

## **Case study title: Alcohol related anti-social behaviour (ASB) and adult safeguarding**

### **Description of initial problem**

In November 2016 Mr A was referred to the Community Safety Casework Team (CSCT) by the Business Crime Reduction Partnership (BCRP) due to reports of him being drunk and disorderly and abusive towards staff in shops and libraries in Hove which had led to him being banned from these premises.

Mr A was living in Housing Association accommodation and there had been reports of Mr A regularly being intoxicated and noisy, and knocking on neighbours doors during the night. It was also reported that a young homeless male was living with Mr A.

### **What was done initially**

CSCT initially requested Police research to gauge a level of the reports and incidents received over the previous 6 months. This showed us 25 reported incidents of ASB between June 2016 to November 2016 to Police and ambulance service.

A multi-agency meeting was held involving the CSCT, Police, Adult Social Services, Mr A's landlord, BCRP, and Pavilions, the local Drug and Alcohol Service. A number of actions resulted from this meeting:

- Southern Housing wrote to Mr A warning him that further disturbances could lead to tenancy action.
- BCRP clarified which businesses Mr A was banned from.
- CSCT conducted a joint visit with Pavilions and an assessment of Mr A's substance misuse was done, and Mr A was offered support regarding his alcohol use.

Adult Social Services were tasked to update the group in identifying any known mental health concerns. Information received suggested that Mr A had a history of anxiety and depression and had very minimal input from mental health services and nothing since 2010.

It was agreed that all agencies would exchange details of visits/relevant information whilst working with Mr A to further assist each-other to support any future interventions with him.

The CSCT caseworker began regular engagement with Mr A and worked to address his ASB and support him to access the support Pavilions were able to offer. During these initial meetings it was identified that the homeless person living with Mr A was financially abusing him & stealing personal items. Further enquiries discovered that this person was known to Police and posed a risk to Mr A, and an adult safeguarding alert was raised. The safeguarding team felt that Mr A did not meet their criteria for input and made the following suggestions;

1. Report the incident to the Police

2. Discuss with Southern Housing banning the individual from the block of flat/ and or providing Mr A with an acceptable behaviour contract which involves this individual not residing in his accommodation.
3. Refer Mr A to Multi Agency Risk Assessment and Tasking (MARAT) meeting for discussion

### **Next steps and ongoing casework, case-management and case co-ordination**

During December, the CSCT received information that Mr A was behaving anti-socially in a local church, and negotiated appropriate times & dates for Mr A to visit the church if he addressed his behaviour.

Mr A also pleaded guilty to a sexual assault offence committed in July 2016. His concern about the potential sentence caused Mr A's alcohol use to increase and his personal care to suffer. Mr A was not eating and remained at risk from his regular visitor who had invited several other unknown persons into his home.

The landlord continued to receive reports of ASB in the block where Mr A lived. The homeless visitor was banned from the property and an Acceptable Behaviour Agreement (ABA) was agreed by Mr A with the following conditions i.e.

- not allowing visitors to cause a nuisance
- not allowing visitors to sleep/stay in the flat overnight
- not banging on neighbours doors
- continued engagement with Pavilions and other support agencies

The CSCT caseworker continued to accompany Mr A to his appointments with Pavilions.

In December 2016 Mr A was admitted to hospital due to being found unconscious in the street and suffering a number of alcohol linked illnesses. During his time in hospital, his accommodation was taken over by the visitors and other drug users and smashed up. A further Safeguarding Alert was raised and a social worker was allocated to investigate the concerns around the financial abuse. The landlord changed the locks to the flat and provided support and regular updates to neighbours who feared that the problems were likely to start again. As it was, Mr A was to spend the majority of the next 6 months in hospital.

In March 2017 Mr A attended court and was sentenced to an 18 month suspended sentence and 10 years on the sex offenders register, and was allocated a Probation Officer and a Violence and Sex Offenders Register (VISOR) Officer. His case was also discussed at the MARAT meeting to ensure that plans were in place for when Mr A was discharged from hospital.

In April 2017, Mr A was diagnosed with Korsakoffs syndrome which is a chronic memory disorder caused by chronic alcohol use. As it was felt that Mr A lacked the mental capacity to make decisions regarding accepting medical treatment and kept leaving the hospital therefore putting his health at significant risk he was made the subject of Deprivation of Liberty (DoLS) restrictions to ensure that he stayed in hospital and received treatment. The CSCT caseworker referred Mr A for supported

accommodation but due to concerns about his mental capacity it was felt that his needs could not be met in supported accommodation. As a result of this it was decided that Mr A would enter residential care upon discharge from hospital as this was felt to be the only appropriate accommodation for him.

In May 2017, due to Mr A's presentation and erratic and unusual behaviour, Mr A was sectioned under the Mental Health Act and his care was transferred to Millview Hospital. Mr A is currently responding well to medication, is more settled and a discharge care plan to residential care is being devised.

## **Difficulties and challenges**

Progression with this case has been slow and challenging due to the changing nature of Mr A's circumstances.

Mr A was not eligible for emergency accommodation as this put his secured tenancy at risk so was declined. This initially left a vulnerable male living independently and at risk of being abused again financially or otherwise.

Mr A's only known associates are other substance misusers, which influences his alcohol use and associated anti-social behaviour.

Mr A would regularly leave hospital putting both his physical & emotional welfare at risk.

Mr A has no family or support network living in this country and is therefore reliant upon professionals to support him.

## **Learning/observations**

At times during this case, eight professionals from different services were supporting Mr A, with the CSCT caseworker co-ordinating this work. This co-ordinated approach has allowed Mr A to access the services required to reduce the harm caused to others i.e. Community Safety, and to improve his quality of life i.e. Adult Safeguarding and medical services.