SAFEGUARDING ADULTS REVIEW (SAR)

LEARNING BRIEF - ADAM

Safeguarding Adults Review (SAR)

The purpose of a Safeguarding Adult Review is to use learning from the case under review to promote and reinforce effective practice and identify where improvements or adjustments to the system need to be made.

The Care Act 2014 states that a Safeguarding Adult Board must commission a SAR when:
(1) an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more or effectively to protect the adult,
(2) an adult in its area has not died, but the adult has experienced significant abuse or neglect, whether known or suspected.

Background Information - Adam

Adam (pseudonym) was a 40-year-old male from the travelling community who died from multi organ failure, influenza A, chronic ketamine usage, malnutrition and bilateral hydronephrosis in the Intensive Care Unit at a Bristol hospital in January 2024.

In late 2023, Adam was brought to the hospital with abdominal pain and admitted due to being severely underweight, flu positive and showing signs of self-neglect.

Adam had a 20-year history of drug use, primarily ketamine, which had caused significant bladder and organ damage.

A safeguarding enquiry was instigated, unfortunately, Adam died a few days later, underscoring the need for earlier consideration of safeguarding frameworks.

Key Themes

Working with Substance Use

Adam's long-term ketamine use caused severe, irreversible damage to his bladder and kidneys. The SAR recommends that front-line practitioners should increase their awareness of ketamine's long-term harms and avoid language that frames addiction as a personal choice. Such language can lead to unconscious bias and negatively impact the quality of care. Using non-stigmatising, compassionate language is essential for providing more empathetic and effective support.

Traveller status

Adam's status as a traveller was not consistently recorded or considered by agencies. Whilst so called “new age” travellers are not recognised as a specific ethnic group in respect of equalities legislation nonetheless features such as difficulty to contact Adam potentially impacted on service delivery. The SAR recommends targeted health and safeguarding initiatives for the traveller community.

However, the SAR also recognised that Bristol has developed good practice in understanding the number, location, and public health needs of van dwelling travellers and that this foundation offers an opportunity to further develop.

Literacy issues

Adam was dyslexic and could not read written communication without support; the SAR identified insufficient recognition of Adam’s literacy capability.

Whilst there was no evidence of intentional discrimination, the potential for unconscious bias with individuals in similar circumstances to Adam was noted by the panel.

Self-Neglect

Adam lived an ‘off grid’ lifestyle with very little contact with agencies and services. His engagement was limited to health services, only engaging following a serious assault or after friends became increasingly concerned about him.

A key learning point from Adam’s case is the importance of recognising significant weight loss as a potential sign of self-neglect. Between April and December 2023, Adam’s weight dropped from 75kg to 40kg—a stark change that coincided with signs of severe physical decline, including cachexia and a large pressure sore. While this weight loss clearly indicated self-neglect, it also highlights the need to consider underlying factors, such as financial hardship and benefit sanctions, which may have limited his access to food and basic essentials. This reinforces the importance of a holistic assessment when identifying and responding to self-neglect.

Good Practice

The hospital made **proactive referrals** to the homeless team, dietician and substance use services in order **to provide a holistic care package** to Adam.

The **sharing of information** between Housing and Landlord Services and NHS services **took place effectively** relating to the initial hospital discharge and securing suitable temporary accommodation.

There was also good practice in how health professionals **shared information** to Adam to support his diet. Recognising barriers like dyslexia and literacy issues, they used QR codes in letters to provide **accessible digital resources**, showing a person-centred and inclusive approach.

Both the **Mental Health Liaison Team** and the specialist **Drugs Team** saw Adam in the hospital ward which was highlighted as **responsive to his needs**.

An **Independent Mental Capacity Advocate (IMCA)** was appointed when Adam was incapacitated due to his condition which **allowed Adam's voice to be heard**, considered and recorded in relation to his care.

Recommendations

Recommendation 1 – The KBSP to submit a copy of this review to the Advisory Council on the Misuse of Drugs who are responsible for the classification and scheduling under the Misuse of Drugs Act 1971 (currently reviewing Ketamine classification).

Recommendation 2 – Bristol drug and alcohol partnership to ensure practitioner briefing in relation to ketamine and its harms are made available as part of the dissemination of learning from this review and to include key messages such as those from the Stigma Kills NHS campaign.

Recommendation 3 - Bristol City Council Public Health are recommended to work with the local provider Horizons, and the acute Trusts, to improve pathways of care into treatment (including face to face assessments) who present with significant drug use issues and are not currently in treatment.

Recommendation 4 – Bristol City Council Public Health to explore the opportunities to capture ketamine use and trends as part of any future drugs needs assessment work.

Recommendation 5 – That the KBSP partners engaged in this review each identify a single point of contact to lead on GRT issues within their organisations to enable multi-agency public health, welfare and safeguarding work with the traveller and van dwelling community.

Recommendation 6 – KBSP partner agencies involved in this SAR to review the current reasonable adjustments in relation to client literacy and preferred communication to ensure these remain up to date and appropriate.

Recommendation 7 – That KBSP circulate a key lessons learning briefing to all partners for dissemination with relevant frontline staff.

Support

Traveller support

The Bristol Gypsy, Roma and Traveller (GRT) Team provide support for health, education, finances, places to live, practical tasks, legal support and drop in centres which can be found at **www.bristol.gov.uk/grt-bristol**

There is an advice line run through **Friends, Families and Travellers: Working Towards Equality** open Monday to Friday, 10am to 4:30pm on **01273 234777**

Drug and Alcohol Support

Bristol Horizons is the new drug and alcohol partnership supporting adults and young people with their substance use concerns or for those affected by others substance use.

Professionals can refer or anyone can self refer at **www.horizonsbristol.co.uk**

Literacy support

Read Easy Bristol offer free confidential one to one reading coaching to adults who want to learn to read. This can be adults who are illiterate, lack confidence in reading or adults with additional needs such as dyslexia.

They also offer volunteer-led community groups.

Find them at **https://readeasy.org.uk/** or call **01388 435021**

Where to find us:

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www.bristolsafeguarding.org