



# SAFEGUARDING ADULTS REVIEW (SAR)

## LEARNING BRIEF - FRANK

### Introduction

Frank (pseudonym) was a man in his early 20s who lived in Bristol. He had significant health issues from alcohol and drug use which contributed to his death in 2021. The professionals who had worked with Frank described him as charismatic, likeable, and intelligent. Professionals reported enjoying working with Frank and would support him beyond their normal duties to achieve a positive outcome.

Frank experienced a period of homelessness before moving to a young people's hostel. There were concerns about the suitability of this housing option and professionals worked with Frank to try and find a more appropriate placement, out of their usual duties. This took place during the Covid-19 pandemic, which was a complicating factor, but highlighted the gap for placements for Frank, and other young people experiencing multiple disadvantages.

### Safeguarding Adult Review

A Safeguarding Adult Review (SAR) is a multi-agency process which seeks to determine what relevant agencies and individuals involved with an individual could have done differently to have prevented harm or a death from taking place.

More information on the SAR process can be found on the [KBSP website](#).

### SAR Process

The KBSP Safeguarding Adults Review (SAR) and Domestic Homicide Review (DHR) Sub-group received a Safeguarding Adults Review referral for Frank in December 2022.

The group reviewed records from the organisations who had worked with Frank and determined that this case did not meet the full statutory criteria for a SAR under the [Care Act 2014](#). However, the partnership in its commitment for continuous improvement, recommended that a non-statutory review was undertaken as an opportunity to share learning around early interventions and transitional safeguarding with practitioners working across Bristol to support adults with similar care and support needs.

A practitioner's event took place in September 2023. Professionals from 1625 Independent People, Adult Social Care, Developing Health and Independence, GP, and Avon and Somerset Police took part in the review.

The review was chaired by an independent facilitator, Jenny Thompson. The multi-disciplinary team who met to support this review engaged fully and were very grateful for the opportunity to contribute to this case.

COMMUNITIES

ADULTS

CHILDREN

## Strengths

### Multi-disciplinary network

The professionals supporting Frank worked to establish a collaborative relationship with each other. There was clear communication, particularly between the drug worker and the hostel, to communicate changes to risks. Due to a move to online safeguarding meetings in response to the pandemic, the GP and other professionals were able to hold consultations with Frank more often than when meetings were held in person. Local police and hostel staff worked together to support Frank.

### Person-centred and compassionate working

The professionals working with Frank frequently went above and beyond their normal duties and demonstrated a person-centred and compassionate approach to meet Frank's needs.

Frank's drug worker retained him on the caseload when he was unable to access some adult support services due to his chronic alcohol addiction. Frank's GP also provided a high level of care and support for his cirrhosis and suicidal ideations even when there were difficulties, for example during the Covid-19 pandemic.

The young people's hostel, with multi-agency agreement, allowed flexibility to Frank's licence agreement so he could use alcohol in private spaces due to his alcohol dependency. Without this offer of flexible support, the hostel knew that Frank would likely be placed in a B&B which would increase his risk and access to drugs and alcohol.

The Homeless Move on Team, a relatively new team in Adult Social Care, were able to work with Frank for a longer period of time in a person-centred and trauma-informed way. Whilst Frank did not initially engage with the service, they continued their attempts to engage and were able to get him into supported living within a month.

## Risks

### Lack of early intervention

Since the age of 13, Frank suffered with several comorbidities including body dysmorphia and an eating disorder where he would restrict eating for days, but would continue to drink alcohol. Frank was not known to children's services as a child and so when he turned 18, risks he lived with remained unaddressed preventing access to transitions pathways into adult services.

### Alcohol and drug use

Professionals found it challenging to engage Frank in discussions about the risks associated with alcohol and drug use. Frank idolised Amy Winehouse, who herself died of alcohol poisoning at a young age and he had appeared to accept the risks and the fact that he was moving towards the end of his life. Sadly, Frank had cirrhosis of the liver and knew he only had 2-3 years to live.

### **Rough sleeping and sex work**

Frank had a period of rough sleeping and engaged in sex work.

He felt accepted by the homeless community but was at risk of being financially exploited by the people he saw as friends.

During this period of rough sleeping, Frank faced health risks from unsafe injecting of drugs and sex work.

### **Falls and hospitalisations**

Towards the end of his stay at the hostel, Frank was at risk of falling due to frailty. Towards the end of his life, a blood test indicated that he was at high risk of bleeding to death from even a minor fall. Despite risk management/safety plans being in place to mitigate, Frank was hospitalised as a result of falls on multiple occasions whilst living at the hostel, and was at particular risk when he left the hostel on his own. Practitioners used the Mental Capacity Act at initial admission and discharge.

## **Opportunities**

### **Earlier engagement with Social Care**

Social Care could have been involved with Frank earlier in his life.

The family made a complaint to Adult Social Care when they stopped working with him due to non-engagement, and they engaged their local MP to influence involvement of Adult Social Care.

### **Supported living**

Frank wanted to move on from the hostel, and when he did eventually move to supported living a few months before his death, he reportedly liked the accommodation and was participating in the activities provided.

The professionals reflected that a place with someone to provide drug and alcohol support would have been the ideal solution, enabling Frank to undertake a residential detox with a safe place to return to, as well as a wraparound community.

### **Support in childhood and Transitional Safeguarding**

The review questioned whether support could have been put in place earlier in Frank's life to address risks around homelessness, sex work, mental health, an eating disorder and his alcohol and drug use.

Frank was not supported consistently by mental health services and would only have contact at the point of crisis. From the records available to the review, mental health and body dysmorphia issues were not fully addressed in childhood which may have prevented Frank from accessing supportive services.

## Barriers

### **Systems supporting people who use alcohol and drugs, need accommodation and mental health support**

Finding a suitable placement for Frank was a barrier to providing him with effective support. Frank was alcohol dependent and finding a placement in which he could safely drink alcohol was a challenge as many providers could not flex their licence conditions. Professionals recognised that Frank would also be at greater risk of exploitation in adult accommodation.

Frank moved to supported living accommodation in the last months of his life. Whilst this placement met a lot of his needs, he was not allowed to drink on the premises so had to drink outside as an alternative. This highlights the lack of accommodation for alcohol dependency with most providers accepting only those who are abstinent.

Detox and residential rehab placement can be effective interventions, but effective aftercare must also be in place to enable a successful recovery. Prior to Frank being on the caseload with the drug and alcohol service, Frank's family privately funded two detox interventions in London, however as there was no structured aftercare support offered he relapsed.

Frank had the opportunity to access inpatient detox and residential rehab placement whilst on the caseload with the drug and alcohol service but unfortunately, he didn't want to access these interventions.

A further barrier when entering treatment for those living in a hostel or a social care placement will be the potential loss of tenancy as accommodation cannot be held by providers for those who are absent for long periods of time. This means they have no accommodation to return to.

Frank also experienced a lack of support from mental health services who will not work with anyone whilst they misuse substances and require abstinence before they will initiate engagement.

### **COVID-19 and Access to Resources**

These events occurred during the global pandemic which resulted in reduced specialist supported living accommodation options accessible to Frank at times. During this period, social restrictions prevented home or face-to-face appointments. Some professionals only met with Frank on video call or spoke to him on the phone which made it difficult to get a full picture and carry out an assessment. Social care reported that it was a challenge to secure domiciliary care for Frank during this time. On the other hand, professionals reported that Frank engaged well during the Covid-19 period as he liked the connection of talking to people and it seemed like he felt safer talking on the phone where he could hang up if wanted to. This is one of the examples of how professionals used a trauma-informed approach with Frank.

## Key Learning

There is a need for a better pathway for young people experiencing multiple disadvantages to access drug and alcohol services including inpatient detox and residential rehab placement with a safe place to return.

Drug and alcohol pathways for older adolescents (16-25) need to be reviewed and strengthened specifically for those with dual diagnosis.

This issue needs to be raised with commissioners to allow for people to enter inpatient detox and residential rehab placements and return to their accommodation and/or placement, or have the option of a move on plan following the end of the treatment.

### Signposting Support

Whilst the review found Frank was signposted to various services which he refused, practitioners are reminded of the need to make a referral with or for individuals who suffer with multiple disadvantages. Due to the complexities in Frank's life, it would have been unlikely that he would have been able to complete this task without some support.

## An update on practice

To strengthen practitioners' knowledge, the KBSP have added training around Mental Capacity Act (MCA) but also, specifically, around fluctuating capacity within their Adult Safeguarding training. This will improve practitioners' awareness of MCA but also how to work with fluctuations such as in Frank's case.

The KBSP Transitional Safeguarding Framework has been agreed and expects all partner organisations to work in ways that recognise the transition to adulthood does not happen on someone's 18th birthday. As part of this approach to improved transitional arrangements, Adult Social Care and the Homeless Move on Team, who provide targeted support for this group, are working more flexibly. As a result, individuals sharing similar complications as Frank will receive a service from Adult Social Care when there, previously, would not have been available support.

The Transitional Framework expects similar flexibility and a person-centred approach to all young people whose need for support will continue beyond their 18th birthday.

# Support

## Drug and Alcohol Use

Bristol Drugs Project offer free and confidential support to those using alcohol or drugs, or have been affected by someone else's use. Their contact details are below:

Call: 0117 987 6000

Email: [info@bdp.org.uk](mailto:info@bdp.org.uk)

We Are With You offer free and confidential support with alcohol use, drug use or mental health.

## Mental Health

Off the Record is a mental health social movement by and for young people aged 11-25. Their contact details are below:

Call: 0808 808 9120

Email: [hello@otrbristol.org.uk](mailto:hello@otrbristol.org.uk)

Bristol Mind offer a range of services including emotional support. Please see below for their contact details:

NEW OPENING TIMES: Wednesday-Sunday, 7pm- 11pm

Call: 0808 808 0330

Email: [info@bristolmind.org.uk](mailto:info@bristolmind.org.uk)

## Homelessness

Bristol Youth MAPS offer support for young people with accommodation issues. Please see below for their contact details:

Call: 0117 332 7111

Email: [bristol-youthmaps@1625ip.co.uk](mailto:bristol-youthmaps@1625ip.co.uk)

Bristol Foyer is a homeless accommodation for young people. Please see below for their contact details:

Call: 07921387192

Email: [bristol.foyer@livewest.co.uk](mailto:bristol.foyer@livewest.co.uk)

## Sexual Health

Unity Sexual Health offer help and advice on sexual health and wellbeing.

Please find their contact details below:

Call: 0117 342 6900

## Where to find us:



[KBSP@bristol.gov.uk](mailto:KBSP@bristol.gov.uk)



[@KBSPartnership](https://twitter.com/KBSPartnership)



[www.bristolsafeguarding.org](http://www.bristolsafeguarding.org)

Please feel free to send us feedback to [KBSP@bristol.gov.uk](mailto:KBSP@bristol.gov.uk)