

# Camden Safeguarding Adults Partnership Board

## 7-minute briefing Re: 'Sidney' Safeguarding Adults Review (SAR)



### 1. Rational for Safeguarding Adults Review

The case of Sidney (a pseudonym), a 52-year-old white British man who was a resident of the London Borough of Camden, was referred to the Safeguarding Adults Partnership Board by Adult Social Care on 17 May 2023. In January 2023, Sidney had been admitted to hospital after family visited him at his home to find him in a very neglected state. Sidney died in hospital two days later. The cause of death was confirmed to be "Organ failure main cause with septic shock and pneumonia as contributory factors." Camden Safeguarding Adults Partnership Board determined that Sidney's case meets the criteria for a mandatory Safeguarding Adults Review under section 44 Care Act 2014 due to concerns about how agencies worked together to safeguarding Sidney from self-neglect. Sidney had multiple health and social care needs arising from mental health and substance misuse issues, chronic obstructive pulmonary disease (COPD), and mobility problems. Following an admission to hospital in June 2022, Sidney was discharged to a step-down reablement placement from September to October 2022. In January 2023 he was readmitted to hospital. He had been at home without support for nearly 3 months. Sidney's home was in a state of severe self-neglect and Sidney himself had lost weight and was malnourished, he was in an unhygienic and neglected state, and suffering from pressure sores, and sepsis.

### 2. Timeframe for analysis

The circumstances of the case lent themselves to an analysis of three time-periods in Sidney's life:

- Historical context and pre-review period: Sidney had been well-known to services in Camden, having received treatment for mental illness over a number of years in the context of co-existing alcohol dependency and concerns about self-neglect and independence in activities of daily living.
- Admission for reablement: In June 2022, Sidney was referred to Adult Social Care, and after a hospital admission in September 2022 he was admitted to a reablement placement while issues with his accommodation were addressed. Sidney's reablement admission was considered to be a stable time for him, and effective in meeting his needs.
- Post-reablement support: Following discharge from the reablement placement Sidney was largely unsupported and his health deteriorated until his admission to hospital in January 2023.

### 3. Engagement with family

Sidney's family members were invited to contribute their views on Sidney's experience of care and support in Camden. They were consulted on the Safeguarding Adults Review terms of reference, offered the opportunity to share information about their experiences, views and opinions, and were offered the opportunity to comment on the review findings and final report. A letter written by the family for this Review can be found at the conclusion of this report.

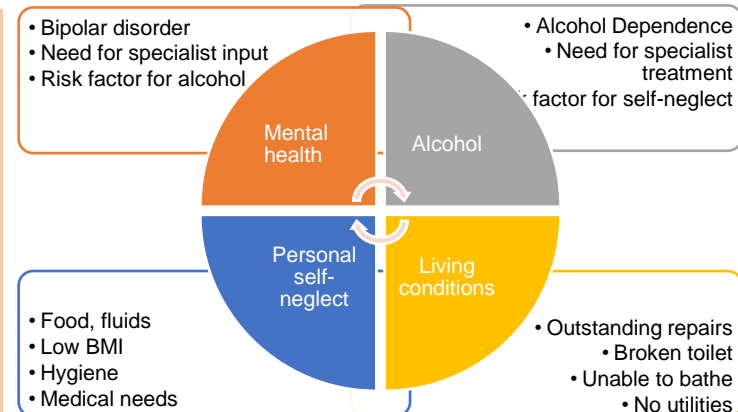


### 4. Themes in the case of Sidney

The Safeguarding Adult Review concentrates on a relatively short time-period in Sidney's life. A thematic analysis of Sidney's experience of health and social care services and safeguarding support during the three key time-periods identified the main themes in his case which were refined to three specific terms of reference for the SAR to address:

1. Management of co-existing conditions
2. Multi-agency and partnership working (including safeguarding)
3. Decision-making in the context of self-neglect

Sidney's home environment had an impact on his mood and mental health, Use of alcohol exacerbated his anxiety, physical health, and ability to manage his environment. Sidney experienced a vicious cycle of self-neglect, poor mental health and use of alcohol.



### 5. Learning Point: Management of co-existing conditions

In the case of Sidney there was a clear correlation between his experience of mental illness, alcohol intoxication, falls, and self-neglect. Sidney experienced a vicious cycle of self-neglect, poor mental health and use of alcohol. Due to assumptions made about his progress and ability, the role of mental illness, alcohol use, and living conditions was not grasped or fully understood. Agencies failed to make the most of the opportunity provided by his reablement placement to address underlying vulnerabilities of mental health and alcohol dependence, poor living conditions, support for daily living skills, and social isolation.

Mental health and alcohol problems are often linked and exacerbate each other and are both known to contributory factors in experiences of self-neglect. A contextual assessment of need includes not only an assessment of need and underlying factors but is explicit about the context in which needs and risks arise. Actions should address underlying mental health or alcohol needs in addition to addressing practical concerns.

### 6. Learning Point: Multi-Agency and partnership working

#### Effective information sharing

In the case of Sidney, information-sharing appeared to be rushed and inadequate, with too much reliance on third-party or out-of-date sources. Attendance at multidisciplinary team meetings was poor and commissioned services and providers often received only limited information about Sidney, risking assumptions being made based upon labels of mental illness, alcohol dependence, and self-neglect.

#### Working together with the adult and family members

In the case of Sidney there had developed a culture of reliance on others

- Reliance on Sidney to maintain his independence (and his mental health and sobriety) without the support he had previously received
- On other professionals to share information and make referrals
- On family members to address concerns within his home environment, support his discharge, and to raise the alarm if he were not able to manage without support.

### 7. Learning Point: Decision-making in the context of self-neglect

#### Nurturing professional curiosity

In the case of Sidney professionals were quick to take an optimistic view of his ability to be self-sufficient and became fixed on this view despite evidence to the contrary. In assessing the risk of self-neglect, professionals failed to consider the historical context, the long-standing and chronic nature of his self-neglect, the complex role mental health and alcohol played in his life, and the contextual nature of behaviours of self-neglect. There is a need to provide professionals with support, training, and reflective supervision to overcome the barriers, and to nurture professional curiosity.

#### Safeguarding responsibility

Risk management is an integral part of daily practice in most organisations across the health and social care system, yet safeguarding is often seen as the process or a separate task. In the case of Sidney safeguarding was actioned to others or managed within a separate workflow.