



SAFEGUARDING ADULTS REVIEW EXECUTIVE SUMMARY BEN

Please note that this document has been anonymised by the use of pseudonyms to protect the identity of those concerned

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1. Introduction

Ben, the subject of this review, is a white British man who is still alive and is currently living in a Nursing Home. In late December 2022, when he was 68 years old, he was the victim of a serious incident locally. He had recently been made homeless and for several days lived on the streets in freezing temperatures. As a result, he suffered severe frostbite and ultimately, after being taken to Hospital by the Police and a sustained period of medical care, he lost both his feet due to autoamputation¹.

A referral for a Safeguarding Adult Review (SAR) was formally submitted by Cambridgeshire Police in March 2024. It stated that: *Ben seems to have self-neglected over a long period of time and a number of agencies were working with him however he appears to have self-neglected to such an extent that he sustained frostbite requiring amputation of both feet.*

His family have said: *We would like to understand what decisions were taken by these agencies and naturally wonder whether each did all they could to safeguard a vulnerable elderly man, albeit one with challenging behavioural problems.* This question is the main focus of this review.

Mike Ward was commissioned to write the overview report. He has been the author of thirty SARs and Domestic Homicide Reviews as well as drug and alcohol death reviews and a member of a Mental Health Homicide Inquiry team.

2. Analysis

The starting point for this analysis is that it should be unacceptable and inappropriate for a 68 year old to be left to sleep on the streets in a period during which temperatures fell to as low as 1c. This is particularly the case as Ben was showing signs of significant self-neglect and mental disturbance and had diagnoses of cognitive damage. The question is what could be done differently in a similar situation in the future.

The answer to this question comes down to three themes:

- The available resources
- The understanding of the system and how it should work in this scenario
- Attitudes to particular client groups.

It is well evidenced that Health and Social Care is under-resourced in this country. This needs addressing, however, the concerns in this report are more specific. Are services allocating sufficient resources to adequately cover long public holiday periods? The SAB should work with partner agencies to ensure that there is a robust response to vulnerable people who are in crisis during future public holiday periods.

¹ Autoamputation is **the spontaneous detachment** (amputation) of an appendage or organ from the body. This is not to be confused with self-amputation. It is usually due to destruction of the blood vessels feeding an extremity such as the fingertips.

This may also require work to ensure that practitioners understand what the possible responses are to such situations. Did, for example, Housing staff understand the possibilities for prompting the use of the Mental Health Act in this situation? This could even be reduced to the provision of an algorithm that takes people through the possible options.

Underpinning all of this is a question about attitudes. It is always hard to demonstrate that negative attitudes impacted on this or any situation. However, it is important to ask whether Ben's challenging presentation (and erroneous suggestion of current drinking) prevented workers from seeing him as a vulnerable 68 year old who was at very high risk of death if he was left on the streets.

The SAB needs to reassure itself that all practitioners recognise a duty of care to such vulnerable individuals, and can initiate a multi-agency response, even if they do present in a challenging manner.

The information on Ben's history of alcohol use is confused. Everyone is agreed that there have been periods of heavy drinking in his past. What is unclear is the duration of that drinking pattern and the quantity consumed.

The best assessment is that Ben did have a significant drinking history and that this has led to cognitive impairment. That impairment may still be impacting on his behaviour even if the drinking has now ceased.

This highlights the importance of ensuring that practitioners:

- Routinely screen and record alcohol related risk
- Ensure that practitioners have a good understanding of alcohol related cognitive impairment and its impact on mental capacity.

Neither of these steps would have necessarily impacted on what happened in December 2022, but they may have helped understanding of the situation and possibly destigmatising his presentation.

Ben's period of homelessness does raise questions about why other agencies did not raise a safeguarding concern at this point including EDT, the Police or Ambulance Service. All had evidence that a vulnerable person was on the streets. Again, this raises questions about how thoroughly the case was explored once a referral was received. However, it is fair to note that it is unlikely that referrals at this point would have made a significant difference to his care. He was either soon to be in Hospital or actually in Hospital at these points.

It also raises a question about the EDT / Out of Hours safeguarding pathway indicated on the Council website. Housing believed that they were effectively submitting a safeguarding concern by contacting EDT. Consultation with Adult Social Care clarified that following this contact EDT should then have completed a safeguarding referral, unless there was evidence that they asked Housing to make the referral themselves – this does not seem to have been the case; however, nor is there any indication that a safeguarding concern was raised by EDT.

3. Recommendations

Recommendation A

Cambridgeshire and Peterborough SAB should set up a local workshop / task and finish group to consider how to ensure that there is a robust response to crises involving vulnerable people during periods of extended public holidays. This should specifically include consideration of resourcing and accommodation based responses in periods of low temperature. Ben's situation should be used to test the robustness of any system.

Recommendation B

Cambridgeshire and Peterborough SAB should ensure that training or guidance is available to support all professionals to consider the use of the Mental Health Act and the Mental Capacity Act when addressing the needs of vulnerable homeless people in crisis.

Recommendation C

Cambridgeshire and Peterborough SAB should ensure there is training and professional development to ensure that professional attitudes to adults with challenging behaviours or with serious alcohol related disorders do not impede responses to this client group.

Recommendation D

Cambridgeshire and Peterborough SAB should reassure themselves that the local Public Health Teams are working to ensure that all frontline services are aware of, and are able to use, robust alcohol and drug screening tools such as the AUDIT tool or Assist-Lite to identify and record the level of substance related risk for clients.

Recommendation E

Cambridgeshire and Peterborough SAB should ensure that there is training on how cognitive impairment, including alcohol-related cognitive impairment may be impacting on vulnerable people.

Recommendation F

Adult Social Care is ensuring that:

- the Emergency Duty Team is clear about its responsibilities to vulnerable people in crisis and is actively using professional curiosity to determine when and how to exercise those responsibilities e.g. understanding the individual's situation, the associated risks and potential referral routes.

- the process that is followed when an out of hours safeguarding concern is raised via the EDT is clear to all relevant parties.

Recommendation G

The Ambulance Service should consider whether they can improve the immediate response and support to very vulnerable people who are facing extended delays for an Ambulance, e.g. raising a safeguarding concern, considering other routes for support.

Recommendation H

Cambridgeshire and Peterborough SAB should ensure that harm reduction advice and resources are available to people who are sleeping rough.