Safeguarding Adults Review (SAR) – Oliver

A Safeguarding Adults Review: Systems Findings Report

A SAR commissioned by Brighton and Hove Safeguarding Adults Board (BHSAB)

1. Oliver

1.1.1 Oliver was a 25-year-old white, British man described as 'cheeky, endearing, polite, personable with a good sense of humour and someone who lived from moment to moment'. Practitioners who knew Oliver were clear that he wanted to engage with agencies and services yet struggled to manage day to day life.

1.1.2 Oliver was significantly vulnerable. He grew up as a care experienced child and is reported by agencies in Brighton and Hove to have suffered both physical and sexual abuse, with several home moves in his teenage years. He had family links with his maternal uncle and paternal aunt. He was described as desperate for someone to love and care for him. Oliver misused alcohol and drugs and had a history of offending behaviour including serving two prison sentences. Oliver was diagnosed by mental health services in East Sussex and Brighton and Hove with attention deficit hyperactivity disorder (ADHD), borderline emotionally unstable personality disorder (EUPD) and was well known to mental health services. His family feel he 'lurched from crisis to crisis' and lived a life of 'chaos and vulnerability'.

1.1.3 It is necessary to briefly outline the events leading up to Oliver's death in January 2023.

1.1.4 Oliver received support from a range of agencies, including Sussex Partnership Foundation Trust (SPFT) Sussex Partnership NHS Foundation Trust CAMHS and adult services, Brighton and Hove City Council Children's Social Care, Brighton and Hove City Housing, Change, Grow Live (CGL), Sussex Police, the Probation Service and Arch Healthcare. Oliver had a very strong relationship with his Personal Advisor from the Leaving Care Service in Brighton and Hove.

1.1.5 Having lived in a range of settings, in early 2022, Oliver was residing in shared accommodation with floating support. Mental health services reported that he was using alcohol significantly during this time and he was engaged with Change Grow Live (CGL).

1.1.6 In February 2022, Oliver disclosed he had been sexually assaulted and raped. Two safeguarding enquiries were opened in February and July 2022 and subsequently closed as agencies found it difficult to engage with Oliver. He went on to disclose a further sexual assault to his Support Worker in September 2022 who appropriately reported this to the police. Oliver was not supportive and had not given permission to report this allegation. Limited enquiries were completed on the information and filed as 'no further action' due to Oliver not supporting the police enquiry.

1.1.7 There was evidence that Oliver had been sexually and financially exploited. Agencies could not engage him in a Care Act Assessment, a S42 safeguarding enquiry or any criminal matters.

1.1.8 From July 2022, Oliver was in crisis, he was expressing suicidal thoughts to his GP and drinking alcohol excessively on a daily basis. His Personal Advisor was due to end their involvement in October 2022 as he was approaching the age of 25 when the statutory duties under the Leaving Care Act end. Oliver was highly anxious about losing this support.

1.1.9 By late October 2022, Oliver was transferred to a short stay ward at Royal Sussex County Hospital. He was assessed by an Approved Mental Health Professional (AMHP) as he was presenting as 'acutely unwell' and a bed was requested for acute care in a mental health setting. The AMHP had advised that Oliver be placed under Section 5 (2) of the Mental Health Act if he did not agree to stay.

1.1.10 In early November 2022, he was allocated a bed in a low secure, high dependency inpatient rehabilitation unit that also provides acute care in East Sussex. As a result of several reported incidents of verbal aggression, testing positive for cannabis and cocaine use and reports from other patients that Oliver had been bringing cocaine onto the ward and dealing this, he was discharged with immediate effect on the 21 November 2022. During this time, his supported accommodation in Brighton and Hove had served notice and he was effectively homeless. A referral was made to Brighton and Hove City Council's Housing Department for 'general needs emergency accommodation'. Oliver was subsequently placed in temporary accommodation in a hotel in Eastbourne. He was placed on the supported housing waiting list. Oliver himself had contacted mental health services in Brighton asking for advice regarding his 'after care and support plan'. He was advised to register with a GP in Eastbourne so he could receive mental health support from ~~the~~ Sussex Partnership Foundation Trust's (SPFT) Assessment and Treatment Service in East Sussex.

1.1.11 Oliver's maternal uncle made several representations to Brighton and Hove City Council Housing Team, stating that Oliver felt very isolated, had no personal support or relationships in Eastbourne, no GP and no mental health support. It was not clear for how long Oliver would remain in this temporary accommodation. He was provided with a list of support services and local GP surgeries by the Housing Welfare Services.

1.1.12 In mid-December Oliver had a medical review with psychiatrist and Dual Diagnosis Nurse from SPFT Brighton and Hove via the telephone. Oliver stated he was drinking a litre of vodka a day, using cannabis, cocaine and diazepam. He was encouraged to engage with CGL. The CGL Brighton and Hove Recovery Service undertook a telephone review assessment in late December 2022. The records from this review stated Oliver was at risk of suicide, frequent crises and a high level of alcohol misuse. The Service instigated a transfer to CGL in Eastbourne. He was formally discharged from the Brighton and Hove Recovery Service on the 4 January 2023. That same day, Oliver received a letter from SPFT's Brighton and Hove Assessment and Treatment Service confirming that he was formally discharged from their service.

1.1.13 Oliver had a telephone GP appointment with Arch Healthcare in Brighton on the 9 January 2023. He was very distressed, suicidal, and asking for alcohol detox. His main priority was moving out of the hotel and returning to Brighton. The GP noted that alcohol detox could not be safely carried out and the GP contacted the Housing Welfare Services with this information. This was not raised as a safeguarding concern.

1.1.14 Oliver was found deceased at the hotel ten days later.

2. Systems Findings

2.1.1 This section contains six systems findings in relation to the care and support Oliver received. For each finding, and where required, recommendations have been identified to support improvement actions.

2.1.2 Finding 1 – The effectiveness of transition arrangements

2.1.3 Transition to adulthood

2.1.4 The first significant transition for Oliver was his Personal Advisor (PA) closing his case to the Leaving Care Team in October 2022 when he was aged 25. The Personal Advisor' role is to ensure that care leavers are provided with practical and emotional support in order for them to make a successful transition to adulthood, either directly or through helping them to build a positive social network around them. Each care experienced person will reach a successful adult transition at different ages dependent on their personal circumstances. Throughout their transition to adulthood their PA, is the designated professional responsible for providing and/or coordinating the support that the person needs. Oliver's PA went over and above to provide him with practical and emotional support for nearly seven years, yet his independence skills were largely untested, much because of his challenges when in crisis and his isolation, vulnerability, alcohol use and mental ill health. For highly vulnerable people with a limited support network this transition can be highly significant and distressing. Many care experienced people have described the 'cliff edge' of reaching 18 and the challenges of moving from childhood to adulthood with a significant reduction in services and support. The tendency to focus on 'independence' as the goal of this transition fails to consider the experiences of young people and the trauma they have experienced. The Brighton and Hove Safeguarding Adults Board have detailed trauma informed practice guidance in their procedures reflecting on the learning from a previous thematic review. References and practice guides are open to all professionals, yet it is not clear how agencies have grasped a trauma informed approach for significantly vulnerable people. A trauma informed philosophy and work context is embedded in the Leaving Care Team and there was evidence that this was how his PA was working with him.

2.1.5 Most young people make a successful transition into adulthood. However, the focus should be on those most vulnerable and for those people who are well known to agencies before they reach the age of 18 or 25. This is where there needs to be an enhanced offer of support for care experienced people with targeted support across health, education, employment, housing, relationships and financial support. This cohort of people is potentially very small yet the transition between adults and children's services for them needs to be well coordinated, multi-agency in nature and with an identified appropriate lead professional from the professional network.

2.1.6 Multi-disciplinary team meetings (MDTs) are in place in the local authority and practitioners believe that these should be more regular and more effective and expectations regarding attendance made explicit. In this context, there should be a lead agency or professional where an individual has multiple and compound needs.

2.1.7 Oliver had positive working relationships with his keyworker at the previous supported housing accommodation and his PA, who both stopped working with him within a short period of time. It should not go unnoticed the substantial impact on Oliver of those significant relationships ending and his significant alcohol use and mental health crisis.

2.1.8 Brighton and Hove City Council have since invested in 'Lifelong Links', a model that supports relationships with family being maintained and is a response to ensuring children who come into care do not lose touch with significant people in their lives. Lifelong Links serves to put children back in touch with people from their past. Whilst not specifically focused on transitions, the model may have a role to play in supporting the transitions for children who are care experienced as they move into adulthood.

2.1.9 **Recommendation 1:** Children's Social Care, Housing, Care and Wellbeing (previously Adults Social Care) and relevant partner agencies including housing, should develop a 'Team Around the Adult' protocol for the most at risk of harm care experienced young

people, ensuring that a wider range of public bodies exercise their corporate parenting responsibilities[1]. The lead agency or professional should be from 'Adult Social Care'.

2.1.10 **Transitional Safeguarding**

2.1.11 Transitional Safeguarding is an "approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives." It focuses on safeguarding young people from adolescence into adulthood, recognising transition is a journey not an event, and every young person will experience this journey differently[2]. The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults who are experiencing or at risk of abuse or neglect. There are detailed Sussex wide safeguarding policies and procedures in place, yet locally transitional safeguarding arrangements remain unclear.

2.1.12 A key research paper was published in 2022 in the Journal of Adult Protection[3] which drew on the evidence of several published sources regarding transitional safeguarding. The paper's findings noted that issues arising for safeguarding young people are similar to adults yet there are gaps between the children and adult's inter-agency and multi-professional systems and practice. It comments on how different 'lifestyle choices' for young people are understood and interpreted by professionals.

2.1.13 Initial observations suggest that whilst Oliver was well known to the local authority children's social care and SPFT, Housing, Care and Wellbeing (Adults Social Care) had very little knowledge about him. There are currently no structures in Brighton and Hove that support transitions planning from a safeguarding perspective.

2.1.14 Roles and responsibilities in safeguarding arrangements for children and adults are clearly laid out in statutory guidance. Whilst the Leaving Care Team are a skilled and experienced team and manage and deal with safeguarding risks and needs regularly, they are not qualified social workers and there should be no expectation that being 'open' to the Leaving Care Team is a safeguard in itself and the Leaving Care Team should not be seen as an alternative to opening and securing an appropriate safeguarding enquiry. Likewise, the Leaving Care Team should be seen as part of the multi-disciplinary approach to support adults in transition.

2.1.15 A safeguarding 'pathway' could be considered for the Leaving Care Service, Sussex Foundation Partnership Trust and Adult Social Care for those adults who are care leavers to ensure continuity and engagement. A formal protocol would need to be in place to determine roles and responsibilities. A multi-disciplinary approach working across leaving

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[1] **www.walthamforest.gov.uk/sites/default/files/2021-11/Team%20around%20the%20person%20FINAL.pdf** and **www.safeguardingadultsinstockport.org.uk/wp-content/uploads/2023/02/MAARS-and-Team-Around-The-Adult-operating-guidance.pdf**

[2] Bridging the gap – transitional safeguarding and the role of social work with adults (DHSC)

[3] Learning from safeguarding adult reviews about Transitional Safeguarding: building an evidence base, Preston-Shoot. M et al April 2022

care, substance misuse, mental health and housing and with practitioners with knowledge and experience of the person, could add real benefits for a group of young people leaving the care system who continue to have significant needs and are at risk of harm. Section 68 of the Care Act 2014, states that a person may require the support of an 'appropriate person' because it appears that the person would have substantial difficulty in being involved in the safeguarding enquiry. This trauma-informed approach could use familiar trusted practitioners and not different strangers to support the safeguarding process. This approach could be employed in other parts of the safeguarding system.

2.1.16 At age 16+, Oliver was already significantly vulnerable and young people who are likely to need ongoing support and indeed safeguarding post their 18th birthday need to be identified at an earlier point. Children's social care and adult social care can work together at this early stage to ensure effective transition planning and effective safeguarding arrangements are already put in place. This requires planning not purely based on independence transition but also identifying risks and harms and developing strategies together to address those earlier.

2.1.17 **Recommendation 2:** Brighton and Hove City Council Children's Social Care and Housing, Care and Wellbeing (Adults Social Care) should commit to ensuring young people identified as vulnerable or at risk at aged 16+ are the subject of formal transition meetings and transitional safeguarding plans are put in place. The Brighton and Hove Safeguarding Adults Board and Brighton and Hove Safeguarding Children Partnership should be assured transitional safeguarding learning and development opportunities are put in place across the partnerships to support these arrangements.

2.1.18 **Transitions from mental health settings into the community**

2.1.19 Oliver had long history of involvement with mental health services including the Assertive Outreach Team, the Brighton and Hove Assessment and Treatment Service, CAMHS and other urgent care teams. Oliver was the subject of a mental health assessment and consented to a voluntary admission to a mental health setting.

2.1.20 When Oliver was allocated a bed in a private low secure, high dependency inpatient rehabilitation unit, the 'multidisciplinary in reach support team' (MDIST) in SPFT became responsible for the review of patients placed in beds outside of the Trust. Despite being assessed by an Approved Mental Health Professional seven days previously with high levels of paranoia and anxiety, exacerbated by alcohol withdrawal, the MDIST felt the admission in the high dependency inpatient rehabilitation unit should not be prolonged. Long admissions may not be appropriate for all patients and community treatment and support may well have been more appropriate to meet his needs.

2.1.21 Reviews took place which seemed to suggest no evidence of psychosis and 18 days later Oliver was discharged with immediate effect having consumed alcohol and taken cocaine.

2.1.22 Despite his significant history, mental health diagnosis, alcohol dependency, lack of housing provision, vulnerability and being at risk of harm, it is unclear why no discharge plan was put in place and why there was no liaison with other services to support discharge planning. The chronology indicates that it was Oliver, his uncle and his friend who contacted the mental health team in the subsequent days. 'Duty calls' were made to Oliver by the East Sussex Assessment and Treatment Service as by this point Oliver had moved to Eastbourne and was in temporary accommodation.

2.1.23 The Brighton & Hove Mental Health & Housing Plan was published in May 2022. The plan proposed bringing together the whole system with Brighton and Hove City Council (Adult Social Care & Housing Department) the Clinical Commissioning Group (now the ICB) and

Mental Health Services (both statutory and voluntary) around a shared set of priorities. It’s aim was to increase access to support and accommodation provision for those with mental health needs within the city and support better integration of services and improve outcomes for people who use services. It laid out five key priorities specifically relevant to this review:

- Improve support to young people and transitions by developing dedicated provision for 18–25-year-olds and improve transition from children’s to adult services to support at this vulnerable life stage.
- Reduce barriers to hospital discharge by improving referral pathways and communication and increase the capacity and “appropriateness” of onward accommodation and support offers to people leaving hospital.
- Improve the connection between mental health, Adult Social Care and Housing to prevent homelessness and improve mental wellbeing.
- Increase the provision of supported accommodation and support for people with mental health and co-existing conditions within Brighton and Hove and reduce out of area placements.
- Develop accommodation and support services to meet the needs of people with co-existing conditions and multiple and compound needs with a particular focus on complexity including people with mental health need who also have autistic spectrum condition and/or substance misuse needs.

2.1.24 A detailed outcomes plan with timescales for completion was provided at the end of the Brighton & Hove Mental Health & Housing Plan and those timescales primarily post date Oliver’s death.

2.1.25 In January 2024, the Department for Health and Social Care issued statutory guidance regarding discharge from mental health settings and set eight priorities for health bodies and local authorities. The statutory guidance gives organisations the ‘duty to cooperate’ under Section 72 and 82 of the NHS Act 2006 and which means in practice organisations working together to ensure effective discharge planning and best outcomes for patients and their families.

2.1.26 **Recommendation 3:** Sussex Partnership Foundation Trust should, alongside colleagues from partner agencies, test their arrangements for discharge from all mental health settings under the eight principles identified in the 2024 statutory guidance. The Sussex Partnership Foundation Trust should assure itself that these arrangements are effective and make changes as required.

2.1.27 **Recommendation 4:** The Sussex Health & Care Partnership (SHCP) should review the Brighton & Hove Mental Health & Housing Plan with clarity as to how the outcome measures have been realised, what impact has been achieved and what barriers still may exist.

2.1.28 **Finding 2 – Housing**

2.1.29 All out of area placements are made in accordance with Brighton and Hove City Council’s ‘Allocation of Temporary Accommodation Out of Area Procedure’. This defines priority households in three groups. Group A, where priority is to offer accommodation in Brighton and Hove, group B, accommodation is offered in neighbouring districts which is approximately one hour distance on public transport and group C, defined as ‘all other

homeless households' who will be offered accommodation located wherever the borough is able to procure it.

2.1.30 Care leaver status does not confer any specific priority for Group A or Group B temporary accommodation under this policy. The lack of recognition of care leaver status in this policy is in contrast to Brighton and Hove City Council's 'Housing Allocations Scheme and Guidance', which sets out how social housing (i.e. council and housing association properties available for permanent occupation) are allocated. Under the current Housing Allocations Scheme and Guidance, care leavers are given the highest priority 'Band A' for allocation of social housing, providing they are deemed to be tenancy ready.

2.1.31 It is recognised that these are two separate policies and procedures, covering different circumstances, banding and levels of need, can cause confusion for practitioners in some cases. Oliver was assessed therefore under the lowest priority group C under the 'Allocation of Temporary Accommodation Out of Area Procedure' and yet was assessed as highest priority group A on the Council's 'choice based letting service' for allocation of permanent social housing although was not considered 'ready' to move on from supported accommodation. Oliver's 'Personal Housing Plan' was a referral into high needs supported accommodation. It was recorded that Oliver was very specific about his preference for supported accommodation in Brighton and yet the supported accommodation options were limited as he had previously been evicted from several projects yet not 'banned from all accommodation'. Under the Homelessness Reduction Act 2017, the local authority had a 'relief duty' to Oliver and he was subsequently placed into the bed and breakfast hotel in Eastbourne. Oliver and his uncle were asked to provide 'evidence' that would place him into a higher category including medical appointments, yet the Housing Team states no evidence was received.

2.1.32 At the practitioners learning event there was real confusion expressed by some attendees about why care leavers are afforded high priority for permanent social housing allocation, but that care leaver status does not in itself give any preference to be allocated emergency or temporary accommodation located in the Brighton & Hove area where possible. It is a legal requirement for care leavers to be treated as having a 'reasonable preference' for permanent social housing allocation, but there is no such requirement in law to automatically prioritise care leavers for in-area emergency/temporary accommodation.

2.1.33 It is noteworthy that the allocation of temporary accommodation policy was ratified in 2015, which was around five years prior to BHCC's Corporate Parenting Strategy being published.

2.1.34 There appears no proactive engagement from the Housing Team with partner agencies and Oliver and family members are left to evidence 'vulnerability'. Oliver's significant history is partly known in that he was a care leaver yet no further enquiry of partners is made to support the assessment of housing need. Safeguarding, exploitation, mental health and alcohol dependency are therefore summarily ignored.

2.1.35 Whilst the current temporary accommodation allocations policy operates on the basis of there being Group A/B/C categories for determining which households take highest priority for in-area accommodation, this policy also confirms that Brighton and Hove City Council are required to take account of the individual's circumstances, including medical needs, at the point the placement is made in order to be satisfied of suitability. Where a homeless applicant raises concerns about being placed out of area, as Oliver did on several occasions, the Council have to take account of the individual's needs and consider the suitability of the placement in light of this.

2.1.36 If a person is likely to be living out of area for anything other than a short-term emergency placement, the 'local government out of area placements guidance[4]' is clear that the placing authority should undertake a suitability assessment which considers the medical needs of the household, as well as their links with social workers and other key support services. In essence, it is not good enough for the placing local authority to simply assume that essential medical care and other support services are inevitably available and accessible outside of their authority and they must make relevant inquiries to help determine this if necessary.

2.1.37 Oliver's placement in a seaside town hotel some 25 miles from Brighton with very limited support made him feel isolated and highly anxious. The Housing Team note that the hotel staff had good working relationships with the Housing Teams and were 'quick to report any concerns or issues'. Relying on untrained hotel staff, with no experience of vulnerable adults who may be at risk of harm, to report concerns is an inadequate safeguard. Whilst Oliver was allocated a Housing Welfare Officer and was signposted to support services in Eastbourne, there was no indication that the Housing Team had assessed Oliver's capacity or ability to seek such support. There was also a gap in the contact from the Housing Welfare Service in December and January owing to staff sickness.

2.1.38 The Housing Team had already recognised his need for supported accommodation, yet believed he was capable of caring for himself and seeking appropriate support services in a town where he had no links, friendships or support. Despite apparently providing no evidence to the Housing Team to prioritise a move back to the city, Oliver's uncle was proactive in attempting to push for support services to intervene and for Oliver to return to Brighton.

2.1.39 At the time there were 116 'homeless households' who had been accommodated outside of Brighton and Hove in temporary accommodation. There are currently five Welfare Officers in post. The Welfare Team are currently holding an average caseload of 40 individuals however prior to September 2023 they were holding cases of approximately 80. The Welfare Team need to ensure they work alongside the multi-agency partners in this context.

2.1.40 There are no expected housing 'standards' for accommodation providers providing temporary accommodation. Local authorities can set their own minimum standards for temporary accommodation but at a bare minimum local authorities only have to be satisfied that fire regulations are adhered to. Where a bed and breakfast hotel is used to accommodate a homeless person, it is subject to the standards for health and safety that apply to houses in multiple occupation. Local authorities are under no obligation to carry out inspections or assess any potential hazards. Chapter 17 of the Homelessness Code of Guidance for Local Authorities[5] however sets out the expectations on housing authorities to ensure that accommodation secured for homeless applicants is suitable including particular medical needs and social considerations. Housing authorities have an obligation to keep the suitability of the temporary accommodation under review and respond to changes in an individual's circumstances.

2.1.41 The 'radical safeguarding toolkit for homelessness' was published in May 2024. The tools are intended to 'activate critical reflection about traditional ways of working in

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[4] https://www.local.gov.uk/publications/local-government-out-area-placements-guidance

[5] Homelessness code of guidance for local authorities, Ministry of Housing, Communities and Local Government, 22 February 2018

homelessness and social care'[6]. This free resource is useful for anyone who is involved with safeguarding homeless adults, whether based in statutory, voluntary or grassroots organisations and services and offers a series of very helpful tools. The Brighton and Hove Safeguarding Adult Board may benefit from a review of these tools and how they could be used to support practice.

2.1.42 It is clear that providing emergency temporary accommodation for those with multiple and complex needs outside of Brighton and Hove without the support mechanisms being put in place by agencies, is unsafe. If there is no local accommodation available consideration needs to be given as to how the person maintains their local connection and support services in Brighton & Hove through a named lead professional.

2.1.43 **Recommendation 5:** Brighton and Hove Housing Team should review its processes for providing temporary accommodation to care leavers and assure themselves that the accommodation provided meets their needs and that all appropriate support agencies are involved in suitability of accommodation reviews**.**

2.1.44 **Recommendation 6:** Brighton and Hove City Council and relevant partners should develop multi-agency practice guidance to support the identification, notification and management of adults with high care and support needs placed in temporary accommodation out of area, ensuring that these adults have access to essential services related to the identified care and support needs in the host authority and that vital links are kept with services from Brighton and Hove.

2.1.45 **Finding 3 – Transfer of people who use services (SPFT)**

2.1.46 The Brighton and Hove Assessment and Treatment Service had provided Oliver with support from July 2021. During this time, he was assessed and supported by the Crisis Home Treatment Team, Mental Health Rapid Response Service (MHRRS), the Mental Health Liaison Team and Approved Mental Health Professionals. At times, Oliver was presenting with paranoia, suicidal thoughts and anxiety and at one stage required hospitalisation.

2.1.47 As Oliver was open to the Brighton and Hove Assessment and Treatment Service, the safeguarding alerts were passed to mental health services for triage and Section 42 enquiry in March 2022. In email correspondence, the Brighton and Hove Assessment and Treatment Service allocated social worker accepted that they had limited experience of mental ill health and needed the tacit support of colleagues in mental health services to support assessments. This included clarification of the lead practitioner within SPFT, a referral to the Assertive Outreach Team as well as a request for the mental health assessment to take place at a more appropriate place for Oliver in the community. This did not happen and waiting lists, criteria and inflexibility of approach appear to be the reasons. There is no information in the records that indicate that Oliver was allocated a lead practitioner while he was admitted to the inpatient unit and therefore it was not clear who was coordinating his care from SPFT.

2.1.48 With the inpatient unit serving immediate notice and his previous supported accommodation in Brighton giving notice as Oliver's needs were 'too high', Oliver's aunt

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[6] https://www.researchinpractice.org.uk/adults/publications/2024/may/radical-safeguarding-toolkit-homelessness-practice-tool-2024/

and uncle advocated housing through the mental health pathway. They verbalised concerns that Oliver had threatened to take his own life.

2.1.49 On Oliver's allocation of bed and breakfast hotel accommodation in Eastbourne, he contacted the MHRRS himself seeking an understanding of his 'after care plan'. Oliver's uncle also sought advice from the Brighton and Hove Assessment and Treatment Service. A '72 hour follow up' was initiated and completed by the East Sussex Assessment and Treatment Service as per policy. Over the next 15 days there were two further duty calls from the East Sussex and Brighton and Hove Assessment and Treatment Service. Oliver was reminded to register with a GP in Eastbourne so that he could fully access support from the East Sussex Assessment and Treatment Service. This was despite Oliver's clear intentions to return to Brighton. Oliver was upset with the proposal to change mental health teams.

2.1.50 Oliver was then sent correspondence to inform him that he was being discharged from the Brighton and Hove Assessment and Treatment Service and link in with local services in Eastbourne. The letter explained that the Brighton and Hove Assessment and Treatment Service were unable to support him due to being out of area and were unable to further support him. This letter distressed him greatly. Oliver had an established relationship with the Brighton and Hove Assessment and Treatment Service, but this was not picked up by the East Sussex Assessment and Treatment Service after discharge. The transfer of Oliver between teams with the same function in different local authority areas did not happen.

2.1.51 Given what the Brighton and Hove Assessment and Treatment Service knew about Oliver and his circumstances and his risks and vulnerability, it is of concern that they did not consider a more appropriate transition plan between the two Assessment and Treatment Services. It was clear that Oliver did not have the ability to seek support or services in Eastbourne himself and that his risks would escalate as a result.

2.1.52 **Recommendation 7:** Sussex Partnership Foundation Trust should review the current transfer protocol between its geographical teams and assure itself that when patients move location, effective arrangements are in place to support that transition. Care experienced young people should not be discharged from local health services whilst a move back to Brighton and Hove is being progressed.

2.1.53 **Finding 4 – The use of language**

2.1.54 Brighton and Hove Safeguarding Adults Board published a thematic review in January 2023. The authors observed, in reading the Individual Management Reports submitted, that language used by professionals could be perceived as victim blaming. The authors noted that 'a simple change of language can have a substantial effect upon thinking'. They referred to the individuals subject to the thematic review as 'exploited' and therefore 'a chaotic lifestyle or difficult to engage' becomes contextual and changes the way in which professionals view the support that people need.

2.1.55 Children's Social Care report that they understood Oliver's exploitation as a part of his experiences of childhood trauma and abuse and regularly addressed with him the steps needed to address this. Oliver was also reported to be also exploiting others. It was crucial to understand Oliver's lived experience in this context. His experiences of 'sex work' was indeed one of exploitation. The term 'lifestyle choice' should not be used in the recording of observed behaviour. It is a judgement that undermines the potential realities for a person. The term 'choice' suggests that Oliver had the opportunity or privilege to choose

freely. This was not the case. The children social care information records that Oliver was involved in the extortion of others, yet his context and history do not explore the possibility of pure 'survival' particularly when a person's life experience is one of challenging institutional environments.

2.1.56 The recording of incidents and behaviours needs to avoid judgement and there is no recommendation made here, yet it would be helpful for the Brighton and Hove Safeguarding Adult Board to assure itself that the recommendation from the thematic review is being embedded and having an impact on people's outcomes.

2.1.57 **Finding 5 – Mental health diagnosis and alcohol dependency**

2.1.58 Oliver had been receiving post treatment support from the Brighton and Hove Recovery Service since his admission to residential rehabilitation in 2021, including a more assertive outreach approach to treatment and care owing to difficulties engaging with him. Meetings did take place in October 2022 where agencies raised concerns about Oliver's heavy substance misuse and mental health crisis which were distressing for Oliver. It was suggested that Oliver was at 'risk of being made homeless due to his multiple and complex needs'. The outreach team manager had contact with Oliver when he moved to Eastbourne and he agreed to transfer substance misuse treatment to CGL based in Eastbourne. Following this telephone interview, a risk assessment was completed and identified that Oliver was at risk of suicide, a history of mental health crisis, recent discharge from a mental health unit and high levels of alcohol use. The actions to transfer to Eastbourne CGL was instigated and Oliver's case closed to Brighton and Hove Recovery Service.

2.1.59 Given Oliver's needs it remains unclear as to why a lead practitioner was not appointed nor why his needs did not meet the criteria for a Care Programme Approach (CPA).

2.1.60 With Oliver having multiple needs and alcohol dependency as a means of managing his mental health distress, it is challenging to read that Oliver would need to address his alcohol use in the first instance before mental health assessment. The records suggest that that first contact with a 'dual diagnosis nurse' was 30 days before Oliver's death. The term 'dual diagnosis' is used to describe individuals who suffer from 'co-morbid substance misuse/dependence as well as a psychotic, affective, behavioural, or severe personality disorder'[7]. In the SPFT Clinical Strategy 2017- 2020, it sets out the context and ambition for the Trust regarding people with dual diagnosis. It notes that *"people with a dual diagnosis almost always have multiple needs. It states that they are also more likely to be stereotyped and stigmatised and as a group be seen as unreliable, difficult to engage, aggressive or abusive and as a consequence they tend to get passed around the various services they need support from with no-one wanting to take responsibility for their care. This can all too easily lead to a downward spiral and sooner or later a crisis, perhaps forcing them into accident and emergency departments, or onto the streets".* This statement could have been written about Oliver and his experience of services. The Trust report lists the following strategic actions:

- A review of all our mental health services to benchmark them against the new NICE guidance for people with a dual diagnosis.

[7] https://jsna.westsussex.gov.uk/assets/living-well/dual_diagnosis_needs_assessment.pdf

- Engage with key commissioners, primary care and third sector providers to scope out an improvement plan to meet the requirements of NICE.
- A review of existing contractual and partnership relationships with local substance misuse providers to ensure that services are effectively meeting the needs of people with a dual diagnosis.
- Ensure that people with a dual diagnosis of severe mental illness and substance misuse have dedicated care co-ordination in line with NICE guidance.

2.1.61 The SPFT Organisational Strategy Engagement Document 2025 – 2030, does not make 'dual diagnosis' a strategy theme yet voices of professionals and feedback from users has included:

- A need for improved integration between other NHS providers and ourselves for these conditions.
- More support and joined up care for patients with dual diagnosis and more training needed on dual diagnosis.
- The mental health and housing needs and challenges with substance misuse and addiction is one area that is huge and at the moment our teams (SPFT) are not collaborating and partnering to work together on this overlap of people we care for.

2.1.62 **Recommendation 8** – The Sussex Partnership Foundation Trust should assure itself that the strategic actions from the previous Clinical Strategies are being effectively implemented and consider the evidence from the Engagement Strategy regarding dual diagnosis and whether this should be considered a strategy theme.

2.1.63 **Finding 6 – The effectiveness of the safeguarding process**

2.1.64 From the records, it is clear that on several occasions and from different professionals, Oliver's situation between October 2022 and January 2023 was evaluated as high risk yet it did not follow that despite that high risk, a safeguarding referral followed. The Care Act 2014 lists ten specific categories of abuse and neglect and the Brighton and Hove Safeguarding Adults Board policies and procedures are clear and when the criteria is met for when referrals should be made. It could be argued that Oliver met this criteria several times. It is not known whether the barrier of previous enquiries ceasing because of Oliver's apparent lack of engagement influenced those decisions or whether the criteria was well understood and considered effective. There is a possibility that Oliver's behaviour and presentation was considered the 'norm' and professionals had become desensitised to the fact that his needs and risks were not outside of previous presentations.

2.1.65 Oliver's Personal Advisor (PA) from the Leaving Care Team built a trusting relationship with Oliver, that despite repeated rejection and challenging behaviour, required persistence and flexibility in approach. This tenacious consistency led to engagement and whereby support was sometimes accepted. Whilst engagement between professionals took place with Oliver's PA, their knowledge and experience of Oliver was underutilised by the Adults Safeguarding Team and the police in enquiries and investigation. Although roles and responsibilities are clear in the statutory safeguarding system, creativity should be employed to ensure a trauma informed and person-centred approach is taken. Engaging professionals who have built trusting relationships with people and who have

knowledge, skills and experience of how to engage those adults should input into the safeguarding process.

2.1.66 Although Section 42 enquiries carry more legal weight, make lines of accountability clearer and brings partners together to construct a jointly held protection or risk assessment plan, feedback from the practitioners event suggested that a multi-agency planning and approach to adult safeguarding was lacking in Oliver's case. There was also a view that the Section 42 enquiry was closed too early and without meaningful consideration of his wider needs. His refusal to participate in a Care Act assessment and that his description of feeling 'ok for now' appears justification for the closure of the first Section 42 enquiry. A 'failure to engage' is where services have failed to understand how to work with complex individuals and expecting them to fit into safeguarding processes and practice. If a safeguarding concern does not meet the criteria or is closed down, there appears to be no alternative risk management forum to ensure that risks are managed and people supported. This 'pathway' with a lead agency being identified could address this current gap. Personal Advisors in the Leaving Care Team could be trained to support the undertaking of Care Act assessments by qualified adult social workers and to truly develop integration, the Housing, Care and Wellbeing Service may want to consider seconding an adult social worker into the Leaving Care Team.

2.1.67 At no point does Section 42 state that an enquiry may only be undertaken with a person's consent. Where the requirements of Section 42 are met, the local authority 'must make (or cause to be made), whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adults case'. Rightly, local authorities must take steps to facilitate involvement of the person and the statutory guidance clearly states that adults should always be involved in the enquiry yet this does not imply consent to carry out the enquiry. There are a number of circumstances where a practitioner can override consent including, where the person lacks capacity, where a Mental Capacity Act assessment should be explored and recorded. There is no evidence in the records that a Mental Capacity Act assessment was considered for Oliver and whether he had the capacity, at times, to consent to treatment or interventions.

2.1.68 Sussex police received a number of reports that Oliver had been a victim of sexual assault and on one occasion officers spoke directly to him but he was in hospital and described as 'highly intoxicated'. A specialist officer was assigned and communication between the officer and Oliver was initially via text (at Oliver's request), then he cancelled a planned meeting but contact continued via telephone. Despite several attempts to establish contact this never happened. Oliver was described by his PA as having a deep distrust of police and given his history this may not be surprising. Third parties informed police that Oliver did not wish the police to investigate the disclosures and without information from Oliver the investigations were closed. Attempts were made to engage with Oliver via his key workers but Oliver continued to refuse to meet with police. Oliver's historic relationship with police is likely to have influenced his engagement with police. Professionals have reported that it may have been advisable to engage those who had the strongest relationships with Oliver to facilitate that engagement. No joint visits were undertaken by the PA and police.

2.1.69 **Recommendation 9 –** The Leaving Care Service should work alongside the Sussex Foundation Partnership Trust, Sussex Police and Housing, Care and Wellbeing to review existing guidance on how Leaving Care Services are integrated, or not, into joint working processes and develop operational plans as necessary.

2.1.70 **Recommendation 10 -** Housing, Care and Wellbeing should consider the secondment of an adult social worker into the Leaving Care Service to support the completion of Care Act Assessments for adult care leavers and train Personal Advisors in their role to support the process.

Ian Vinall

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