was arranged to include the attendance of the Early Help worker to support Hannah in accessing services that she needed.
* The Early Help team had considered that Hannah may have lacked executive capacity and had helped to facilitate a GP appointment and made the decision to make a safeguarding adult referral.
* The children were offered a school place during COVID-19 due to their vulnerability at home and this was instigated by Hannah’s husband and the Head Teacher.
* A children’s safeguarding referral was made by East Sussex Fire and Rescue (ESFRS) service who had attended the family home to assist with getting Hannah to hospital- this resulted in a family assessment and the offer of Early Help Services which commenced in January 2022. ESFRS also made an adult social care referral.
* The GP raised concerns with children’s social care about the impact of maternal alcohol use on the children.

**Key Points for Learning and Reflection**

**Self-neglect with a focus on alcohol dependency**

Approaches to self-neglect must be informed by a Making Safeguarding Personal approach and need to consider each adult’s lived experience and history to understand what may lie behind the self-neglecting behaviour and lack of engagement with professional support. There is not one overarching explanatory model for why adults may self-neglect rather it is a complex interplay of factors, that is likely to be the result of previous trauma.

**Alcohol Change have highlighted the following myths and misconceptions:**

**Myth One:** When we saw her, she was very clear that she didn’t have a problem and didn’t want help, so there is nothing we can do.

**Myth Two:** She is not vulnerable; she is choosing to live like this, or she likes living like this.

**Myth Three**: He is not vulnerable / self-neglecting because he has mental capacity.

**Myth Four**: He has capacity, there is nothing we can do.

**What helps engage adults, who are alcohol dependent, with intervention and support?**

* **Develop an engagement plan** – think through how you can keep the person engaged.
* **Provide diet advice and guidance**- simply drinking without food increases the risk of liver disease and in the long term, vitamin B1 (thiamine) deficiency can result in alcohol related brain damage . The risk of dehydration exists which causes confusion and lethargy
* Consider **family or carer involvement** in care planning which can in some cases help improve engagement and increase the likelihood that a care plan will succeed.
* If necessary, **make a referral to** local alcohol treatment/recovery services. Signposting is not enough!! Prepare for the initial meeting by identifying support, entering treatment can be an intimidating experience. A warm supported introduction can help people feel at ease with understanding their recovery options.
* Use **motivational interviewing approaches** and promote self-belief.

**Legal framework**

There is often a perception that a person cannot be vulnerable or self-neglect if they have capacity, for example they can choose their lifestyle and thus make a conscious choice to self- neglect. In the context of alcohol use, there is a lack of understanding of the relationship between alcohol misuse and self-neglect.

if the person is assumed to have capacity, then the way they live their life is “choice”. Even in cases where it appears the risk to the individual may be significant, there may be no clear legal grounds to intervene. Perceived “non-engagement” is often viewed negatively as a bad choice, rather than explored in the context of safeguarding/ self-neglect and without exploring capacity.

**What legal frameworks can be applied?**

* **The Care Act** does apply to people with alcohol dependency and in particular the inclusion of self-neglect as a form of neglect will encompass many in this group.
* **The Mental Capacity Act** can be used with people impaired by the effects of alcohol. There are challenges of applying this Act to chronic dependent drinkers because of a lack of specific guidance. However, the concept of executive capacity can be useful.
* **The Mental Health Act** should be used as a last resort. It specifically excludes people who are solely dependent on alcohol, but there are circumstances in which the Act may be used with people who have other mental or behavioural disorders arising from alcohol dependency.

**When should you consider a carer’s assessment?**

If an adult looks after an adult who couldn’t manage without their help, they have a right to have their own needs assessed.

**A carer’s assessment looks at:**

* The care they provide and how this affects their life
* Ways they can access support and what they would like to achieve
* Their strengths and capabilities
* Types of support available to them in the community
* **Leaflet:** [**Do you look after someone?**](https://www.eastsussex.gov.uk/social-care/getting-help-from-us/asc-leaflets/leaflet-do-you-look-after-someone)

**Further reading and resources**

* [Mental Capacity Act Multi-Agency Policy and Procedures](https://www.eastsussexsab.org.uk/documents/east-sussex-mental-capacity-multi-agency-policy-and-procedures/)
* [Sussex Multi-Agency Procedures to Support Adults who Self-Neglect](https://www.sussexsafeguardingadults.org/)
* Self-[Neglect Learning Briefing](https://www.eastsussexsab.org.uk/wp-content/uploads/2020/07/Self-Neglect-Learning-Briefing.pdf)
* [Working with Change Resistant Drinkers](https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/The-Blue-Light-Manual.pdf)
* [Safeguarding Vulnerable Dependent Drinkers:](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwienMmjkqqAAxVZXEEAHbrmBZw4ChAWegQIDRAB&url=https%3A%2F%2Fwww.portsmouthsab.uk%2Fwp-content%2Fuploads%2F2021%2F10%2FSafeguarding-project-training-course-slides.ppt&usg=AOvVaw1Zjh8UKCKiY6hjHmcW6Ajq&opi=89978449)
* [East Sussex Alcohol harm reduction strategy](https://www.eastsussex.gov.uk/social-care/providers/health/research/alcohol-harm-reduction)
* [Guidance on raising concerns about Abuse and Neglect](https://www.eastsussexsab.org.uk/wp-content/uploads/2022/02/Sussex-Safeguarding-Adults-Thresholds-Guidance-Print-Version.pdf)
* [Reporting a Safeguarding Concern](https://www.eastsussexsab.org.uk/what-is-safeguarding/raise-a-concern/)
* The Sussex Safeguarding Adults Policy and Procedures contains a section on [legal remedies in relation to self-neglect.](https://www.sussexsafeguardingadults.org/)
* A range of multi-agency safeguarding courses, including self-neglect, trauma informed practice and Mental Capacity Act training are available through the [East Sussex Learning Portal](https://www.eastsussex.gov.uk/jobs/learning-portal).

If you require further information about the review, please contact:

Lucy Spencer, SAB Development Manager lucy.spencer@eastsussex.gov.uk