

7-MINUTE BRIEFING – Learning from SAR on Stephen

Background:

This briefing summarises the key learning from a Review carried out by the BSAB. The review was in relation to a case where self-neglect was identified. The review was conducted involving the frontline staff that worked with Stephen.

Stephen was 65-year-old he was university educated and previously had a successful career. Stephen suffered trauma from the suicide of his sibling, and this led to him drinking and his mental health deteriorating. He later lost his job, his marriage came to an end, including less contact with his children. Some years on he lost his property and a large sum of money. This trauma is believed to have impacted on his drinking and mental health over time.

Stephen ended up in various accommodations, receiving criminal convictions including detention in prison.

Stephen was accommodated in Washington Court following release from prison in January 2018. Services were working towards providing appropriate long-term accommodation and support to meet his needs. He had had a history of alcohol abuse and rough sleeping. It would appear that Stephen slept on a public bench on the 4 July, where he was found collapsed the following morning. The Coroner recorded the death to be natural causes to be as a result of Hypertensive Heart Disease.

The Full Report and Recommendations are available on the [BSAB Website](#)

Senior Leadership Teams: should take from this SAR the learning that their professionals working with adults who self-neglect need be confident with early multi-disciplinary work to ‘identify needs and display a clear understanding of mental capacity in relation to self-neglect. These are the pre-requisites for reducing the harmful impacts of self-neglect.

Conclusion of the Review:

The SAR has recognised that in 2021, Birmingham is better equipped to support homeless people like Stephen. It is to be hoped that funding is maintained so the improved provision can continue to have such a positive impact on the wellbeing of the homeless and on their transition to safe accommodation.

The recognition of need and multi-disciplinary approach to the homeless who self-neglect, appears to be in place and providing a more joined-up response to their needs. For the majority of the homeless who self-neglect, this is not a ‘lifestyle choice’ and it is not appropriate to see it in this light. Most are reacting to their changing social and environmental factors.

The challenge of supporting adults who self-neglect (including the homeless) requires both Homeless Pathways and Adult Self-Neglect Guidance to be mindful of the complexity of self-neglect in relation to adults with care and support needs (like Stephen) and those that may not have care and support needs but are vulnerable, to ensure they do not develop care and support needs.

Key Learning in Identifying Self-Neglect:

- Where there are concerns relating to self-neglect, practitioners should carry out a multi-disciplinary identification of those needs, as well as identifying risk.
- Capacity assessments should be considered in relation to each of those identified needs.
- Practitioners should distinguish between ‘*micro*’ and ‘*macro*’ decisions in relation to self-neglect. This requires recognition that an adult may have capacity for decisions in relation to some element of their identified needs but may not have capacity in relation to the holistic impact of all the identified needs and vulnerabilities upon their wellbeing.
- Practitioners should be mindful of the impact of anxiety or depression upon self-motivation.
- Self-neglect can be a response to trauma and/or neuropsychological impairment.
- Where there are alcohol-related concerns combined with self-neglect, practitioners should identify the impact alcohol abuse has upon capacity.
- Multi-disciplinary meetings with an identified lead professional are always helpful in agreeing a support plan for self-neglect.
- A safeguarding referral should be considered where an adult who self-neglects refuses all support, remains at a high risk of harm and, as a result of their refusal, is unable to protect themselves from the risk of self-neglect.

Key Learning in relation to Mental Capacity:

- Practitioners should record all steps taken before a capacity assessment, to maximise an adult’s ability to make that choice,
- practitioners should ensure they have identified the decision to be made, the choices, as well as the consequences of each choice, before starting to assess capacity.
- the civil burden of proof applies; they need simply to be ‘reasonably satisfied’ an adult has or does not have capacity (sometimes referred to as the ‘51% rule’).
- The presumption of capacity should not be used as a reason not to assess capacity in relation to self-neglect.
- the function test precedes the two-stage impairment test to avoid discrimination.
- Capacity assessments should be recorded in sufficient detail to identify the nature of the decision and how the adult demonstrated understanding of those choices, as well as how they used or weighed the relevant information.
- Where executive function may be in doubt, practitioners should be aware that an adult may appear to be able to describe what they intend to do but be unable to carry those plans out in reality. Practitioners should therefore be alert to this possibility and look for these repeated ‘disconnects’ before reaching an assessment.

Key Learning in relation to Homelessness and Rough Sleeping:

- Where a homeless person presents with convictions or an antecedent history that could lead service providers to invoke an exclusion, professionals should ensure that they have clear, detailed information concerning those behaviours/convictions. Inclusive of any known history or risk assessment that suggests the risk has been effectively managed or reduced.
- Consider challenging refusals in relation to arson based upon alleged insurance requirements. A bespoke risk management plan for a tenant with an arson conviction would represent ‘*reasonable steps*’. Enquire if there are reasonable steps that could be taken to circumvent exclusion.
- Avoid ‘over playing’ the vulnerabilities.
- Ask if there are reasonable steps that could be taken to circumvent exclusion.
- Where a person is rough sleeping, or has been and is at risk of homelessness, a Homeless Application carried with it more duties upon the Local Authority than a Part 6 application and should be the default route into local housing.
- Where someone who is homeless is given temporary accommodation, for example hostel accommodation, the workers supporting the person should ensure that there is a homeless application with the Council that is still live for the individual.