**Case Study 2**

Background;

* Sarah was raised in the care system as a result of sexual abuse.
* Sarah has a long history of Heroin, Crack and Alcohol use.
* In 2016 Sarah fell from the third floor of a high building resulting in serious head injury which led to her being in a comatose state for 6 weeks. Part of Heathers skull had to be removed to relieve the pressure on her brain. Sarah eventually self-discharged herself from hospital after coming out of the coma.
* After leaving hospital Sarah’s personality had changed and she often presented as anti-social which resulted in her eventually being evicted from her accommodation.
* Sarah has disengaged from all services but has been seen sex working by professionals.
* Safeguarding concerns have been raised after Sarah has been found on a busy roundabout, partially clothed but upon closer examination Sarah’s head wound was open and the brain tissue exposed. Sarah was admitted to hospital but again self-discharged.
* A member of the public was concerned about Sarah so offered Sarah to sleep on their sofa. This was against the tenancy agreement for this individual and both she and Sarah were subsequently evicted from the tenancy.
* Sarah keeps presenting at the hospital reporting to be in pain but doctors are unable to identify the cause of pain.

Current circumstances;

* Work is going on to attempt to engage Sarah in drug treatment. The worker is concerned as Sarah keeps having seizures and reports that Sarah appears to have limited movement in the left hand side of her body and it is very difficult to understand what Sarah is saying. Sarah is often aggressive with staff.
* Sarah has reported to having a new boyfriend but the boyfriend is identified as forcing Sarah to sex work and is currently charging her £20 a night to sleep in a tent in his back garden.
* Sarah has been identified as not eligible for housing support as she is classed as making herself intentionally homeless and she is identified as being high risk so not suitable for much of the emergency accommodation.
* Sarah is not in receipt of any benefits.
* Sarah is often presenting with serious bruising to her face.
* A multi-agency meeting has just been held which involved police, drug services, mental health services and hospital staff – Adult Social Care were unable to attend. A consultant from the hospital has advised that as a result of the brain injury this has impacted on the part of the brain that will enable Sarah to effectively assess risk.
* Sarah has now been admitted to hospital and a scan has shown that she has a number of abscesses on her brain. Sarah is struggling to speak with anyone. If a plan is not put in place Sarah is facing being discharged from hospital homeless. Concerns are also raised that the ‘partner’ continues to visit Sarah in hospital and keeps trying to take her off the ward. He has recently been seen trying to get in to Sarah’s hospital bed with her.