

## Case Study – Howard

The following case study illustrates how these core messages relate to good practice as well as that can happen if these messages do not inform practice (see Safeguarding Adult Review <http://www.iowsab.org.uk/wp-content/uploads/2019/01/2880-IoW-SAB-Howard-SAR-FINAL-FOR-PUBLICATION.pdf>). Issues at the heart of situations like this are explored in greater depth in section 3 of this framework.

### Case outline

Howard is in his early fifties. He has been homeless for several years, either side of a short custodial sentence following a conviction for fraud. As a result of the proceedings that led to that conviction, he lost his home and his employment. He has been homeless ever since, living mainly in bus shelters, but with some sofa surfing, occasional stays in hostels for people recovering from substance misuse and some use of a night bus.

Howard has a long history of alcohol abuse. He has been unable to stop drinking when accommodated in hostels, as a result of which he has had to leave. He also has a heart condition for which he is prescribed medication. He has had several hospital admissions, again either side of his custodial sentence, because of chest pain. He has been assessed by housing authorities as not being owed a rehousing duty as a homeless person.

On many occasions ambulance crews and police officers have been called to assist Howard. Sometimes on these occasions he has been intoxicated and/or incontinent. He often appears unkempt. He frequently refuses their assistance, even when he has been the victim of financial and/or physical abuse from people he associates with. There is evidence that his money and/or his medication have been stolen. Ambulance crews and police officers are concerned that Howard is unable to manage his personal needs and that he is at risk of abuse and neglect, including self-neglect. GPs who know Howard have been concerned about the difficulties tracking his compliance with medication, because of his homelessness, and have also diagnosed depression.

When ambulance crews and police officers have suggested a referral to Adult Social Care for assessment and/or safeguarding, Howard has often declined. On most occasions at these times the professionals involved have respected Howard's wishes, believing that he has decisional capacity. However, the increasing number of incidents have prompted the sharing of concerns as it appears to those involved during these incidents that Howard has care and support needs and is unable to protect himself.

*Taken from ADASS/LGA - Understanding what constitutes a safeguarding concern - September 2020*