

7-minute Learning Summary

Safeguarding Adult Review – Daniel



Case Summary

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

Daniel, a white British man, died at the age of 36. He had historical diagnoses of asthma, attention deficit hyperactivity disorder (ADHD), mild learning disability, and epilepsy. Daniel was also believed to have suffered head injuries. Daniel was known to drink alcohol excessively, and consumed alcohol to a level of dependency. He suffered from depression and low mood, and had experienced trauma, loss, and bereavement in his life. Daniel had been victim to financial exploitation and cuckooing. Daniel's mother had died and in his 20's, he lost a partner who died after having 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, use of alcohol, non-concordance with medication and the neglect of his room and 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.

Summary findings



Finding 1: Approaches to 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. An approach focused on immediate practical solutions often fails 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 were known of but striking feature of this case is the way in which they appeared to be hidden from view in the focus by professionals on the most pressing needs of threat of homelessness and 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 family and personal relationships as a step towards a good life for everyone. This increases the risk of a stand-off between the person and professionals about their safety, rather than jointly focusing on factors critical to their happiness.
 - The interventions and services met practical needs, basic needs, duty of care, and a protection imperative – Daniel was safe – but they failed to support him to engage or participate in a community he could connect with, nor (notwithstanding his close relationship with his father) develop or maintain a wider network of family and personal relationships.
 - The Care Act 2014, in addition to consolidating and modernising existing care and support law, sought to introduce a more holistic and personalised approach to "helping people achieve the outcomes that matter to them in their life" (DHSC, 2020).

Lessons

LESSONS

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, undermining the potential effectiveness of professionals' efforts.
2. The ambition of the Care Act is that social care makes a major contribution to everyone's wellbeing. This means going beyond simple assessment and service provision to meet practical or physical needs, and embracing the vision of lives worth living, societal participation, and the creation of a 'good' life. This highlights how the basic approaches of ASC assessment and formulation of need, does not yet match this vision or support this ambition. It creates a systemic risk that in circumstances where people are putting themselves at risk, professionals reach for any legal framework that will legitimise interventions, rather

than enabling them to work in a humbler way with the person drawing on services to understand what sort of 'good life' and happiness they want to achieve.

3. The issues of homelessness and alcohol addiction should be viewed through a conception of need that goes beyond immediate and practical, with solutions that recognise the long-term impact of homelessness for those who are housed, and of alcohol addiction for those in recovery. Systems that fail to identify and address the underlying causes and experiences of individuals, however complex, are well designed to improve an individual's immediate circumstances, and safety, and may provide a foundation for further work, but increase the risk that an individual will be supported to tackle psychological outcomes, to learn from crises, and to develop future resilience.