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Peter was a 45 year old man who was born in Poland and came to the UK. He was unable to find employment once he arrived and had no recourse to public funds (NRPF). Whilst visiting Poland he sustained a serious head injury. In the UK Peter was homeless and spent extensive period of time living on the streets. He was alcohol dependant and due to his lifestyle was regularly admitted to hospital. Several statutory and charitable agencies were involved in trying to support Peter and deemed him to have mental capacity when he was sober. Peter often declined the support offered. Peter's health deteriorated and the risks to his wellbeing and safety increased. Tragically after being discharged from hospital Peter fell into a river and later died of a cardiac arrest.

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### KEY LEARNING POINTS

There were a number of organisations, and individuals working within them, who worked very hard to support Peter but he often did not engage with the support available or was unable to due to his alcohol dependency and inability to abstain from alcohol.

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### ACCESS TO SERVICES

He did not engage with alcohol services. Shelter was limited due to his immigration status and continued use of alcohol. Agencies could have linked more with each other. He was not deemed eligible to meet a section 42 enquiry.

1. Professionals need a greater understanding of the duty of care under the Care Act 2014 and what is available for those individuals' who have NRPF
2. Professionals should be aware of the **Multi-Agency Risk Management Guidance** and consider its use for working with and supporting vulnerable adults at risk who struggle to engage with services

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### MENTAL CAPACITY

Peter misused alcohol and this presented as a challenge for professionals to effectively assess his mental capacity.

1. Professionals need to have greater understanding of the long-term effect of alcohol misuse on an individuals' mental capacity
2. When undertaking assessments, professionals need to be aware of **Alcohol Related Brain Damage** as a mental health condition and how this may impact on an individual's behaviour

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### INFORMATION

Adult Safeguarding Partnership Board Website  
<http://www.safeguardingcambspeterborough.org.uk/adults-board/>

Multi-Agency Risk Management Guidance (MARM)  
<http://safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabprocedure/multi-agency-risk-management-guidance/>

Alcohol Related Brain Damage / Report and Professionals resources  
<https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-related-brain-damage>

Safeguarding Adult Reviews  
<http://www.safeguardingcambspeterborough.org.uk/adults-board/about-the-adults-board/sars/>



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### HOSPITAL DISCHARGE

1. Professionals working within hospital settings should be aware of the **Homeless Hospital Discharge Protocol** and ensure that it is consistently applied for each and every homeless person's hospital admission
2. The Local Authority, District Councils and Housing providers should also be aware of the Homeless Hospital Discharge Protocol and of their roles and responsibilities within it

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### INFLUENCING CHANGE RESISTANT DRINKERS

In relation to persistent drinkers agencies at the SAR briefing emphatically emphasised '**Come what may, do not give up on them**'.

1. As a preventative measure a co-ordinated response of agencies should consider the early implementations of Community Protection Orders to limit access to the public who may give money to the homeless
2. We need to encourage members of the public to give support to the homeless by other means instead of direct monetary donations that can be spent on alcohol and drugs.