7-minute briefing on Safeguarding Adults Review - Andrew

Background to the review

Andrew was a white British male, aged 56, when he died. He lived alone in unsanitary and cluttered conditions. His health was affected by Type 2 diabetes, irregular eating and long standing dependent drinking, leading to repeated hospital admissions for hyperglycaemia and/or alcohol related gastritis. Andrew accepted visits from housing officers, was in contact with his disability employment advisor and sought medical treatment at times. However, he declined offers of more sustained support, including a care package, reablement support and support with insulin treatment. Not long after, Andrew was found dead on his sofa.

Use of multi-agency meetings

There were instances of professional curiosity and attempts to engage with Andrew however, these stalled because input was allowed to drift, without action to bring the agencies involved together. As a result, information about Andrew was not shared, practitioners assumed other agencies were more closely involved that they were and there was no coordinated planning. With self-neglect, where there is persistent non-engagement, early and sustained multi-agency coordination assists in identifying risks and planning input effectively.

Support for ex-members of the armed forces

One piece of information not shared was that Andrew had been in the armed forces. Several support programmes exist for ex-armed forces members which may have provided specialist support to Andrew with his drinking and mental health. Practitioners should be aware of how to find out about these options.[1]

Relationship-building

Responses to self-neglect concerns can be demoralising if they focus solely on deficits and risks. Andrew often mentioned his embarrassment at not being able to cope, which may have played a part in refusing support. Necessary attention to risks can be balanced by exploring individual strengths and sources of motivation, such as Andrew's pride in his time in the armed forces.

Alcohol use and self-neglect

Where people who self-neglect show signs of long-term alcohol dependency, sustained attempts at engagement are likely to be needed. The Blue Light guidance sets out a practical, trauma-informed, whole-system approach in these situations.[2]

Risk and decision making

Where an individual does not follow prescribed diabetes treatment *and* there are concerns about self-neglect, staff should consider escalating to safeguarding leads if needed to elicit further follow-up. Protocols for safely ceasing involvement should guide decision-making if the individual refuses support.

Supervision and support

Lack of supervisory and reflective spaces is a barrier to professional curiosity. It is important that expected supervision, or comparable support structures, are available to practitioners, to enable them to reflect on caseload priorities, assumptions, and risks.

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[1] See *Norfolk SAB Safeguarding Adults Review: Andrew*, p. 18 for more details.

[2] *Blue Light Approach: Improving care and support for people with entrenched alcohol dependency. Guidance for practitioners, 2nd Edn*. Alcohol Change UK.