



MANCHESTER SAFEGUARDING
ADULTS BOARD

ADULT AA

SAFEGUARDING ADULTS REVIEW

**This report has been commissioned and prepared on behalf of
Manchester Safeguarding Adults Board and is available for
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1. Introduction

1.1 Criteria

A Local Safeguarding Adults Board (SAB) must undertake reviews of serious cases in specified circumstances. Section 44 of the Care Act 2014 sets out the criteria for a Safeguarding Adults Review (SAR).

An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

- (a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
- (b) condition 1 or 2 is met.

Condition 1 is met if:

- (a) the adult has died, and
- (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if:

- (a) the adult is still alive, and
- (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

A SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to:

- (a) identifying the lessons to be learnt from the adult's case, and
- (b) applying those lessons to future cases.

2. Decision to hold a Safeguarding Adults Review (SAR)

2.1 Following referral to the Manchester Safeguarding Adults Board on 24th August 2015, a decision was made that the criteria for a SAR were met under condition 2 as set out above.

2.2 The referral included the following narrative account:

Adult AA was initially referred to Manchester City Council social services department on 19th October 2012. Adult AA was 42 years of age.

First reports state that an ambulance had been called to Adult AA's home by their parents on the 19th October 2012. As the paramedic arrived at the property they found Adult AA lying on the floor of their parents' bedroom with mother flicking water at them out of a pint glass. The attending paramedic stated that when they initially saw Adult AA on the bedroom floor, they did not know whether AA was a male or female; dead or alive. Adult AA's clothes had been changed by their parents before the medic arrived. AA was wearing men's pyjama bottoms which were too large for them.

The medic viewed Adult AA's bedroom which was deemed to be uninhabitable. The room was infested with maggots and flies which were coming from Adult AA's legs. The furniture consisted of a sofa bed which was piled with large bags of rubbish and a plastic garden chair. On the garden chair sat a large pillow which was stained with urine and faeces. It is thought that Adult AA slept in this chair.

Adult AA was sedated and transferred to the Manchester Royal Infirmary. As the paramedics transferred AA into the ambulance their pyjama bottoms fell down. Medics noted that Adult AA was wearing a pair of homemade crotchless undergarments, the gusset had been deliberately cut out. This was also confirmed by staff when Adult AA reached the A&E department.

Upon admission to A&E, Adult AA was unconscious and required mechanical ventilation, with a Glasgow coma score¹ of 6/15. AA had carrier bags tied to their lower legs and feet. Both legs were extremely swollen and ulcerated with granulation tissue over a large part of their legs. Faeces, tissue and plastic bags were also embedded into their legs. Medics noted a significantly high number of maggots also infested AA's legs from the knee down.

Adult AA's skin was translucent and thin as was their hair. Medics reported this was a symptom consistent with severe malnutrition. AA was recorded with a low muscle mass, they also suffered sepsis and acute renal failure. Upon admission to the intensive care unit a report was completed which stated that Adult AA's risk of death was extremely high; calculated at 84%. A CT scan was also completed which displayed signs of generalised brain atrophy, it was stated that chronic malnutrition could be a contributory factor.

It has been difficult to ascertain the details of Adult AA's life between the age of 15 and admission to the Manchester Royal Infirmary at the age of 42. During this admission the

¹ <http://www.glasgowcomascale.org/>

parents have retracted some of the statements they have made or have retold different accounts altogether with regards to Adult AA's time at home.

Adult AA has an extraordinary memory, especially for times and dates. AA can recall the names of all the professionals who have been to see them in the past and the length of time that these professionals were involved in AA's care. However, when asked about their experiences at home with their parents Adult AA is unable to disclose information, or chooses not to discuss the information.

Adult AA reports that the last time they left [the home address] was in 1995. It has been reported by AA's parents that upon leaving school Adult AA 'signed on' for a couple of years to claim benefits. Then this stopped when the Job Centre 'put pressure' on AA to find a job. Investigation into this claim have been made and there are no records that suggest that Adult AA has ever previously claimed benefits prior to this admission. The parents report that upon leaving school AA would initially go to the shops with them however this stopped and Adult AA would only go into the garden, this then led to AA not leaving the house. This further progressed to Adult AA then only leaving their room at night time when the parents were in bed to get snacks such as crisps and sweets from the kitchen. It is alleged Adult AA lost all contact with the outside world in 1995. Adult AA's parents stated they felt Adult AA was making choices to not leave their room and did not suspect this to be unusual behaviour for Adult AA.

Adult AA spent 12 months in the Manchester Royal Infirmary before being determined as medically fit. Due to the safeguarding concerns raised in relation to neglect, Manchester City Council made an application to the court of protection. The application requested that Adult AA be discharged to a place of safety rather than back to the care of their parents. The application was successful and Adult AA now resides within the care of the local authority.

3. Current position

3.1 Adult AA was subject to a consecutive number of Deprivation of Liberty Standards (DOLS) Authorisations from 2013 when they were admitted to Manchester Royal Infirmary, up until 2014 when AA was discharged into supported living accommodation. The Authorisations deemed it appropriate for Adult AA to be accommodated in hospital for the purpose of care and treatment.

3.2 Adult AA's DOLS were later authorised direct by the Court of Protection as AA was discharged in to a non-statutory setting from hospital, to which the Local Authority DOLS Team held no jurisdiction. During this period the DOLS Team were asked to complete a yearly review of the restrictions as directed by the Court of Protection.

3.3 The DOLS Team no longer have direct involvement as the process for authorising non-statutory DOLS has changed with the introduction of a new streamlined procedure.

3.4 Adult AA is now placed at an adult residential care unit and is making positive progress. There is no current contact between Adult AA and their parents. Adult AA has been diagnosed with Asperger's syndrome.

4. Methodology

4.1 The methodology for this Safeguarding Adults Review (SAR) has been developed to ensure the learning is gained in an effective and timely way, in line with the Care Act 2014 requirements. Key aspects of the process included:

- Consideration of multi-agency information submitted
- Consideration of the transcripts of interviews during the criminal investigation
- The formation of a SAR panel consider agency information and agree Overview report
- Practitioner/management event to reflect upon the learning.

4.2 Hayley Frame, Independent Reviewer, was appointed to undertake the SAR.

5. Time period over which events were reviewed

5.1 Due to the fact that there is very little agency information held in respect of Adult AA and the nature of AA's circumstances within the family home was unknown to professionals, it proved difficult to determine when the scoping period for the SAR should begin. This report includes a summary of all of the information held by agencies prior to the 19th October 2012.

6. Organisations involved in the SAR

6.1 Organisations involved in the SAR were:

- Manchester City Council Adult Social Care
- Manchester City Council Education Services
- Greater Manchester Police
- Manchester City CCG
- Manchester hospitals (information held is either post scoping period or in respect of Adult AA's mother).

7. Involvement of Family Members and Significant Others

7.1 The Independent Reviewer is liaising with the social worker for Adult AA in order to determine how best to engage Adult AA in order for her to be given opportunity to contribute to the process.

8. Parallel Investigations

8.1 A criminal investigation against Adult AA's parents has concluded. It was determined by the trial Judge that Adult AA's mother was not fit to stand trial due to ill-health. It was also likely that Adult AA would have been called as a witness which was not felt to be in AA's best interests and as such no criminal convictions were made against either parent.

9. Agency information held (author comments in bold)

9.1 **GP practice:** Adult AA had minimal contact with their GP and no contact recorded after 1984.

9.2 Records indicate that a home visit was carried out in 2006 by the GP in order to see Adult AA's mother. The records do not indicate any level of concern. The GP recorded that a District Nurse was to visit but the records would suggest that this did not take place.

The SAR Panel have considered whether it would be a reasonable expectation for the GP to have asked to see all members of the household or to have observed all of the home conditions, including upstairs. It was determined by the SAR panel that this would not be a reasonable expectation for a GP conducting a home visit. Information that has become available since 2012 indicates that the home was always kept to a high standard; and it was only Adult AA's room that was in a poor state.

9.3 Information has also come to light that Adult AA's parents chose to change GP practice whereas Adult AA remained at the same GP practice.

The SAR Panel have considered whether it would be reasonable for a GP practice to make enquires of a whole family registering with a new GP. It was established by the SAR panel that GP registration for adults is determined by the individual and as such it would not be expected that a new practice would make enquires of other family members and their GP registration.

9.4 Information held within GP records indicates that Adult AA did not attend routine health screening appointments.²

The SAR Panel have established that GPs are not expected to follow up on these non-attendances other than to issue reminder letters.

9.5 Information that has come to light as part of the subsequent investigations has suggested that Adult AA had requested to go to the GP when having fainting spells. AA's parents did not however take AA to the GP.

9.6 It is known that Adult AA was registered with a dentist but did not attend.

9.7 **Education:** Adult AA left school at 15 years before taking their GCSEs. It has been suggested AA was removed from school by their parents who alleged that AA was being bullied. There are no school records available due to the length of time since Adult AA was at school. It is known that Adult AA attended [name] High School. Records were requested as part of the police investigation however there were none retained.

9.8 **Child Health:** There are no child health records; again due to the length of time since Adult AA was a child.

9.9 **University Hospital South Manchester (UHSM):** UHSM has had no involvement with Adult AA at any time in their life. Also there are no recorded attendances for AA's father. There are a series of outpatient attendances recorded for mother of Adult AA who has been known to UHSM since 1988 following admission for treatment and investigation following a migraine induced stroke and malignant hypertension. At this time mother was 41 and Adult AA was 19 years of age. There is no reference to any issues when mother was questioned about family health. In 1994, Adult AA's mother was diagnosed with moderate to severe asthma and congestive cardiac failure. In 2003 mother was also diagnosed with an aortic aneurysm and hypercalcaemia due to hyperparathyroidism. AA's mother continues follow up care in cardiology outpatient to this day to monitor her condition.

9.10 It is of note that on 2nd October 2006, Adult AA's mother attended an outpatient appointment where it was recorded that she remained well but slightly tired although this was due to having a young child. No further enquires were made. Adult AA would have been 36 years of age at the time.

9.11 No other agency held information in relation to Adult AA.

² 2002: 20.3.2002; 2004 x 3 attempts: 24.2.04, 23.3.04, 29.7.04; 1.8.08 screening overdue; 6.6.2011 screening overdue.

10. Analysis

10.1 Given the lack of agency information available to support this SAR and the fact that it appeared very unlikely that any professional or agency was aware of the circumstances of Adult AA, it has not been possible to examine or scrutinise how Adult AA came to be neglected and abused in their own home. It was therefore agreed by the SAR panel that the following questions needed to be considered:

- **Could this happen now?**
- **What is there in place that might assure us that it could not happen again?**
- **What, if anything, needs to change?**
- **In today's working practices, what are the safety nets?**

10.2 It was agreed that a MSAB multi-agency learning event for practitioners and managers would be utilised to consider these questions. The majority of participants felt that a similar situation, for an adult of a similar age to Adult AA or indeed any adult post 18 years, could be occurring now without professional knowledge. It *is* possible for adults to become invisible within society. The window of opportunity for intervention, in the current day, was felt to be between the ages of 15 and 18 – the transition period. In addition, a 15 year old with a diagnosis of Asperger's syndrome now was felt to be less likely to 'drop from the radar' of services.

10.3 Practitioners queried whether Adult AA's name was placed upon the electoral role although this would not have triggered any professional enquiry into AA's whereabouts. As there were no claims for state benefits, this also would not have been a trigger for Adult AA's whereabouts to be known. Although in this case, the property was privately owned, practitioners believed that there is a potential safety net for privately rented properties in that Strategic Housing has oversight of landlord accreditation arrangements which include regular inspections.

10.4 A focus of the discussion was upon improving community awareness and in particular opportunities for service industry personnel and non-public service organisations (such as utility companies, postal workers, building inspectors etc.) to know how to report concerns.

10.5 The SAR Panel has determined that, on the basis of the information known, that there was no clear opportunity to safeguard Adult AA. There are no statutory health screening systems in place for adults and no requirement for GPs to assertively follow up adult non-attenders.

10.6 Although Adult AA's mother was in contact with health services, it would not be a reasonable expectation for routine enquires to be made regarding household composition

and, even if obtained, would be unlikely to have triggered concern. Routine enquires regarding caring responsibilities would not be expected from these contacts.

10.7 With regard to today's working practices in respect of young people age 15 to 18 years, there are clear safety nets in place. The Education and Inspections Act 2006³ places a duty on all Local Authorities to make arrangements to identify children missing from education in their area and make arrangements for the provision of suitable education for children who may not receive it unless such arrangements are made. Duties include ensuring tracking and enquiry systems are in place for children missing education, issuing school attendance orders to parents who fail to satisfy the Local Authority that the child is receiving a suitable education and prosecuting parents or issuing penalty notices to parents who fail to ensure regular school attendance.

10.8 More recently, the Department for Education has updated guidance for local authorities and schools to help children who are missing education⁴. The main changes from September 2016 are:

- All schools (including academies and independent schools) must notify their Local Authority when they are about to remove a pupil's name from the school admission register under any of the fifteen grounds listed in the regulations. This duty does not apply when a pupil's name is removed from the admission register at standard transition points - when the pupil has completed the final year of education normally provided by that school - unless the local authority requests that such returns are to be made.
- When removing a pupil's name, the notification to the Local Authority must include:
 - the full name of the pupil,
 - the full name and address of any parent with whom the pupil normally resides,
 - at least one telephone number of the parent,
 - the pupil's future address and destination school, if applicable, and
 - the grounds in regulation 8 under which the pupil's name is to be removed from the admission register.
- Schools must make reasonable enquiries to establish the whereabouts of the child jointly with the Local Authority, before deleting the pupil's name from the register.

10.9 Locally, Manchester City Council has a Missing from Home, Care and Education Delivery Group which is accountable to the Council's Children and Young People's Scrutiny Committee. Manchester City Council has a designated Children Missing from Education (CME) Team. All

³ <https://www.legislation.gov.uk/ukpga/2006/40/contents>

⁴ <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

schools must notify the CME team when a pupil has had 10 days of consecutive unauthorised absence following reasonable enquires. All notifications are checked and screened by the CME team and where appropriate cases will be allocated to the attendance officers in Early Help hubs to undertake investigation. Early help assessments can be agreed as an alternative to prosecution. Where there are safeguarding concerns these are referred to the Multi-agency Safeguarding Hub (MASH).

10.10 In cases of elective home education, Manchester City Council has a new policy in place which includes requests to see the child and the place where the education takes place, and if there are concerns will they refer to children's social care. In 2015/16, 251 new notifications were received and 120 were assessed as not suitable.

10.11 The need for increased community awareness of safeguarding is included within the values of the Manchester Safeguarding Children and Adults Boards which provides guidance for how the wider community can help safeguard the children, young people and adults who live alongside them. *One of the ways to do this is to raise awareness of safeguarding issues and how everyone in the community can contribute to looking out for their family, friends and neighbours, or even strangers* (ref. MSB website⁵).

11. Conclusion

11.1 In summary, Adult AA was discovered in terrible circumstances which have had long standing adverse effect upon AA's levels of functioning. Although abuse and neglect are suspected, hence the criteria for the SAR being met, there have been no criminal prosecutions.

11.2 Agency information has been scrutinised and it is apparent that there are no available records to suggest professional concern for Adult AA. It is an uncomfortable reality that an adult could be living in the same circumstances as Adult AA. Community and non-public service organisations awareness of safeguarding is an area that must continue to be promoted.

11.3 There is assurance that it is far less likely that a young person aged 15 now could effectively be lost to the system, and the statutory requirements for identifying and responding to children missing from education are clear.

⁵ <https://www.manchestersafeguardingboards.co.uk/>

12 Recommendations

12.1 The MSAB ensures that community awareness safeguarding campaigns continue and give due regard to “invisible people”.

12.2 That Adult AA’s case is used as a case study to test Manchester City transitions processes - to identify whether Adult AA would have been supported through into adult services.

12.3 For the findings of this review to be shared across children and adults services.