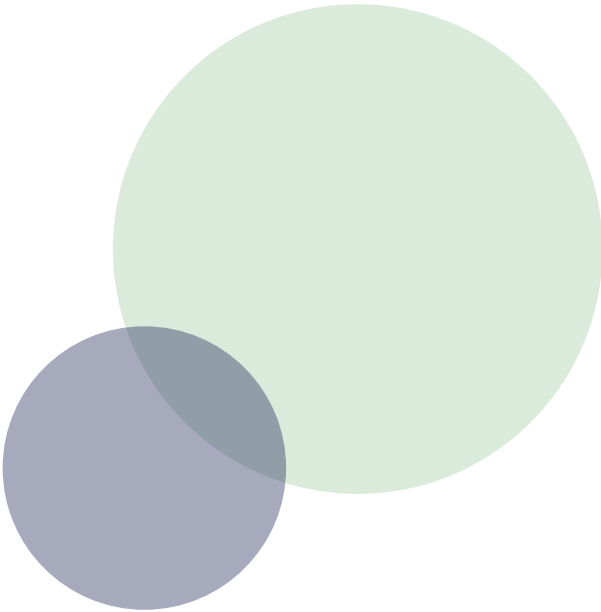




Tayside Practitioner's Guidance:



Alcohol And Safeguarding



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Introduction

This practitioner's guidance has been developed to assist practitioners responding to people with alcohol dependence issues who may also present safeguarding concerns, in terms of risk(s) to themselves and/or others.

This guidance is for all practitioners working across the public, private and third sectors in Tayside, particularly those who do not work in agencies specialising in supporting people with alcohol issues.

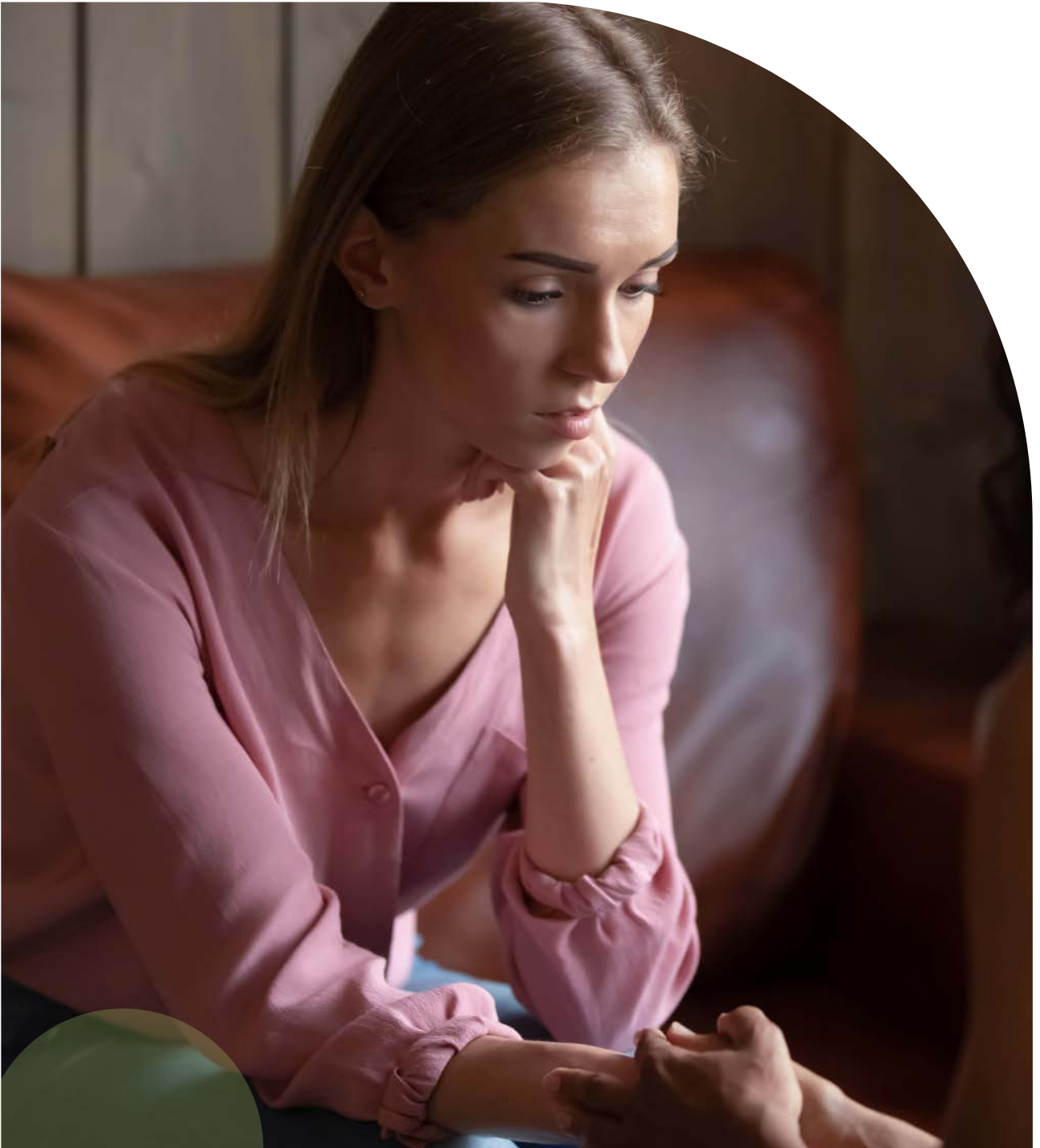
Context

'Not all people with substance dependencies....will be considered at risk of harm under the Adult, Support and Protection (Scot) Act 2007. However, many such people will find themselves leading difficult and at times chaotic lives' (Adult Support and Protection (Scot) Act, Code of Practice 2022, p 22).

Many non-specialist agencies will have contact with these risky and potentially vulnerable members of the community, some of whom may wish help to change their drinking and can be supported to access specialist help. However, if someone does not perceive their drinking to be problematic, they can be denied support more broadly, effectively perpetuating the exclusion of those who are already most socially marginalised, (Ward and Homes, 2014).

This issue has been highlighted in local Significant Case Reviews (e.g.P19) and is also a national theme. For example in 'Learning from tragedies', alcohol-related Safeguarding Adult Reviews carried out in England in 2017 were analysed; the report produced by Alcohol Change UK (2019) highlighted a need for services to adapt to support people with multiple complex needs in addition to alcohol misuse including mental health problems, chronic physical health conditions, neurological conditions caused by alcohol, self-neglect, exploitation by others, unfit living conditions and experiences of a past traumatic event (Alcohol Concern UK, 2019).

'Recovery is a journey for people... away from harm and the problems they experience' (Scottish Government, 2018); this is very much an individual process, with a focus on reducing risk. Abstinence may be the goal of some individuals but people should not face judgement if they find a different type of recovery aim.



Aims Of Guidance

Increase awareness of how to recognise and respond to people who have alcohol dependence issues

Provide guidance in recognising safeguarding issues including risk to self and/or others

Increase awareness of how to respond should you have safeguarding concerns, including when and how to make an adult protection referral

Increase awareness of relevant legislation and how this may be of value in supporting people with alcohol dependence issues.

Case scenario based on a composite of real situations; this will be referred to in order to make the guidance more meaningful:

Lisa is a 39-year-old woman who lives alone. The Local Authority have received complaints regarding noise from Lisa's property and younger people frequenting her flat.

Not much is known about Lisa's early years but she spent time in foster care as a teenager. She had a child removed from her care in her mid-20s. Concerns at that time were domestic incidents between her and her partner, with Police recording all incidents to involve alcohol. Lisa refused to engage with professionals then and denied having an alcohol problem.

The GP is aware of Lisa presenting to A&E twice in the past 12 months where she was noted to be unkempt and smelling of alcohol. On the last occasion, Lisa was asked to attend the fracture clinic for further review which she failed to do. The GP notes that Lisa has not attended for any routine health screens despite letters inviting her to do so. Lisa was prescribed antidepressant medication a few years ago however did not re-order the prescription and treatment discontinued.

Housing Officers visit Lisa and manage to gain entry to the property. The flat is cold, strewn with empty alcohol bottles, and there is damage to internal doors and walls. There are multiple cigarette burns to the carpet surrounding the sofa. Lisa seems worried that she has come to the attention of services and refuses referral to alcohol services saying she doesn't want to stop drinking. She reports that her friends sometimes visit to have a few drinks with her. She thinks her neighbours have it in for her.

Is this example, or parts of it, familiar to you? Keep it in mind when reading the rest of the guide.

Things to consider when supporting someone like Lisa:

All agencies have a role to play in safeguarding adults who are using alcohol and may be at risk or harm or are coming to harm. This should not be considered the sole responsibility of the specialist recovery team.

Each person is different and the advice they need may vary; a person-centred approach is vital. However, this section of the guide provides an overview of the **key**

issues which should be considered by all practitioners supporting someone who is using alcohol:

- It can be helpful to establish the level of alcohol dependence to formulate an adequate support plan for the person.
- Encourage someone to keep a record of how much they are drinking. Alternatively, a person might keep empty cans or bottles to support them with calculating their average daily alcohol intake. This might work as a strategy with Lisa.
- Explore whether the person is experiencing alcohol withdrawal symptoms e.g., shakes, sweating, nausea, anxiety, insomnia and also seizures and hallucinations (do they hear/see things that are perhaps not there?). Remember it can be dangerous to stop drinking suddenly so don't encourage drastic change straight away.
Also remember alcohol has served a function for people, for those who have come to rely on it. It may have helped, and continue to help, Lisa cope and survive with intolerable situations.
- Supporting the person to see their GP could be helpful. Their GP may:
 - Conduct a full physical health assessment
 - Prescribe vitamin therapy to offset risk of malnutrition and cognitive decline
 - Assess whether alcohol is reducing the effectiveness of prescribed medication
 - Consider the suitability of medications to support reducing alcohol intake
- Those who are drinking are less likely to eat well. This can affect physical health and increase the damage caused by alcohol use. Does Lisa have food in the cupboards and cooking facilities? Support the person by:
 - Prompting and reminding them to eat at regular intervals particularly when drinking.
 - Identifying quick and easy meals and snacks. Remember, it may not be safe for someone to cook when under the influence.
 - Offer support with shopping or explore the suitability of a meal delivery service to ensure the person has access to food at home.
- Those who are under the influence may present a higher risk in terms of fire safety.
 - Suggest a home fire safety assessment via Scottish Fire and Rescue Service to ensure smoke alarms are in good working order and heat detectors are fitted where appropriate.
 - If the person is a smoker, you might also want to discuss the use of fire-retardant blankets and bedding. The risk of smoking in bed and whilst lying down should be fully explored. A plan should also be developed for the safe disposal of finished cigarettes.
 - Consider the use of timers when cooking. Discourage cooking methods which pose a greater risk of fires, for examples deep fat fryers and chips pans.

- Support the person with regular clearance of rubbish around the property. Remember that if a fire were to occur, rubbish will fuel the spread of this throughout the property.
- Discourage the use of open flames when drinking, for example candles and incense burners.
- It is important to consider practical hazards around the home where someone is routinely drinking. Remember to consider:
 - The risk of trips and falls particularly if they are required to use stairs outside or within the property. Someone who drinks heavily may have developed mobility issues associated with nerve damage. Ensure windows have appropriate safety catches to minimise the risk of accidents. Consider a referral to Occupational Therapy for potential aids to enhance safety.
 - That any animals within the home are being adequately cared for.
 - The person's ability to wash safely when drinking particularly if they are using the bath.
 - The risk a person may pose if driving and any action that may be required to reduce risk to public safety.
- Those who are alcohol dependent are at higher risk of abuse and exploitation. In addition, they may pose risk to other vulnerable individuals who live at home or may be visiting the property. Are there any 'red flags' mentioned in Lisa's scenario?
- Would the person benefit from the offer of advocacy to help them express their views? This can take the form of Peer Independent Advocacy, for people whose lives are being affected by drugs or alcohol use, and can include support to understand rights and options.
- It is important to consider:
 - Who is regularly visiting the property and for what purpose? This may include children and grandchildren, friends, neighbours and associates. Consider whether the person is responsible for the care of any children or vulnerable individuals.
 - How alcohol is being purchased and whether other individuals have access to finances or bank cards.
 - Whether the person has a history of violence or has been a victim of abuse in the past.
 - If the person has any concerns for safety and how well they feel they can safeguard their home, belongings, and assets.
 - Remember, not everyone will feel able to report concerns for their safety. It is important to fully explore whether the person is at risk of exploitation e.g., sexual exploitation or financial abuse.

This is where having some legal literacy is important.



The Adult Support And Protection Act (2007)

Someone who has a problem with alcohol, is likely to have other issues such as perhaps a history of traumatic life experience. This can impact their ability to safeguard (do they have the skills, means and opportunity to keep themselves safe?) and may mean they are more likely to experience harm. The impact of alcohol dependence can also result in for example, physical/mental infirmity, serious physical health issues such as liver disease, peripheral neuropathy (nerve damage) and alcohol related brain damage.

This combination of issues means they may be an 'adult at risk' under the Adult Support and Protection (Scotland) Act (2007).

An 'adult at risk' is defined as someone aged 16 years or over who:

- 1 May be unable to safeguard their well-being, rights, interests, or their property.
- 2 Are at risk of harm.
- 3 May be more vulnerable because of a disability, illness or mental disorder are more at risk of being harmed than others who are not so affected.

If you think someone you are working with might meet the above definition you must make an Adult Protection referral to their Local Authority, in addition to considering what you can do to help them mitigate risk.

Make sure you are aware of the procedures in your area for making an adult (and child) protection referral.

Also keep in mind the possibility of someone having alcohol-related cognitive impairment:

Having some particular awareness of how alcohol-related brain damage may present is particularly important when trying to support people with alcohol issues.

The frontal lobes of the brain can be damaged by any form of acquired brain injury including use of alcohol and substances.

This type of damage can be expressed in impaired executive functioning or 'executive dysfunction', reflecting a range of cognitive, emotional and behavioural difficulties. People may struggle with attention, concentration, working memory, weighing up options and regulating behaviour as well as emotions.

Declining executive functioning can be masked by preserved language and verbal reasoning skills, so much so that a person may appear remarkably unimpaired; 'good in theory but poor in practice' (George and Gilbert, 2018).

A hallmark of frontal lobe damage is lack of insight into the nature of difficulties. Even during occupational therapy assessment, a person may be well able to perform tasks when externally prompted by an assessor but lack the ability self-initiate those tasks when not cued to do so.

Again, some legal literacy is important here. **The Adults with Incapacity (Scotland) Act 2000** allows provisions for protecting the welfare and finances of adults who are unable to make decisions for themselves because of a mental disorder or an inability to communicate. It allows other people to make decisions on behalf of these adults about things like: arranging services.

'The starting point for assessing someone's capacity to make a particular decision is always the assumption that the individual has capacity' (Mental Welfare Commission). However, a risk of failing to take into account potential executive functioning impairment is people can be deemed much more competent and self sufficient than they actually are.

Brain damage resulting in executive dysfunction can mean a person may make a decision in absence of understanding of their limitations and ACTING on this decision in real life terms is often unlikely, (something that cannot be accurately assessed in a clinical interview

It may be assumed that people are actively choosing not to accept support and engage with services. Professional Curiosity is crucial here! This means looking, listening, asking direct questions, checking out and reflecting on information received; avoiding taking a single source of information and accepting it at face value.

If you think you are trying to support someone who might have alcohol-related cognitive impairment then it is vital to alert their GP and specialist services. A potential barrier here is the person you are supporting may not agree they have difficulties and so may not wish you to share your concerns. In this case, it is important to seek further advice, perhaps from your manager. Doing nothing is not appropriate or safe.

If we relate this to Lisa, consider how she may view services/authority; have things been 'done to her'? Might she fear the consequences of you telling others about her situation? How might you go about building trust?

Potential Barriers/Obstacles To Engagement

Some of the barriers for people accessing services and for the non-specialist services who may be working with people who use alcohol on a daily basis; remember, no-one sets out to have a problem with alcohol. How might you avoid or overcome these obstacles?

From the perspective of someone thinking about accessing support:

- It may be anxiety provoking to receive an appointment letter (NB have you considered literacy issues?) requesting they travel to an unfamiliar place to meet a stranger. Office/clinic appointments do not suit everyone; a person's preference should be considered – workers need to think bigger than home or office; some people might prefer a coffee and a walk/sit in the car. Safety for workers does need to be considered but should not prohibit a flexible approach. What time of day would be most suitable?
- If a joint home visit is to be carried out this should be advised prior to the appointment; ideally this would be with a worker that the person knows to make introductions
- Consider potential impact of trauma and past experience – person may have had input with services before and found processes meant they had to repeat their story. This was likely distressing and frustrating. This may have contributed to a view that no help was received and so they gave up attending. Make sure there is a clear plan at the end of an appointment – when/where the next appointment is and what you and the service user plan to do prior to then.
- Might people have concerns regarding sharing of information with services such as Social Work dept or DVLA? Any such requirement must be made transparent from the outset, along with the support available to deal with this.
- Is the person sofa surfing or not staying at their home address? This possibility must be factored into initial attempts to make contact and assertive and creative approaches considered prior to thinking about case closure.
- Might there be perceived stigma of working with a specialist alcohol service? What if the alcohol service does not consider the broader issues such as housing?

From a service or agency perspective:

Person may deny they have a problem and says they don't want help – People who have issues with alcohol will frequently deny that they have a problem and reject help. This may be in context of a history of trauma. They may have impaired executive functioning and lack insight into their difficulties. Taking things at their pace is likely to be crucial.

Person appears to be choosing to live like this – Do you understand their decision-making process? Have you ruled out impaired cognitive functioning? No-one chooses to live without safety and basic comforts.

Person has capacity and so is choosing this lifestyle – a person can be vulnerable or self-neglecting but retain decision making capacity. This does not mean they don't deserve assertive attempts to help. No one chooses to live in squalor, be exploited or live in a property that is infested with insects. A person can have

capacity to make specific decisions but lack the ability to safeguard.

There is no legislation to cover alcohol dependency – as mentioned, the Adult Protection (Scotland) Act 2007 can be a vital piece of legislation, and the Adults with Incapacity (Scotland) Act 2003 may also be relevant. In addition, it may be appropriate for specialist services to consider use of the Mental Health (Care and Treatment) (Scotland) Act 2003 at times.

This may be applicable to people who have, or appear to have a 'mental disorder'. Local authorities have a duty to inquire into the situation of a person who appears to have a mental disorder who is living in the community. This duty to inquire is triggered, for example where that person is suspected of being at risk of neglect or ill treatment, where the patient is living alone or without care and where their property may be at risk or suffering loss or damage because of their mental disorder.

A 'mental disorder' can include any mental illness, personality disorder, or learning disability however caused or manifested. A cause of mental disorder can be alcohol use, and people with alcohol dependence can have separate but co-occurring mental disorders. Alcohol Related Brain Damage is also a diagnosable 'mental disorder'. If you feel any of this is relevant to the person you are supporting please seek specialist advice.

A person cannot be assessed if they are intoxicated at their appointments – assessments should reflect multiple sources of information e.g., past records, multi-agency and family contact, with consent of person. Also, make attempts to meet with the person when they are less inebriated e.g., visit earlier in the day.

Assessment is impossible if the person is choosing not to attend – Workers should attempt to meet with the person at a time/place that is suitable for them. Expecting a person to attend an unknown place with a stranger can be anxiety producing, especially if someone has a trauma history. Try making phone contact, use text messaging, contact via other agencies already involved.

Mental health issues go away when the person is sober – Mental Health issues often go away/reduce however this does not mean that the person does not have issues with their mental health and some sort of short-term intervention during periods of abstinence may be invaluable.

Let's reconsider Lisa's situation.

You are one of the housing officers visiting Lisa, in a context of complaints received by the Local Authority. Her home appears cold and in disrepair. Remember, no-one actively chooses to live without basic comforts. How might you communicate concern and an open, willingness to support? Lisa has allowed you into her home; aim to be courteous, warm and non-judgemental, as per practice with any other member of the public.

It will help to be clear and transparent about the reason for your visit, your role, what you can do, and where you might need to get advice or pass on concerns. Reassure Lisa that you will discuss any action you may need to take with her in the first instance. Avoid making judgements or assumptions based on previous experiences/cases and making promises you cannot keep.

Remember, the role of alcohol in peoples' lives is complex – particularly people who come to the attention of services – it can cause, contribute to, and be a consequence of other risk factors. Alcohol is rarely the sole factor where harm occurs.

So, aim to understand Lisa's situation as widely as possible, then where alcohol fits in and the impact of it. Keep in mind, your priorities and concerns may not be those of Lisa.

Do –

- Ask Lisa about how she is living; what does a typical day look like? How does she manage to wash, cook, shop, manage her finances?
- Is there gas and electric supply to her property?
- Ask who is around for Lisa? How long has she known them? How often do they visit and is there a pattern? What do they visit for? Does she do anything for them/provide them with anything?
- Use open questions, for example, “Tell me about...” or “What would you change if you could?” or “What gets in the way of you doing.....?”
- Ask if she feels safe in her current situation. If not, why not?
- Look around the property if permission is given.
- Approach the subject of alcohol use – how much is she drinking, and does she have any worries about it? What happens if she doesn't drink alcohol?
- Ask specific questions about alcohol-related health – stomach problems, seizures, falls, pains, memory issues.
- Ask about contact with services including GP.
- You will likely need to mention the complaints but keep in mind, public safeguarding issues must always be the priority.

Don't –

- Assume 'normal' routines – does she go to bed; does she have a bed?
- Rely only on what you are told – does this match with what you are seeing?
- Be too quick to 'fix' things or offer solutions

More broadly, remember –

- Recovery is different for everybody. Ideally people most at risk of alcohol-related harm would stop or reduce their drinking but this is not always realistic.
- We should challenge the notion 'that nothing can be done' due to the impact this has on a vulnerable group, those around them, and public services.
- Even where people are resistant to change we can *work to build motivation *and work to reduce harm or manage risk.

Myths:

- A person cannot be assessed if they are always intoxicated
- If a person has capacity, there is nothing we can do
- Mental health services don't need to assess if a person's main issue is alcohol use
- Alcohol dependence is a lifestyle choice
- There is no treatment for vulnerable dependent drinkers

Conclusions

This guidance has highlighted that presence of alcohol use is an important factor in vulnerability and risk. A thorough understanding of how to work with this service-user group is required to respond to these needs and protect those who are using alcohol from harm. It is important to remember that this duty falls to all practitioners and may not lie primarily with specialist recovery services.

Important Points to Remember

- **We need to believe in the potential for change** - Change is always possible. Without this, we reinforce an individual's feelings of helplessness. Promoting self-belief is crucial.
- **We need to meet the individual where they are** - Individuals may not wish to make a change to their drinking. An individual does not need to be abstinent for workers to support with reducing risk and improving quality of life. Where change is not indicated, we can focus on managing the risk of harm.
- **We need a holistic approach** - alcohol use rarely exists in isolation. It is important to remember the individual is presenting with a range of needs and we should not focus solely on their alcohol use.
- **We need to take every opportunity** - Ongoing support and access to recovery forums is crucial to ensure that when windows of opportunity do arise, the individual can be supported to make positive changes. Having some legal literacy may help achieve this. Adult Protection, Mental Health and Incapacity legislation is a complex area of practice; however, the Acts do make provisions for inquiring into, intervening in and safeguarding vulnerable, mentally disordered and incapable adults who may be alcohol dependent. If you come into contact with people to whom these pieces of legislation may be applicable to then specialist advice should be sought.

Finally, remember Self Care

We recognise working with those who use alcohol can be demanding for practitioners. The existence of multiple risk factors, low motivation and working with resistance can be challenging. It is important to be mindful of this to avoid burn out. Managerial and peer support can be useful as well as prioritising self-care.

Useful Links

ASPSA Code of Practice

<https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-code-practice-3/documents/>

Working with Change Resistant Drinkers.

The Project Manual The-Blue-Light-Manual.pdf

Blue Light Project Manual

<https://alcoholchange.org.uk/help-and-support/training/for-practitioners/blue-light-training/the-blue-light-project>

Learning from Tragedies.

An analysis of alcohol-related Safeguarding Adult reviews published in 2017.

<https://alcoholchange.org.uk/publication/learning-from-tragedies-an-analysis-of-alcohol-related-safeguarding-adult-reviews-published-in-2017>

Learning from tragedies.

An analysis of alcohol-related Safeguarding Adult Reviews published in 2017.

ACUK_SafeguardingAdultReviews_A4Report_July2019_36pp_WEB-July-2019.pdf

P19 Significant Case Review report

https://www.angus.gov.uk/media/p19_significant_case_review_report_pdf

Tayside Practitioner's Guidance: Resolution and Escalation Arrangements

<https://www.angus.gov.uk/sites/default/files/2020-07/Resolution%20and%20Escalation%20Arrangements.pdf>

Professional curiosity guidance: Professional Curiosity.

<https://www.angus.gov.uk/sites/default/files/2021-02/Tayside%20Professional%20curiosity%20%20guidance%20Nov%202019%20%282%29.pdf>

Sources Of Advice Around Public Protection

Angus ACCESSLine 03452 777 778

Dundee First Contact Team 01382 434019

Perth and Kinross Access Team 03453 011120

NHS Tayside Adult Protection Team 01738 562471

Police Scotland 101

If you believe a child or adult is at immediate risk of harm contact the police on 999