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Introduction

Barnsley Safeguarding Adults Board commissioned a statutory SAR to explore the sad death of Tony, who died of malnutrition, pneumonia and congestive cardiac failure and alcohol excess in 2024. Full report – [Tony's Report \(2024\)](#)

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Tony

Tony was a fiercely independent man who had lived in Barnsley all his adult life. He was deaf and partially sighted, due to measles. Tony received support from mental health services to manage his schizophrenia. He was a social man, maintaining relationships with family and friends, however he would end the relationships if he felt people were being “nosey”. Tony loved animals and had multiple cats living with him in his property. Tony would choose to avoid workers by going out, even when appointments had been agreed. Tony’s home was at times squalid, and he was often unkempt and smelly, the level of his debt was not identified until after his death.

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What happened

Tony was found collapsed at a local bus stop, having refused the offer to support him to see his GP to address his fatigue and breathlessness. On admission Tony was found to be malnourished, had pressure ulcers and required an alcohol detox. Initially he responded well to treatment, sadly he developed pneumonia and died, his ability to recover was compromised by his history of smoking. No evidence was found to indicate he was a dependent drinker.

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Key findings

Tony’s reluctance to engage with services was recognised but the risks of his non-engagement were not fully understood by workers/organisations supporting him. Tony preferred to use BSL, however most organisations did not have BSL competent staff, and they did not provide an interpreter. Tony’s insistence that it would be “ok”, despite no agreement or action to make changes to reduce the risks did not generate multi-agency assessments. – e.g. refusal of support to spay/neuter the cats, refusal to open a bank account so all his money was not kept in his wallet etc. Tony was not involved in any of the safeguarding meetings and probably did not understand why workers were worried about him. Tony’s neighbours were actively involved in supporting him, these relationships were not explored to promote change nor were they recognised as carers and offered support. Tony’s debt and lack of money did not generate exploration of why he needed food parcels etc. It remains unclear if the lack of money was linked to abuse, hoarding – several dinner services, electrical items found in cupboards after his death, debt etc. Tony was at high risk of fires- burnt clothes and bedclothes. He unplugged the specialist alarm provided by the fire service and refused fire retardant bedding. Tony’s siblings found out about his death via social media as he had not listed them as “next of kin”, even though many organisations had contact details for them

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Good Practice

Workers showed persistence in repeating visits when Tony was not home when they visited
Workers used his love of the cats to build relationships with him, work had commenced prior to his admission to install a cat flap and begin neutering/spaying
Workers organised food for Tony and the cats – food for him was often refused
SYFR and the hospital used a worker with BSL skills and/or communication aids to improve communication with Tony
The specialist deaf mental health service worked with Tony for many years and he trusted them

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Practice Tips

- Be curious – why does someone refuse help, have no money, keep changing their next of kin, avoid contact with workers, live in a squalid home, present as unkempt and smelly?
- Recognise the significance of their history – trauma – bereavements, abuse, rejection etc – use this to inform your approach
- Maximise relationships that the adult is confident in – friends and family. Can they support the adult to manage risks? Would use of the Group Around the Person model help?
- Consider use of self-neglect and hoarding policies when someone is hoarding animals. Are they also a hidden hoarder – spending money on items that are not used/needed?

- If we are not using the adult's preferred communication/language – how confident are we that they understand what we are saying?
- Maintaining consistent professional relationships is difficult – would the person benefit from an advocate – who may be more likely to work with them longer term?
- Adults with hearing impairments may have difficulty with written language – do we need to offer them easy read information or check out that they understand the content of letters?
- Identify informal carers and offer them access to support services.

Recommendations from the review



10 recommendations were agreed to improve practice across the partnership and within individual organisations. Progress and impact will be monitored by the Safeguarding Adults Review Subgroup monthly and will be reported in future annual reports.

Resources



Self-neglect and/or hoarding policy – [SN/H Policy](#)
Professional Curiosity – [Professional Curiosity](#)
Advocacy – [Advocacy Resource](#)
Tony SAR – [Tony's Report \(2024\)](#)