



SAFEGUARDING ADULTS REVIEW (SAR)

LEARNING BRIEF - LILY

Safeguarding Adults Review (SAR)

The purpose of a Safeguarding Adult Review is to use learning for the case under review to promote and reinforce effective practice and identify where improvements or adjustments to the system need to be made.

The Care Act 2014 states that a Safeguarding Adults Board must commission a SAR when:

- (1) an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more or effectively to protect the adult,
- (2) an adult in its area has not died, but the adult has experienced significant abuse or neglect, whether known or suspected.

Lily's Background Information

Lily, in her 30s, was found in cardiac arrest in a public space outside the Bristol Royal Infirmary, and sadly died after efforts to resuscitate were not successful.

Lily was street homeless and had an extensive history of contact with services before her death. The review explored the period between January 2020 - March 2021, where there were 439 contact episodes.

It is important to note that contact with Lily took place within the context of COVID-19 where face-to-face contact was restricted and services were facing an increase in demand for services.

Themes: homelessness, mental health, Covid-19, substance and alcohol use, self-neglect.

Key Learning

Multi-Agency Information Sharing

The review identified a lack of information sharing between agencies to respond to and understand Lily's needs. Whilst agencies were working individually to support Lily, such as finding Lily temporary accommodation,

or intervening in response to incidents, there were missed opportunities to share information and establish a collaborative working approach. For example, there was not an apparent identification of patterns in Lily's contact with services or an escalation in the severity of incidents. This also prevented collaborative risk assessment by agencies resulting in the formal capture of safeguarding concerns. The adult safeguarding framework provides the opportunity to bring organisations together to share information, develop a mutual understanding of the risks and patterns and plan interventions bespoke to the individuals needs.

Mental Health and Mental Capacity

Lily was only found to meet the criteria for a Section 136 detention on one occasion. Lily was frequently concluded to have mental capacity to make (predominately unspecified) unwise decisions. The review identified agencies had missed opportunities to undertake in depth capacity assessments with Lily, and taking into account her history of trauma, substance, and alcohol use, such as the instance where Lily wanted to retract allegations, and in the case where Lily was making decisions which may have led to harm.

COVID-19

Services were affected by the wider circumstances of the COVID-19 pandemic. Hospitals had to limit the lengths of attendance to reduce the infection risk, and were facing increasing staffing pressures. During this time, Lily was placed on a support plan in case of attendance to hospital. The support plan detailed that an overnight stay should be considered if Lily had been admitted late at night. The hospital unfortunately could not carry out the support plan in place due to the service pressures as a result of the wider circumstances.

Good Practice

Sourcing Accommodation

Considerable efforts were made to source temporary accommodation for Lily, often in hotels or hostels. Bristol City Council Housing Service persisted in finding accommodation, some of which provided onsite support, negotiated on Lily's behalf and showed restraint in ending their housing duty. Stable accommodation is often considered "foundational" for the success of other forms of support or interventions. However, practitioners also identified that temporary accommodation impacted on the support package that Lily was eligible for and the potential increased risks arising from interactions with other people sharing the same accommodation.

Trauma-Informed Approach

A trauma-informed approach is a framework for providing care which recognises that people may have specific needs as a result of ongoing or past trauma. The review identified several examples of when practitioners used trauma-informed approaches to support Lily. For example, the Probation Service and police showed considerable dedication to Lily and flexibility in finding solutions-focused approaches to support her. The Probation Service also provided psychological support and advice to Lily's Probation Officer and advocated for Lily to receive services in order to meet her needs.

Changes in Practice

The review recognised that several changes to practice have been made following Lily's death. For example, there is now guidance, which applies to clinical and security staff, and a standard operating procedure when staff have doubts about mental capacity and a person wishes to self-discharge, to assess capacity as part of the discharge process. Additionally, when a person is in receipt of a Personal Support Plan (which Lily had) clinicians must note that they have acknowledged the plan and any reasons for variation from it.

Recommendations for Further Development

Recommendation 1: The KBSP to review how effectively trauma informed practice (including support systems for staff) is embedded and use the results of this to identify training needs and process procedure changes.

Recommendation 2: Partners to ensure that guidance and training for staff includes when to question and assess mental capacity; how to support people to make decisions and the actions to take when someone makes unwise decisions. This should also include the use of legal processes such as referral to the Court of Protection and when to use them.

Recommendation 3: Partners to ensure that multi-agency self-neglect protocols and processes are available, that staff are aware of them, they include substance use and associated behaviours in the definition of self-neglect and that they prompt multi-agency information sharing, risk assessment and decision making.

Recommendation 4: Bristol University Hospital to ensure that the lessons from this review on the robustness of contingency plans for high impact users have been implemented

Recommendation 5: Partners to ensure that the mental health needs of people who use substances and have episodic, short-term contact with mental health services can be assessed and that patterns of attendance and presentation and concerns can be identified and are used as part of the assessment process.

Support

Mental Health and Homelessness

Second Step are a trauma informed, recovery, peer support, and coproduction mental health service. Second Step work with the NHS to run mental health services. Second Step also have homeless services to support those who are homeless or at risk of homelessness find suitable accommodation. Call 01179096630 for support.

Homelessness

Bristol City Council provide advice on night shelters, and temporary accommodation.

Shelter also offers advice and support, and 1:1 personalised help with housing issues. Contact number: 0330 175 5121

Spring of Hope is a female support service for women who are homeless.

Drugs and Alcohol

Bristol Drugs Project provide free and confidential support.

Call 01179876000 or email info@bdp.org.uk for support. The helpline is open Monday-Friday from 9am to 5pm.

You can also drop in at BDP, 11 Brunswick Square, Bristol, BS2 8PE to speak to a member of staff.

Where to find us:



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www.bristolsafeguarding.org