Gloucestershire
Safeguarding Adults
Board

# Safeguarding Adults Homeless Fatality Rapid Review

# Arlo and Paddy

**Date of Completion: October 2025**

**Reviewer: Sarah Jasper and Neil Coles**

## Purpose of the review

This review is designed to learn from the below case, the following principles were applied:

- A culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of adults.
- Aims to identify opportunities to draw on what worked well and promote good practice and what could have gone better and learn from them.
- Seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight.
- Makes use of any relevant research and case evidence to inform the findings.

## Methodology of the review

This review will be conducted using a 'signs of safety' learning model and will ask the following questions:-

- What went well? (Good Practice Identified)
- What were we worried about? (Barriers)
- What is the learning for future cases? **(Recommendations)**

## 1. Introduction

1.1 This Rapid Review, conducted on December 10th, 2024, focuses on the lives and deaths of two men, Arlo and Paddy, who were rough sleeping at the time of their deaths. The review aims to identify good practices, barriers, and areas for improvement in supporting individuals experiencing homelessness.

## 2. Arlo

2.1 Arlo was described as a resourceful and honest individual, known for his kindness to others. Despite his strengths, Arlo faced significant challenges. He had a history of severe trauma in childhood, including the loss of two of his siblings in a house fire, after which he was placed in care. He had serious substance misuse issues, which he reported started at age 9, and as an adult he was a heavy user of substances, including alcohol and crack. His distrust of professionals and anti-social behaviour made it difficult for staff to engage with him effectively. Arlo's repeated failures in the housing system and lack of stable accommodation further exacerbated his situation. Arlo had frequent contact with the Police and he reported that he would try to use the

criminal justice system to get accommodated in prison or would turn up at hospital for the same reason. He was identified as a high intensity user at Great Western hospital in Swindon.

2.2 He reported to professionals that he had a diagnosis of Schizophrenia and this found its way onto his medical records as a result, however this was self-reported and his actual diagnosis was confirmed as Emotionally Unstable Personality Disorder.

2.3 Arlo was found deceased on the streets in Swindon just under a month before his 40th birthday. The cause of death was confirmed as Sudden Unexpected Death in Alcohol Misuse (SUDAM), chronic alcohol exposure and intravenous drug use.

## 3. Paddy

3.1 Paddy, as he was affectionately known, was well-known in the homeless community for his kindness, resilience, and strong will. No information about his childhood was available at the time of the review meeting. He was reported as being a good friend to other homeless people, encouraging them to engage with Housing or going with them to appointments. He was motivated to make changes and wanted to live a “normal” life, however, despite overcoming a heroin addiction, he struggled with alcohol misuse and worsening mental health, including hearing voices. He made attempts at rehab but arrived intoxicated due to feeling nervous and it fell through; he self-referred to Via, the drug and alcohol service, but his engagement was reported as sporadic. He came into frequent contact with the criminal justice system with 199 police records from between 1996 and 2024; latterly these were related to theft, assault and harassment and breaches of injunctions.

3.2 Paddy was found deceased, aged 48, in a multi storey car park in Gloucester. The cause of his death has been confirmed as aspiration of gastric contents; acute alcohol intoxication; chronic alcohol abuse. Paddy has an adult daughter from a relationship which ended in 2018.

## 4. Paddy’s family

4.1 Paddy was fortunate to receive a great deal of support from David and Susan, members of his family. They very kindly agreed to meet with me and gave some valuable insights into Paddy’s life.

4.2 Susan described Paddy as having a heart of gold, while David emphasised that early intervention could have made a significant difference in Paddy’s life. David said that Paddy's involvement with drugs began at a young age, starting with weed and progressing to heroin. This led him into a life of crime to support his addiction. Paddy’s parents were quite old when they had him, and as the youngest of four children, they found him difficult to control. His criminal activities included stealing cars to attend raves, and he spent 15 years in and out of prison.

4.3 An important turning point came when the mother of Paddy's daughter, gave him an ultimatum. Paddy managed to get off drugs and alcohol, securing jobs first as a brewery driver and then on building sites. However, the loss of his parents within six

months of each other in 2015 caused him to relapse. David and Susan lost contact with him for about six years until Susan insisted on checking on him. They found him and brought him to stay with them, but he struggled to balance his life with them and his concern for his homeless friends.

4.4 Paddy's mental health crises were a significant challenge. David and Susan felt he received poor treatment at times when he attended hospital, where he was often the last to be seen and they felt he faced judgemental comments. Despite his struggles, Paddy always wanted to help others. On one occasion, he took Susan into town with him to assist a woman having a miscarriage in getting health care.

4.5 Paddy's relationship with his partner, was tumultuous and contributed to his mental health issues. Although Paddy stopped using heroin, he continued to mix his opioid treatment with spice, a substance similar to heroin. He briefly entered rehab in Weston-Super-Mare but left due to the strict rules.

4.6 While staying with David and Susan, Paddy did not take drugs, and they were able to negotiate with him. However, he struggled with rules and preferred flexibility. David and Susan felt that the support services available to him were insufficient, with only one hour of support per week from Change Grow Live (now Via). Additionally, his having somewhere to stay thanks to David and Susan sometimes meant that he was then ineligible for other support.

4.7 Paddy's desire to help others was evident in his actions, such as giving away his food. He once said to Susan that he was "always busy", helping his friends who were also living on the streets. He had contact with his daughter, and they spoke weekly. However, David and Susan felt that the rigid nature of the support services and the lack of medium-level intervention created barriers for Paddy.

4.8 Despite the challenges, there were positive interactions. David and Susan praised one of the members of the Homeless Healthcare Team for her respectful and kind approach, which Paddy appreciated. She was able to get him to go to the hospital on a few occasions.

4.9 David and Susan felt that Paddy's life was marked by a lack of support and understanding from the system. He struggled with self-discipline and spent his childhood in various young offenders' institutions. David and Susan were the only family members who helped him, understanding his needs and providing support.

## 5. Good Practice Identified

5.1 Professionals demonstrated a strong understanding of trauma and worked in a trauma-informed way. This approach involved recognizing the complex histories and needs of individuals like Arlo and Paddy, who had experienced significant trauma in their lives. By understanding the impact of trauma on behaviour and engagement, professionals were able to provide more empathetic and effective support. This included being mindful of triggers, building trust, and creating a safe environment for individuals to share their experiences.

5.2 Multi-agency collaboration was evident through initiatives like the Blue Light Project and Complex Homelessness Partnership Support Service (CHPSS), which involved a multi-agency team including Mental Health Nurses, Psychology, Adult Social Care, and Occupational Therapy. Paddy had been the subject of a section 42 enquiry and multi-agency meetings were held.

5.3 Holistic support was provided by organisations like Acorn House, which offers 24-hour staffing and bespoke services tailored to individual needs. The dedication of the staff at Acorn House was described as fantastic by members of the review meeting, and the team working there focuses on understanding and trying to meet the needs of each person as an individual.

5.4 Gloucester City Mission provided a supportive environment where Paddy felt safe and well-supported with boundaries in place and is an example of how successful voluntary organisations can be when working with people experiencing severe and multiple disadvantage. People working at the Mission get to know individuals well and know what is going on in their lives. They can offer an important link between the person and statutory services in terms of supporting the person to receive support.

## 6. Common Themes and Barriers identified

6.1 Both Arlo and Paddy struggled with substance misuse and significant mental health issues, which complicated their ability to work with support services. Housing instability was a common challenge, impacting their overall well-being. Effective multi-agency collaboration was crucial but often inconsistent. Barriers to effective engagement were identified at interpersonal, inter agency and structural levels.

## 7. Interpersonal Barriers

### Arlo

7.1 Arlo had multiple Anti-Social Behaviour Injunctions and a history of criminal behaviour, which complicated his interactions with support services and often led to short-term solutions rather than long-term support. In addition, Arlo's ability to engage with support services was inconsistent, often influenced by his substance use and mental health state. This made it difficult for him to receive continuous and effective support in the usual way.

7.2 Arlo had multiple and sometimes conflicting diagnoses, including Emotionally Unstable Personality Disorder (EUPD), Schizophrenia, and ADHD. This created confusion among professionals, which remained unresolved, about the best approach to his care. It was noted that services depend on self-reports about a person’s diagnosis, which is not reliable.

7.3 Arlo's distrust of professionals, stemming from his traumatic past, made it challenging for him to build and maintain therapeutic relationships.

## 8. Paddy

8.1 Paddy's frequent changes in accommodation and periods of rough sleeping presented challenges for support services to maintain consistent contact and provide ongoing support. His behaviour, influenced by his substance use and mental health issues, sometimes led to aggressive incidents, which affected how he was perceived and treated by both the community and service providers. Service providers reported feeling “worn out” by Paddy’s behaviour towards them; it should be recognised that working with individuals facing multiple disadvantage can take an emotional toll on the staff trying to support them.

8.2 At service level, Paddy was often considered not to meet the thresholds for various services due to his sporadic engagement and the perception that his needs did not “fit” the services available, leading to gaps in support.

## 9. Interagency/ Structural Barriers

### Resource Limitations

9.1 Limited resources and high caseloads among professionals often lead to prioritisation of immediate crises over long-term support, impacting the quality of support provided.

## 10. Specialist Accommodation

10.1 A shortage of specialist accommodation with skilled staff to support individuals experiencing multiple disadvantage was identified as a significant barrier and the housing options available were often unsuitable for individuals like Arlo and Paddy. It was noted that accommodation is needed so that people have somewhere to go in a crisis situation, for example if an attempt at rehab doesn’t work out.

10.2 Both men were rough sleeping and were struggling to access the right accommodation to meet their needs; sometimes they were excluded or the accommodation provided was not the right environment for them. There is a chronic national shortage of accommodation, but this is not just a housing issue, the individuals had various complexities. Some of the Accommodation Based Support housing offered does not have skilled staff able to respond to the needs of the individual.

## 11. Multi-Agency Coordination

11.1 There were challenges in sharing comprehensive background information on Arlo and Paddy across different agencies and geographical areas. This led to gaps in understanding their full histories and needs. While multi-agency working was recognised as essential, there was no clear lead agency to coordinate multi-agency efforts, making it difficult to call and organise multi-agency meetings and ensure consistent follow-up, which hindered effective collaboration. Although there were interactions with various agencies, there was a lack of consistent multi-agency discussions and coordinated planning, particularly for Arlo. It was also noted that there

is a lack of a framework for multi-agency meetings outside section 42 enquiries under the Care Act.

## 12. Issues and recommendations arising from this Review

### Critical points in the person's journey

12.1 These points often relate to a crisis but sometimes arise when the person is ready to actively accept help and support or would benefit from statutory intervention (i.e. windows of opportunity). It would be helpful if contingency plans could be created, based on a shared understanding with the individual of what a window of opportunity may look like for them (Five Women SAR, GSAB 2021).

### Enhanced Information Sharing

12.2 The possibility of introducing a "passport" system was discussed for people facing multiple disadvantage. This system would capture and share multi-agency information which could improve continuity of care and reduce the need for individuals to repeatedly share their histories.

### Lead Agency Coordination

12.3 Establishing a lead agency to coordinate multi-agency efforts can improve communication and ensure that all involved parties are working towards common goals. The benefits of having a Multi-Agency Risk Management (MARM) framework were discussed, which would identify the appropriate agency to lead and co-ordinate the response. It is important to note that any professional can call a multi-agency meeting, and there is a need for individual professionals to take ownership.

12.4 Multi-agency working would need to continue after a MARM process had concluded and some type of "maintenance plan" would need to be in place to ensure that professionals do not 'lose sight' of people.

12.5 The importance of involving voluntary sector organisations in multi-agency work was highlighted, as it was noted in the review meeting that Via, Gloucester City Mission and P3 all developed good relationships of trust with Arlo and/or Paddy.

### Training and Awareness

12.6 Providing training for professionals on trauma-informed care and the complexities of substance misuse and mental health issues can reduce stigma and improve engagement with individuals like Arlo and Paddy. The Making Every Adult Matter (MEAM) approach, which Gloucestershire is now signed up to as a system, should assist with helping to embed the understanding and practice related to trauma-informed approaches, understanding the impact of trauma on individuals and how to work with them in a truly person-centred way.

### Continuity of Care

12.7 Multi-agency support often stopped after initial interventions, such as rehab attempts, failed. There was a need for continued support and a Plan B for services in case initial plans were unsuccessful.

**Community Involvement**

12.8 Involving friends, family, and the homeless community in the review process and support planning can provide valuable insights and foster a more inclusive approach to care.

**Thresholds for Services**

12.9 Both Arlo and Paddy were sometimes considered not to meet the thresholds for various services due to their substance use and sporadic engagement, leading to gaps in support. The MEAM approach is designed to help shape person-centred services that better reflect the needs of those facing multiple disadvantage.

**Referrals to Adult Social Care/Safeguarding Adults**

12.10 There was a perception among professionals that referrals to Adult Social Care would be turned down if individuals were using substances, which discouraged people from making such referrals. Also, Safeguarding referrals were not consistently made or followed up, particularly for Arlo, who was at high risk. This led to missed opportunities for support and protection.

**Recommendations**

1. **Enhanced Information Sharing:** consideration to be given to the implementation of a system such as a Passport, which could capture and share multi-agency information to improve continuity of care and reduce the need for individuals to repeatedly share their histories.
2. **Dedicated Resources:** Commissioners and providers to consider allocating dedicated resources for specialist accommodation and support services which can ensure that individuals facing multiple disadvantage receive appropriate and consistent care.
3. **Training and Awareness:** Providing training for professionals on trauma-informed care and the complexities of substance misuse and mental health issues can reduce stigma and improve engagement with individuals like Arlo and Paddy.
4. **Introduction of a Multi-Agency Risk Management framework (MARM):** this will provide a framework for professionals working with people facing multiple disadvantage where there is risk of harm to them and the section 42 Care Act criteria do not apply. The project will be hosted by the GCC Safeguarding Adults team and will be introduced later in 2025.

**Learning points**

5. **Critical points in a person's journey:** professionals need to consider critical points for an individual e.g. pre-eviction action etc. that may benefit from

appropriate multi-agency responses and involve other professionals as appropriate.

6. **Flexible responses**: partners need to be prepared to set aside individual organisational policies and processes and flex their responses in order to support an individual's progress. For example, Paddy wanted rehab treatment, but it was not available at the right time for him. Windows of opportunity may well open up again when the person is ready to consider support, so this needs to be an iterative process not a "once in a lifetime" opportunity.
7. **Lead Agency Coordination:** professionals working with an individual need to agree on a lead agency to coordinate multi-agency efforts to improve communication and ensure that all involved parties are working towards shared goals with the individual.
8. **Continued Multi-Agency Support:** Ensuring ongoing multi-agency support and communication, even after initial interventions, is crucial for effective support. Professionals working with the individual need to ensure that a multi-agency approach is maintained and ensure that voluntary sector organisations are involved.
9. **Community Involvement:** Professionals to recognise the importance of engaging friends, family, and the homeless community in the review process and support planning as this can provide valuable insights and foster a more inclusive approach to care.
10. **Safeguarding referrals**: Professionals need to raise safeguarding referrals even in cases where they believe it is unlikely to result in a section 42 enquiry. Other avenues are available and these can be explored by the Safeguarding team when a referral is received.

**Glossary**

**Acorn House:** accommodation-based support, run by P3, for adults in Gloucestershire experiencing homelessness. Based in the Forest of Dean.

**Blue Light Project:** a forum for information sharing regarding people with alcohol misuse issues with the purpose of identifying alternative approaches and new care pathways.

**Complex Homelessness Partnership Support Service (CHPSS):** Gloucestershire Health and Care Trust team working in partnership with the voluntary sector with the aim of working together to deliver timely coordinated services to assess and support individuals whose severe and multiple disadvantage issues are contributing to their rough sleeping patterns.

**Making Every Adult Matter (MEAM):** a national network that supports local areas to improve systems and services for people facing homelessness, substance misuse,

criminal justice and mental health issues. Gloucestershire joined the network in October 2024.

**Section 42 Enquiry:** Under the Care Act 2014, a Local Authority must make enquiries, or cause them to be made in circumstances where an adult:

Has needs for care and support (whether or not the local authority is meeting any of those needs)

Is experiencing, or at risk of, abuse and neglect [including self-neglect]

And

as a result of those needs is unable to protect himself or herself against the abuse or neglect, or the risk of it.

The Local Authority has the discretion to undertake other enquiries in situations where the person does not meet the criteria for a section 42 enquiry but it is believed that an enquiry is needed.