Swindon
Safeguarding
Partnership

SAR Alison

January 2022

How to use this document

The aim of this document is to outline the key themes and learning from SAR Alison. Please share this resource widely. It can be used in conjunction with the SSP Action Plan Proforma

There are also hyperlinks to external resources such as websites which can be accessed by either ctrl+click on the image/icon or hyperlink. Alternatively you can use your mouse to right click and select open link from the options. If you are unable to open a hyperlink please copy the information and paste into your usual internet search engine e.g. Google or Bing.

- Alison was a 49-year-old woman who was found collapsed in a stream in woodland near her home in July 2020. It was determined that she had taken her own life.
- Alison reported a history of trauma as well as chronic mental health problems and a pattern of alcohol misuse. She had been engaged with the local Mental Health Services for at least 25 years. Her mental health history included: anxiety and depression, a diagnosis of emotionally unstable personality disorder, self-harm episodes including cutting, burning and overdoses, alcohol abuse and drug use.
- She also had poor physical health with chronic liver disease (she was hepatitis C positive) and asthma.
- Evidence provided to the review suggests that Alison may have been subject to exploitation by her neighbours.
- In November 2021 a SAR was undertaken following Alison's death and key areas for learning were identified.
- This practice brief sets out these key areas for learning. These areas will be incorporated into the SSP strategic plan and the Learning and Development offer, the outcomes of which will be monitored to ensure they are consistent with the learning to improve frontline practice.

Title – SAR Alison

Multi Agency Approach

The evidence base for best practice in working with adults highlights the importance of interagency communication and collaboration, coordinated by a lead agency and key worker who oversees this work. A comprehensive approach to information sharing is important to ensure each agency/service has a holistic view of what is happening with an individual.

It is recommended that multi-agency meetings are used to pool information as well as risk and mental capacity assessments, to agree a risk management plan and to consider legal options. With complex and vulnerable patients, agencies should ensure that regular multi-agency meetings are taking place to put in place a risk-mitigation plan and ensure that all risks are mitigated as far as possible.

Risk Assessing and Risk Management

A model of good practice based on research and finding from previous SARs shows that comprehensive risk assessments of individuals are advised, especially in situations of service refusal. Mental capacity assessments should form part of a risk assessment, especially of executive functioning in cases where there is shown to be medical evidence of changes in the brain which would affect this functioning. Professional curiosity and assessment are fundamental when concerns occur repeatedly and when a person's decision-making maintains or increases risks of significant harm.

It is important to ensure that risk assessment procedures are regularly reviewed and training updated. When working with service users, often for extended periods of time, then can be a danger that familiarity with a service user can lead to an unjustified minimisation of the risks they pose.

Mental Capacity Act

The Mental Capacity Act 2005 (MCA) is designed to protect and empower individuals aged 16 and over and help to safeguard the human rights of people who lack (or may lack) mental capacity to make decisions about their care and treatment.

Additional considerations need to be made when an individual may have fluctuating capacity in circumstances such as alcohol misuse, require assessment of their executive capacity and impulse control relating to substance misuse.

It is recommended within NICE guidance to include real world observation of a person's functioning and decision making and to adopt a longer term perspective on someone's capacity rather than assessing it in a single point in time. Especially where fluctuating capacity can be related to alcohol misuse.

Alcohol

Where alcohol misuse is part of a presentation that is leading to both significant risk and a significant impact on public services, best practice would be for relevant professionals to use the AUDIT alcohol screening tool to identify and record the level of alcohol related risk for clients. This provides a standardised and readily communicated way of talking about alcohol related harm.

Smoking

Reducing smoking among people with mental health problems is a Public Health England priority, it contributes to the worsening of lung disease but also liver disease and raises the risk of fire hazards. Smoking cessation improves both physical and mental health, even in the short term, and reduces the risk of premature death. It is important to recognise the need to address this issue with people with mental health problems.

Hepatitis C

There is an impact of Hepatitis C infection on cognitive functioning and mood. Hepatitis C has been associated with cognitive dysfunction. Roughly 50% of patients typically feel cognitive impairment, highlighting issues such as 'brain fog' and mental tiredness. These issues can interfere with people's ability to perform activities as they normally would do.

Exploitation

There will be a follow up piece of work looking at the issue of Exploitation in relation to this SAR.
The findings will be published alongside additional learning resources for practitioners.
There are some useful resources for practitioners on the SSP website in relation to exploitation and grooming developed for Safeguarding Adults Week.

Swindon Safeguarding Partnership

Resources for Professionals

SSP training page

Mental Capacity Toolkit

Health matters: smoking and mental health

Hepatitis C trust

Professional Curiosity