

What were the circumstances that led to a Safeguarding Adult Review?

- James was a white British male who was 34 years old.
- Died from alcoholic ketoacidosis.
- James displayed symptoms of trauma experience throughout his child and adult life; Agencies found it difficult to engage with James.
- James had a recent diagnosis of borderline learning disability. Also had ADHD and dyslexia, used alcohol and drugs to manage his trauma; had with type two diabetes and was hearing impaired.
- James had the support of an informal carer. James was also supported by his sibling.
- In the last year of his life, James had been admitted to hospital with serious physical health conditions related to damage caused by excessive alcohol consumption. James was offered detox but did not engage before he died.

Professional response to trauma; James' response to agencies

Good Practice

- Several services offered outreach appointments
- Services made repeated attempts to engage James
- Some services were able to build good relationships with James

Learning (What Good Would Look Like)

- Using a key worker role alongside the use of multi-disciplinary team meetings below S42.
- A verified history approach that could be shared with other agencies, possibly a 'This is Me' passport type document.
- Recognising other ways and places to engage with a person that does not retraumatise.
- Exploring with a person on first contact, knowing of the requirement for trauma informed approaches, seeking out how a person would find it best to engage and/or attend appointments.
- Ensuring new staff have trauma informed training and that training is not a one time offer.

What has already changed?

The Mental Health NHS Trust now has an assertive outreach team who can offer a more trauma informed approach.

Substance misuse, mental and physical health

Good Practice

- Good practice seen by the GP practice and the dietician in addressing some of the health care concerns.
- Understanding that dependent drinkers have a level of functioning even when they have been drinking and it was only on occasions where James was intoxicated and not functioning that James would not be seen by professionals.

Learning (What Good Would Look Like)

- If the learning in section 1 was applied, it would make a difference in this section too.
- Hospital and community teams working with dependent drinkers and substance misuse using a joined-up approach to discharge planning.
- Multi-disciplinary discharge meetings including all those involved ensuring discharge planning is robust.
- Family and informal carers being part of the discharge planning meeting where consent has been contained (where the person has mental capacity to consent).

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Substance misuse, mental and physical health continued...

What has already changed?

- Specialist Substance issue social worker now in post in area where James lived.
- The workers from substance misuse services now work with the hospital alcohol liaison nurses to introduce the person to the community workers at a point before discharge.

Multi Agency working and Safeguarding (Self-Neglect)

Good Practice

- Dietician recognition of concerns
- Making Safeguarding Personal approach from Adult Social Care.

Learning (What Good Would Look Like)

- Knowing links between substance misuses and self-neglect.
- Use Self-Neglect Guidance as a trigger for Multi-Disciplinary Team working below level of S42.

Mental Capacity

Good Practice

- Police understood interface between intoxication and mental capacity
- Ambulance service used Best interest decision to convey to hospital

Learning (What Good Would Look Like)

- Understand that dependent drinkers may well have brain deterioration after many years of drinking
- Awareness that risks and need for alcohol may be put above other priorities and impact executive functioning.
- Applying Presumption of capacity used in a case where there is a learning disability and alcohol dependency if there is assessed evidence that a person agrees to a decision and then is able to use and weigh that information to understand and manage risk and to achieve the goals that they have set for themselves.

⇒ [Learning Briefing Mental Capacity Act 2005 - Executive Capacity](#)

⇒ [Practical Guide to Assessing Capacity and Making Best Interests Decisions under the Mental Capacity Act \(MCA\) 2005](#)

Carer and Family Support

Good Practice

- Professionals made use of the carer and sibling to support attendance at appointments.

Learning (What Good Would Look Like)

- Understand the role that an informal carer plays and the support they are offering.
- Always offer carers assessments and explain what that is and how it may benefit the carer.
- Listen to what carers are saying, they may know the person best.