

# Safeguarding Adult Review – Paul

## Practice Briefing

Paul was a qualified plasterer, and prior to 2015 was in a stable relationship and held a tenancy on a flat in Birmingham. Paul was a very friendly person and was close to his brother and mother. He would trust everyone, would not want to upset anyone and would easily forgive people which meant he was very vulnerable to being exploited. After the breakdown of his relationship Paul's vulnerability increased and over the following years he experienced some significant events:

- He lost his tenancy after two men took over his flat and bullied him; he began sleeping on the street in Birmingham and Solihull.
- His tent was set on fire with him in it by a long standing friend who was convicted for attempted murder.
- He was sexually and physically assaulted, bullied and robbed.
- He became alcohol and drug dependent and attended detox treatments.
- During 2018 he attended Accident and Emergency approximately 40 times.

When Paul passed away in February 2019 he was 44. He was in a supported housing scheme for homeless persons and was due to collect keys for a flat. The coroner concluded his death was alcohol/drug related.

## Lessons

### Transitions

Paul moved between Solihull and Birmingham. This provided a challenge for prescribing medication as Paul was required to change GP and also moved drug and alcohol support services, meaning new relationships needed to be built with him. Staff had to be very tenacious in order to maintain contact with him.

Discharges from hospital were disrupted as Paul self-discharged on numerous occasions before receiving treatment. Wherever possible when discharges are overseen by a hospital they should take account of a person's history, ask if an individual has a safe place to go to upon discharge and ensure information is shared with the GP.

### Holistic approach

Services needed to be building up a picture of Paul based on his contact (or lack of) with services. Contacts should not be treated as one off episodes, and opportunities to identify patterns should be taken. A Structured Partnership Approach or similar multi-agency meeting provides an opportunity for partners to come together and build a picture of a person's life and experiences and promotes partnership working.

### Legal Literacy

Agencies' interpretation of Paul's vulnerabilities, eligibility under the Care Act 2014 and 'life style' choices were inconsistent resulting in different responses at different times to similar incidents. Agencies must make sure their staff have a clear understanding of their legal duties and powers.

### Conditional Support

For Paul the provision of accommodation was linked to an agreement from him that he would abstain from drugs and alcohol. However when considering his case history, all indications suggested he would struggle to do this. Individuals expected to abstain from substance use when they do not receive support for the other issues they have experienced and often continue to experience, are likely to find abstinence incredibly difficult.

## Homelessness Reduction Act 2017

- The Act came into force on 3 April 2018. It is the biggest change to homelessness legislation in 40 years and brings in new duties to prevent and relieve homelessness. It places a duty on local housing authorities to intervene at earlier stages to prevent homelessness and introduces a duty on specified public authorities to refer service users who they think may be homeless or threatened with homelessness within 56 days, to the local authority housing options service.

[Homelessness: duty to refer guidance](#)

## Rough Sleeper Coordinator

- Solihull MBC has recently recruited a Rough Sleeper Coordinator whose role will be to work jointly with Council officers, Solihull Community Housing, representatives of other organisations, (including commissioned services), and Members of the Council and will have responsibility for Solihull's policy to prevent rough sleeping; implementing current strategy and policy and identifying and addressing gaps in existing provision.
- The Rough Sleeper Co-ordinator will also provide comprehensive management for the delivery of a range of services and projects for rough sleepers. This will include reviewing the Rough Sleeper Protocol to meet the aims of the National Rough Sleeper Strategy and co-ordinating partners across the statutory and voluntary sector to share information and agree appropriate service responses to known and suspected rough sleepers.

### University Hospitals Birmingham Homeless Patient Pathway

- Across Solihull, Heartlands and Good Hope Hospital sites, UHB have developed a Homeless Patient Pathway as they recognise managing the care of homeless people who are admitted to hospital can be challenging. The pathway involves organising healthcare services in the hospital setting to promote safe discharge, and then to coordinate external agencies such as housing, social care, the voluntary sector alongside specialist community services to build a care package. When staff identify an individual is homeless or at risk of homelessness, a referral is made to the Homeless Patients Pathway (HPP) service and the Homeless Nurse Practitioner will aim to see the patient as soon as possible, to conduct an assessment in order to source suitable support and accommodation.

### Housing First

- Housing First England is a flagship government policy to create and support a national movement of Housing First services, improving the lives of, and support for, some of society's most excluded people. Housing First is a housing and support approach which:
  - Gives people who have experienced homelessness and chronic health and social care needs a stable home from which to rebuild their lives.
  - Provides intensive, person-centred, holistic support that is open-ended.
  - Places no conditions on individuals; however, they should desire to have a tenancy.



### Care Act Section 11

- This section sets out what is to happen where an adult or a carer refuses to have a needs or carer's assessment. Normally if an adult refuses a needs assessment or a carer's assessment, the local authority need not carry it out. However, Section 11 specifies that there are two situations in which the local authority must carry out a needs assessment even if the adult refuses an assessment:
  - a) if the adult lacks the capacity to agree to an assessment but the local authority is satisfied that an assessment would be in their best interests; and
  - b) the adult is experiencing, or is at risk of, abuse or neglect.

[Housing First England](#)