

Richmond and Wandsworth Safeguarding Adults Board Safeguarding Adults Review – Daniel recording script

The Richmond and Wandsworth Safeguarding Adults Board (RWSAB) undertook a Safeguarding Adult Review of Daniel in order to understand how agencies might work together in future to support people whose decisions may be seen as unwise and have a serious effect on their health.

Daniel, a white British man, died when he was 36 years old. He had historical diagnoses of asthma, attention deficit hyperactivity disorder (ADHD), mild learning disabilities, and epilepsy. Daniel was also believed to have suffered head injuries. Daniel was known to drink alcohol excessively and to the point of dependency. Daniel suffered from depression and low mood, and had experienced trauma, loss, and bereavement in his life. Daniel had been a victim of financial exploitation and cuckooing. Daniel's mother had died and in his 20s, he lost a partner who died following a seizure in the bath.

After one particular hospital admission Daniel was discharged into residential care, and from there into supported living. Over time, Daniel began to disengage with services and with treatment. There were concerns about his ability to sustain his tenancy, his use of alcohol, non-concordance with medication and neglect of his accommodation and of himself. Daniel's room in the supported living project was described as being infested with flies, empty beer cans, and vermin. On 2 August 2018 Daniel had an epileptic seizure at home and died from a brain haemorrhage.

So what did the review find?

Finding 1: There is a need for approaches that recognise multiple vulnerability and alcohol use in homelessness

- When faced with social needs, alcohol misuse, and the threat of homelessness, many social care approaches follow a crisis intervention approach. But approaches that focus on immediate practical solutions often fail to address underlying causes, or the impact of previous crises, historical traumas, or hidden vulnerabilities and health conditions.
- Daniel had multiple vulnerabilities and underlying health conditions which services were aware of. A striking feature, though, was the way in which these appeared to be hidden from view as the professionals focused on the most pressing needs of the threat of homelessness and Daniel's problem drinking.

Finding 2: The importance of 'developing and maintaining family or other personal relationships'

- In the formulation and assessment of need, there was insufficient weight given to developing and maintaining Daniel's family and personal relationships. This increased the risk of a disagreement between the Daniel and professionals over how he could live safely, when there could have been more attention jointly to what made him happy.
- The interventions and services provided to Daniel met his practical, basic needs. The approach used emphasised the duty of care, and the protection imperative: Daniel was considered to be safe, but at the same time they failed to support him to develop

friendships, do things he liked or meet people and with except the exception of his relationship with his father, to maintain contact with his family. Interventions and services that support these things are consistent with the Care Act's more holistic and personalised approach to "helping people achieve the outcomes that matter to them in their life".

What can we learn from this review?

1. A sequential approach to multiple needs and problem drinking in the context of homelessness, is standard across agencies. This means that services focus on practical aspects of homelessness, and then alcohol use without tackling other vulnerabilities including childhood conditions, loss, bereavement and recent experiences of abuse and exploitation. Such an approach risks responding to symptoms and not causes and undermines the potential effectiveness of professionals' efforts. Think about why someone is drinking excessively, when did it start? What events and experiences may have led to it?
2. The ambition of the Care Act is that social care should make a major contribution to a person's wellbeing. This means going beyond simple assessment and service provision to meet practical or physical needs. Instead, we should embrace the vision of lives worth living, participation in society, and of supporting people to live a 'good' life. This highlights how the basic approaches of assessment and formulation of need, do not yet match this vision or support the ambition behind it. We need to avoid using legal framework to legitimise our interventions in the lives of people who put themselves at risk and instead work in a humbler way to understand what sort of 'good life' and happiness the person wants to achieve.
3. We can also learn not to just focus on the immediate and practical aspects of homelessness and alcohol addiction. Instead, we should recognise the long-term impact of homelessness even for those who are currently housed, and of alcohol addiction even for those in recovery. We need to identify and address the underlying causes and experiences for each person, however complex they may be, so that we can begin to tackle psychological outcomes and support people to develop future resilience and to learn from crises.