7 Minute Briefing

SAR Ben

1. Background

Ben is a White British man who was 68 years old at the time of the incident. Ben had a history of challenging behaviours and past alcohol use, which at times affected how he was perceived and responded to by services.
Ben had a longstanding history of self-neglect, mental disturbance, and cognitive impairment.
He is now living in a nursing home having sustained life changing injuries.

2. Brief History and Key Events

In December 2022, Ben became homeless and slept rough for several days during a period of freezing temperatures.
Multiple agencies were aware that Ben was homeless and vulnerable during this period.
Ben was eventually taken to hospital by the police, where he was treated for severe frostbite.
As a result of prolonged exposure to cold, Ben suffered autoamputation of both feet following a sustained period of medical care.

3. Agency Involvement

Although several agencies were involved including Housing, Adult Social Care Mental Health, Ambulance, Police and Hospitals, responses were often fragmented, particularly during the out-of-hours and public holiday period. There was uncertainty about roles, responsibilities, and safeguarding pathways, especially in relation to homelessness, mental health legislation, and escalation during crisis.

4. Areas for Development

The SAR identified several key areas for learning:

- There should be a robust, coordinated multi-agency response to adults who have care and support needs and are in crisis.
- Practitioners should be clear about the options available under the Mental Capacity Act and Mental Health Act, particularly in relation to homelessness and self-neglect.
- Challenging presentations and behaviours should not influence or impact negatively on a professional's responses to safeguard the adult at risk
- Alcohol-related cognitive impairment needs to be consistently understood or factored into our assessments of risk and mental capacity
- Out of hours Safeguarding processes, i.e. the Emergency Duty Team, should be clear and consistently applied.

5. Positive Practice

- ✓ Once Ben was admitted to hospital, he received appropriate and sustained medical care, which ultimately saved his life.
- ✓ Agencies did engage with Ben prior to the incident and were attempting to respond within the constraints of their roles and available resources.

6. Key Messages- Practitioners need to...

- ✓ Self-neglect and homelessness are safeguarding issues, especially when combined with age, cognitive impairment, and extreme weather conditions.
- ✓ Challenging behaviour should never obscure the practitioners /managers perception of an individual's vulnerability nor impact on being professional curious for safeguarding them.
- ✓ Practitioners should be confident in considering and escalating use of the Mental Capacity Act and Mental Health Act in crisis situations.
- ✓ Sleeping rough during cold weather should trigger an urgent, multi-agency response.
- ✓ Out-of-hours services play a critical safeguarding role and must be clear about their responsibilities and referral pathways.
- ✓ Safeguarding is a shared responsibility, even when individuals

7. Further Information

This Safeguarding Adults Review highlights the importance of seeing the person beyond their behaviours, responding decisively to self-neglect and homelessness, and ensuring that no vulnerable adult is left without protection during periods of crisis.

https://www.safeguardingcambspeterborough.org.uk/adults-board/adult-abuse-and-neglect/self-neglect/

https://www.safeguardingcambspeterborough.org.uk/download/the-blue-light-approach-identifying-and-addressing-cognitive-impairment-in-dependent-drinkers/

Practitioners are reminded that a referral should be made if they have a safeguarding concern, regardless of whether they think another agency has made a referral

https://www.safeguardingcambspeterborough.org.uk/concerned/professionals-reporting-a-concern/