



**SAR Andrew**

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.

- Andrew was a 77 year old male who on the 14/09/20 was found unresponsive inside a property besides his adult son Christopher who was found deceased at the scene. Andrew subsequently passed away in hospital on 22/9/20. Since that time both deaths have been ruled as suicide by the coroner.
- It was reported that they were holding hands and had Andrew's late wife's wedding ring in their hands. Andrew was transferred to hospital for treatment. Toxicology report indicates that Andrew had ingested Benzodiazepines which were not prescribed, Andrew never recovered and no further information was obtained before his death on the 22/09/20.
- Andrew was open to Safeguarding Adults team within Swindon Borough Council with a Section 42 enquiry on-going at the time of his death. A referral had been made by the Ambulance Service on the 12/03/20 as a result of an incident whereby Andrew's son Christopher had given Andrew Pregabalin which he had bought from a friend which then resulted in Andrew being hospitalised and it was this enquiry that was still open.
- Andrew lived alone and had a number of health conditions, including Atrial Fibrillation, history of depression and anxiety, hearing loss, prostate cancer and he had been shielding due to high risk of COVID-19.
- Andrew's wife died in 2017 and in the years that followed, he was treated for depression and low mood. There is evidence from practitioners' reports that Andrew began to show signs of self-neglecting behaviours including a deterioration in his living environment, the cancellation of a care package from domiciliary care agency and poor self-care. Andrew's son was his unpaid family carer and was heavily involved in services being able to access his father to provide support.
- In November 2021 a SAR was undertaken following Andrew'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 Andrew

### Family and Intergenerational Domestic Abuse

Focus needs to be given to family and intergenerational abuse, and the way in which it may be different from partner violence, for example if the perpetrator is the victim's (adult) sibling, child, or grandchild. Abuse of an adult at risk, or a child, may also be used by a perpetrator to exercise control over their victim. More resources can be found here:

[ADASS Adult Safeguarding and Domestic Abuse Video on Understanding Adult Family Violence](#)



### Coercive control

Coercive control is a term used to describe a pattern of behaviour which seeks to take away the victims sense of liberty or freedom. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. Short video clips provide more information. *(Right click on text and select open hyperlink. If in slideshow click on hyperlink)* Five minute clip [Staffordshire Police - Coercive Control](#) clip. 3 minute clip [Wakefield Council](#).

There is a 7 minute briefing on Coercive Control available on the SSP website. [7 minute brief - Coercive Control](#)

### Coercive Control and Capacity Assessments

There is a need for a formal capacity assessment where there are any concerns raised about a person's capacity to make a decision, including documentation of all parts of that capacity assessment within the records.

- Should there be any concerns about coercive control, discussions with the patient including any capacity assessment should take place without the possible perpetrator of the coercive control present.

- If necessary to involve the police to enable (b) this should be organised (i.e. if the alleged perpetrator will not leave).

There is a toolkit for Practitioners on Mental Capacity available here - [Mental Capacity Toolkit](#)

### **Suicide Ideation and Prevention**

The SSP offers e-learning training modules for practitioners to raise awareness for professionals who require some information and knowledge on this subject. This includes what to look out for including particular words/behaviours, reasonable suggestions on how to respond/and how not to respond and providing memorable stories.

### **Trauma Informed Practice**

Trauma-Informed Practice is a strengths-based approach, which seeks to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.

### **Risk Enablement Panel**

The role of the Risk Enablement Panel is to facilitate, develop risk management plans, monitor and evaluate. The Risk Enablement Panel's purpose is to support the individual and practitioners/professionals to reach agreement around risk decisions and management of those risks which can be managed.

Further information here:

[Risk Enablement and positive risk taking policy](#)

### **Information Sharing**

Working in a multi agency way and sharing information about the adult who is at risk should also involve sharing information about a potential source of harm, where there is a concern about the relationship dynamics around the adult at risk.





# Resources for Professionals

[Trauma-informed practice: what it is and why NAPAC supports it – NAPAC](#)

[Trauma-Informed Care Implementation Resource Center - Trauma-Informed Care Implementation Resource Center \(chcs.org\)](#)  
American

[Trauma Informed Practice | PLYMOUTH.GOV.UK](#)

[Trauma-informed Practice | The Innovate Project](#)

[Suicide prevention awareness - Swindon Safeguarding Partnership](#)

[Suicide prevention awareness - 'Suicide - Let's talk' - Swindon Safeguarding Partnership](#)