



## **Safeguarding Adults Review Simon**

Independent Author:  
David Mellor

**Tameside Adult Safeguarding Partnership Board**

**Safeguarding Adults Review – Simon**

<b>Contents</b>	<b>Page number</b>
<b>Introduction</b>	<b>2-3</b>
<b>Terms of Reference</b>	<b>3</b>
<b>Chronology of key events</b>	<b>3-19</b>
<b>Views of Simon’s family</b>	<b>20</b>
<b>Analysis</b>	<b>20-37</b>
<b>List of Recommendations</b>	<b>37-39</b>
<b>References</b>	

## 1.0 Introduction

**1.1** Simon's body was found in his home in the Tameside area in mid-January 2024 after a neighbour contacted Greater Manchester Police (GMP) to report that the door to his flat had been left open for a 'couple of days'. Simon was a White British male aged 58 years at the time of his death. GMP treated Simon's death as suspicious as his body was found with a large amount of blood on his head, body and groin. Additionally, Simon was suspected to have been the victim of financial exploitation accompanied by threats and intimidation for over a year prior to his death by several males who were suspected drug dealers. Simon may also have been a victim of a form of cuckooing<sup>1</sup> by the same gang of males. The Home Office post mortem was inconclusive, in that it was not possible to determine whether the two scalp puncture lacerations to the back of Simon's head had been caused by a fall or an assault with a weapon. GMP arrested several people during the course of their investigation which remains ongoing at the time of writing this report. Simon had been supported by Change Grow Live (CGL)<sup>2</sup> for several years. CGL worked in partnership with GMP and Adult Social Care (ASC) to address the risks faced by Simon and supported him to move from the address in which he was being exploited to temporary accommodation initially and subsequently to a new tenancy, where he later died. Unfortunately the moves of address provided Simon with only a temporary reprieve from abuse.

**1.2** GMP referred the matter to Tameside Adult Safeguarding Partnership Board (TASPB) which decided to commission a Safeguarding Adults Review (SAR) on the grounds that financial exploitation, physical abuse and intimidation were suspected to have been factors which may have contributed to Simon's death. There were also indications of self-neglect. TASPB also felt there was likely to be learning arising from multi-agency working, in particular possible missed opportunities to make greater use of the Section 42 Safeguarding Enquiry process<sup>3</sup>.

**1.3** TASPB commissioned David Mellor to conduct the SAR. He is a retired chief officer of police, former Adults Safeguarding Board chair and has over twelve years'

---

<sup>1</sup> "Cuckooing" (also known as "forced home invasion") – a tactic used by criminals, typically drug dealers, to take over the homes of vulnerable individuals, such as care leavers or those with addiction, physical or mental health issues, and use the property as a base for criminal activity. This is a common characteristic of the county lines business model and can occur in a range of settings such as rental and private properties, student accommodation, prisons, and commercial properties.

<sup>2</sup> Change Grow Live (CGL) is a national health and social care charity which helps people to address challenges including drugs and alcohol, housing, justice, health and wellbeing. CGL is commissioned to provide a drugs and alcohol support service in the Tameside Council area.

<sup>3</sup> A formal adult safeguarding Enquiry (Section 42 Care Act 2014) is the range of actions undertaken or instigated by the Local Authority (or service to which the duty has been delegated) in response to an abuse or neglect concern in relation to an adult with care and support needs who is unable to protect themselves from the abuse or neglect or the risk of it.

experience of conducting SARs and other statutory reviews. He has no current connection to agencies operating in the Tameside Metropolitan Borough Council area. David was supported by a SAR Panel which consisted of managers from the agencies which had been involved in supporting Simon and his family.

**1.4** An inquest took place in June 2025 at which the Coroner recorded an open<sup>4</sup> conclusion.

**1.5** Tameside Adults Safeguarding Partnership Board wishes to express its heartfelt condolences to Simon's family and friends.

## **2.0 Terms of Reference**

**2.1** The SAR has focussed on the period from October 2022 – when concerns about the exploitation of Simon led to a Section 42 Safeguarding Enquiry - until the discovery of his body in January 2024.

**2.2** The SAR has explored learning in the following areas:

- Application of Safeguarding Adult Policy and Procedures in respect of cuckooing, financial exploitation, criminal exploitation, self-neglect, Section 42 Enquiry
- Professional Curiosity
- Unconscious bias and how we work with people with addiction.
- Understanding of lived experience.
- Joint working arrangements and understanding Organisations roles and responsibilities.
- Recognising safeguarding as exploitation.

## **3.0 Chronology of key events**

**3.1** Simon was born in 1965 and was 58 at the time of his death in January 2024. Although some of his family members were in their eighties and Simon was in his late fifties, these family members continued to provide substantial support to him. Until May 2023, Simon lived with his dog – to which he was very attached - in a property owned by his family in the Tameside Council area.

**3.2** As Simon's family have decided not to contribute to the SAR at this stage – and there is no obligation on them to do so - little is known about Simon's earlier life. He was one of 4 brothers, 2 of whom pre-deceased him. He had become dependent on alcohol and had been supported by Change Grow Live (CGL) for several years. He

---

<sup>4</sup> The coroner should consider returning an open conclusion only when no other conclusion is available or can be established on the balance of probabilities.

also used heroin and it was his heroin use which was the reason for his initial referral to CGL. Simon had a diagnosis of liver cirrhosis.

**3.3** Simon had been known to the Police primarily since 2020. During that year he was arrested for drink driving and the Police also created a care plan<sup>5</sup> for him in relation to his mental health after he 'acted strangely' by hiding in a street and stating that people were 'after him'.

**3.4** This chronology of key events begins with incidents which took place in late October and early November 2022, which led to Simon (then 57) being referred to ASC by GMP and a Section 42 Safeguarding Enquiry commenced.

**3.5** During the early hours of 20<sup>th</sup> October 2022 Simon contacted GMP to report that around 10 drug dealers were 'after him' and he needed protection. He added that the drug dealers had broken into his home and that he was hiding in the street away from his property. Officer attended and arrested Male A on warrant and he was subsequently recalled to prison. The officers documented that Simon had allowed 2 males into his home and they had spent the night smoking cannabis and drinking together and that Simon had contacted GMP to report a 'break-in' to 'get rid' of the males who were said to have 'passed out' in his home. The officers further documented that no threats had been made to Simon and it appeared that the males had 'overstayed their welcome'.

**3.6** Around an hour later GMP detained Simon under Section 136 of the Mental Health Act (MHA)<sup>6</sup> and conveyed him to a place of safety at the Tameside and Glossop Integrated Care NHS Foundation Trust Hospital (hereinafter referred to as 'the hospital' in this report) after he was seen walking into traffic apparently intending to harm himself. Simon was documented to be 'suicidal'. Simon was assessed by an approved mental health professional (AMHP) and the Section 136 was withdrawn. During the assessment Simon said that he felt that he had no option other than to end his life because of his fear of reprisals from a criminal gang. He said that was not prepared to stay with his family because this would put them at risk. The AMHP considered Simon's distress to be the result of an 'environmental' issue but as this was adversely affecting his mental health, a short informal crisis admission was justified to avoid him impulsively acting on his current suicidal thoughts. However, such an admission was not possible because of a lengthy waiting list for acute male beds. The AMHP then explored a range of alternative options for providing Simon with temporary safe accommodation, none of which came to fruition. The solution arrived at was for Simon to self-fund a stay in a local hotel and present as homeless to Stockport Council the following morning as he had expressed a wish to move out

---

<sup>5</sup> GMP officers submit a care plan on every occasion on which GMP responds to a person presenting with a vulnerability or mental health related concern. The care plan is then tasked to the District Safeguarding Team for enhanced risk assessment and onward sharing with partner agencies.

<sup>6</sup> Section 136 of the Mental Health Act 1983 is the power that allows a police officer to detain someone they believe to be mentally disordered and in need of urgent care or control. The power requires three conditions to be fulfilled before police can act; the individual must appear to the officer to be suffering from mental disorder; the individual must appear to the officer to be in immediate need of care or control; the officer must think that removing the individual is necessary in the individual's interests or for the protection of others. Since 2017, use of the s136 power is no longer limited to a 'public place' but may be exercised anywhere other than in a private dwelling.

of the Tameside Council area. The AMHP also referred Simon to the Integrated Urgent Care Team (IUCT). The AMHP then drove Simon to a local hotel. By this time it was early evening, and it had not been possible to book a hotel room in advance. Booking a hotel room was accomplished only with difficulty during a journey in which Simon drank rum from a bottle and became increasingly distressed and angry as the uncertainty over where he would be spending the night continued.

**3.7** There is no indication that Simon presented as homeless to Stockport Council. His mobile phone remained in the Police property bag into which it had been placed at the time he was detained under Section 136 MHA. Unfortunately Simon left the Police property bag in the AMPH's vehicle and, when discovered, this was returned to his mother a few days later. The hotel to which Simon was discharged twice called GMP to raise concerns about him presenting as aggressive after drinking spirits. During the first call he was said to have 2 large cuts to his head. On the second call from the hotel 2 days later, Simon was said to be 'full of cuts and bruises' which the officer considered to be minor and which 'did not require medical attention.' GMP unsuccessfully attempted to contact the AMHP who had assessed Simon after he was detained under Section 136 of the MHA.

**3.8** On discharge from hospital Simon had been referred to the Home Treatment Team (HTT)<sup>7</sup> who were unable to contact Simon. The HTT had been provided with the number for Simon's mobile phone, which had not yet been returned to him (see previous Paragraph) and had been advised that Simon had been discharged to the hotel. The HTT visited the hotel and were advised that Simon had left after a brief stay. After the HTT made a second unsuccessful visit to Simon's home address on 24<sup>th</sup> October 2022, they contacted GMP to raise a 'cause for concern'. The HTT could hear a dog barking at the address but were unable to obtain a reply from knocking on the door or phoning Simon. The Police attended and spoke to Simon after forcing entry to his property. No further information has been provided about how Simon was presenting when seen by the Police. The HTT discharged Simon to the care of his GP.

**3.9** During the early morning of 6<sup>th</sup> November 2022 Simon twice rang the North West Ambulance Service (NWAS). During the first call he said he had hit his head but didn't provide the details necessary to identify him or his address. During the second call around 15 minutes later, he provided his identifying details and reported that he had been assaulted by 3 men who were known to him and had sustained a head injury (slight abrasion to his forehead noted by the crew). He implied that the 3 men had assaulted him because he had previously informed the Police that they were dealing drugs (no reference to any such contact from Simon in the GMP chronology). NWAS contacted GMP who concluded that no assault had taken place on the basis of the account given in Simon's first call to NWAS. NWAS also made a safeguarding referral to ASC as the crew were concerned for Simon's welfare, given his disclosure of an assault, the impact of the assault on his physical health (passing blood in his urine and faeces) and his unkempt presentation (clothing dirty and torn)

---

<sup>7</sup> The Home Treatment Team is provided by Pennine Care NHS Foundation Trust and provides an alternative to hospital admission and supportive discharge services to help people with mental health issues back into the community from inpatient care.

and the condition of his home environment (untidy, unhygienic and no electricity supply).

**3.10** During the afternoon of the same day (6<sup>th</sup> November 2022) Simon contacted GMP to report that 4 drug dealers had shouted threats to kill him through his back door and he had also heard them say that they would put him in a car boot and 'kick his head in'. Simon went on to say that he had been treated in hospital earlier in the day after being assaulted the previous night. The GMP call taker documented that Simon was difficult to understand at times as he was slurring his words but repeatedly said that all he wanted the Police to do was to contact his mother and ask her to visit and collect him. Officer attended and found Simon's property in darkness with the front door open. They shouted through the front door and received no response and when they attempted to phone Simon could not hear the phone ringing within the property. GMP later re-contacted Simon by phone. He said that he was at home recovering from surgery following injuries to his spine. He did not disclose the cause of his spinal injuries at that time. He stated that he would prefer the Police to contact him at a later time and an appointment was made for a visit the following day. GMP attended the following day and recorded a crime of Threats to Kill and obtained the records of Simon's recent hospital attendance in order to investigate a possible wounding. The medical notes shared by the hospital disclosed subacute fractures to 3 vertebrae. GMP then recorded a crime of Wounding with Intent. Simon disclosed that he had been 'jumped on' by males who had kicked him repeatedly. He declined to provide any names of the people who had assaulted him but said he would 'think about it'. GMP later closed the investigation.

**3.11** Following the NWS referral, ASC decided to initiate a Section 42 Safeguarding Enquiry on the grounds that Simon had care and support needs (said to be usually independent with attending to the activities of daily living but due to excessive drinking tended to occasionally neglect self and home environment) was at risk of abuse (Simon was said to feel unsafe in his property but reluctant to engage with the Police due to potential repercussions) and neglect (self-neglect) and as a result of his needs was unable to protect himself. A social worker from the integrated urgent care team (IUCT) led the Safeguarding Enquiry.

**3.12** A Safeguarding Multi-Disciplinary Team (MDT) was held involving a police representative from adult safeguarding who is located within the Multi-Agency Safeguarding Hub (MASH)<sup>8</sup> and the CGL recovery coordinator from which the outcomes were a joint CGL/GMP home visit to support Simon to make a statement; given Simon's wish to consider a move to a different area advice was obtained from Tameside Council Housing and a 'duty to refer' form was completed; Simon had declined 'a bed every night' (ABEN)<sup>9</sup> as part of the process to rehouse him; a referral

---

<sup>8</sup> The Tameside Multi-Agency Safeguarding Hub (MASH) deals with child safeguarding concerns. However, a police representative responsible for adult safeguarding issues is located within the MASH.

<sup>9</sup> A Bed Every Night (ABEN) is a commitment to provide a bed, welcome, hot meal and support for anyone sleeping rough in Greater Manchester. The programme offers emergency accommodation with lower criteria than current provision. ABEN is not a permanent home but is the first stage of a systematic approach across Greater Manchester to end homelessness, which, ideally, moves people through emergency shelter into the right accommodation and support option for them, to enable them to stay off the streets. Staff in the provision will work pro-actively with individuals, referring agencies, accommodation providers and other services to try to find suitable move-on options or reconnection.

was made to the Tameside Community Response Service CRS<sup>10</sup>, although Simon was not at home when CRS called and so Simon was advised to re-arrange the appointment; liaison with Simon's family to repair his door lock; and GMP were to continue their enquiries taking into account information shared with them by partner agencies which was not previously known to GMP (alleged intimidation of a witness). Simon was also given advice on the steps to take should he feel threatened or in danger and was said to have evidenced the ability to seek advice and help when required. At the time of closure of the Section 42 on 28<sup>th</sup> November 2022, it was acknowledged that the risk to Simon remained as he was said to continue to be reluctant to engage with the Police to enable them to progress their investigations. Possible cuckooing was referred to at the time of closure but no further details of this were documented. It is understood that the form of cuckooing to which Simon was exposed was that the perpetrators took over his home allegedly for drug dealing but did not actually stay at his address overnight. Simon and his family were said to be aware of how to re-refer to ASC should this be required.

**3.13** From 14<sup>th</sup> November 2022 until 6<sup>th</sup> February 2024 Male B, who is alleged to have been the main perpetrator of financial exploitation of Simon, had his benefits paid into a bank account in Simon's name. Male B advised the Department for Work and Pensions (DWP) that he did not have a bank account and requested that his benefits be paid into Simon's bank account and that he had separated from his partner, whose bank account he had previously arranged for his benefits to be paid into. Simon's benefits - employment and support allowance (ESA) and personal independence payment (PIP) – continued to be paid into his bank account which he had maintained for many years. The bank account in Simon's name into which Male B's benefits were paid from 14<sup>th</sup> November 2022 was a second and more recently opened bank account.

**3.14** On 18<sup>th</sup> January 2023 GMP received several calls from Simon. During the late morning officers attended his address after he reported that he had been threatened by people who were 'after him'. When officers attended Simon said that he could not recall contacting the Police and said he needed no assistance. He was accompanied by someone the Police documented to be his friend. During the late evening Simon made 6 calls to the Police to request help as drug dealers were 'after him'. Simon could be heard speaking to others during the calls and a female was heard screaming in the background. In subsequent calls made in quick succession, Simon repeatedly said that he was at risk of being stabbed and had gone outside his property. He also reported people in his house dealing drugs who he 'wanted out'. When officers attended they documented that there were 2 people in Simon's property who were trying to look after him. Simon was documented to be paranoid. GMP were later able to speak to a person the Police documented to be Simon's carer, who advised the Police that Simon was 'fine' and 'wouldn't be going out again that night'. Only the first name of Simon's carer was documented. It is the same first name as Male B who, as stated, is alleged to have been the main perpetrator of financial exploitation of Simon.

---

<sup>10</sup> The Community Response Service (CRS) is a telecare/alarm service for anyone in Tameside who is over the age of 18 living in private, rented or owner-occupied accommodation. They operate 24 hours a day, 365 days a year. When an alarm is activated they aim to have a worker with the person within 20 minutes.

**3.15** During February and March 2023 CGL experienced difficulty in contacting Simon. His mother said that his phone was broken and he had a new number.

**3.16** On 9<sup>th</sup> March 2023 the IUCT social worker who completed the Section 42 Safeguarding Enquiry re-sent a 'duty to refer' form<sup>11</sup> to Tameside Housing Advice<sup>12</sup> on the grounds that Simon would benefit from moving home to minimise the potential risk of assault and alleged cuckooing.

**3.17** Simon attended a CGL clinical appointment on 17<sup>th</sup> March 2023 when he reported drinking 16-24 units of alcohol daily and using 8mg buprenorphine<sup>13</sup> daily. He had been prescribed Gabapentin<sup>14</sup> by his GP and agreed to re-start Espranor<sup>15</sup>. He reported some physical health concerns including back pain, asthma and headaches and low mood and some suicidal ideation, although he stated he had no plans. He also disclosed continued harassment, intimidation and physical assaults and said he was staying with his family which he reiterated in an appointment with his CGL recovery worker a few days later, adding that he was fearful of increasing the risks to his family.

**3.18** On 28<sup>th</sup> March 2023 Simon was seen by Tameside Housing Advice and an assessment completed. Simon – supported by his CGL worker –stated that he was being cuckooed and that the 6 main instigators were selling drugs from his address, and he had been beaten multiple times. He went on to say that because of the presence of these people at his property, he had been scared to answer the door to 'adult services'. Simon added that after the Police attended his address and arrested one of the men (Male A) who had been exploiting him (see Paragraph 3.5) he was badly beaten 3 days later. He disclosed that he continued to be financially exploited by Male A's father (Male B) who would phone his son, who had been recalled to prison following his arrest, whilst visiting Simon so that his son could threaten Simon over the phone. Following the assessment, Housing Advice sought further information from ASC. Simon's CGL worker contacted ANEW to arrange a meeting with Simon. ANEW is a Tameside based Community Interest Company which provides a supported homes service for people who have experienced long periods of homelessness and find it difficult to maintain stability and manage a home. This service is commissioned by Tameside Council. ANEW also provide a residential supported homes service for men and women wishing to address their addiction and maintain an abstinent life. This service is commissioned by CGL and operates in a similar manner to a residential rehab.

---

<sup>11</sup> The Homelessness Reduction Act 2017 significantly reformed England's homelessness legislation by placing duties on local housing authorities to intervene at earlier stages to prevent homelessness in their areas, and to provide homelessness services to all those who are eligible. Additionally, the Act introduced a duty on specified public authorities to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams.

<sup>12</sup> Tameside Housing Advice service provides housing advice and assistance and plays a key role in preventing homelessness in Tameside.

<sup>13</sup> Buprenorphine is a strong opioid medicine which is mainly used to treat moderate to severe pain and also reduces the anxiety and stress caused by pain. It can also be used to treat drug dependency,

<sup>14</sup> Gabapentin is used to treat epilepsy. It's also taken for nerve pain, which can be caused by different conditions, including diabetes and shingles.

<sup>15</sup> Espranor is one of several brand names for Buprenorphine.

**3.19** An MDT meeting to discuss Simon took place on 18<sup>th</sup> March 2023. The meeting was attended by CGL, ASC and GMP. The outcome of the meeting is not known.

**3.20** On 13<sup>th</sup> April 2023 Simon was found collapsed in the street following a possible alcohol related seizure and conveyed to the hospital, where he was admitted to the integrated assessment unit due to alcohol withdrawal. He was commenced on Regime A Librium<sup>16</sup> of Alcohol Withdrawal Prescribing Regime and Pabrinex<sup>17</sup> 3 times daily. He was reviewed by a hospital alcohol liaison (HALS) nurse and was discharged home on 17<sup>th</sup> April 2023 after no seizure activity. No additional concerns were noted at that time. The hospital notified CGL and Simon's GP.

**3.21** The following day (18<sup>th</sup> April 2023) Simon was discussed at a Tameside Complex Cases Panel<sup>18</sup>. Simon was noted to be 'very vulnerable', had been cuckooed and assaulted. The agreed actions were for Simon to be assessed for accommodation by ANEW as soon as possible and for the regular MDT approach to continue.

**3.22** On 20<sup>th</sup> April 2023 Simon was conveyed to the hospital after a collapse at home. He reported that he was consuming 8 cans of lager per day. He was admitted for alcohol detoxification and also treated for an upper gastrointestinal bleed which appeared to be linked to his liver cirrhosis diagnosis. He was discharged on 24<sup>th</sup> April 2023 and was referred to ASC. CGL and his GP were notified.

**3.23** ASC completed a comprehensive assessment of Simon. In a risk assessment completed on 1<sup>st</sup> May 2023, the social worker (who had also completed the earlier Section 42 Safeguarding Enquiry) noted that:

- Over the past 2 years or so, Simon was reported to have experienced physical, emotional and psychological abuse from known and unknown people believed to either be Simon's associates or people who seemed to be targeting him due to his vulnerability.
- Simon's longstanding history of substance misuse may have contributed to his being taken advantage of and his continuing use of alcohol may in part have been a coping mechanism. Additionally, being taken advantage of was affecting his engagement with CGL, which was described as intermittent.
- A multi-agency approach to supporting Simon had been adopted which was helping to manage risks and ensure appropriate actions to support and safeguard Simon.

---

<sup>16</sup> Librium is the brand name for the generic chlordiazepoxide, a benzodiazepine that is used for its calming, sedative effect on anxiety symptoms which makes it easier for a patient to get through the initial wave of alcohol detoxification which is often one of the hardest hurdles for withdrawal.

<sup>17</sup> Pabrinex is a high-potency vitamin B and C complex injection. Doctors use it to prevent and treat deficiencies that can lead to conditions like Wernicke-Korsakoff syndrome – which is a spectrum of disease resulting from thiamine deficiency, usually related to excessive alcohol use.

<sup>18</sup> The Complex Cases Panel is a multi-agency meeting attended by IUCT, CGL and Housing at which individual cases are discussed which may benefit from early intervention and prevention interventions.

- Simon's reluctance to engage with services was considered most likely to be due to fear of repercussions, hence the need for Simon to move from his current accommodation which he rented from his family. He was said to be reluctant to move 'out of area', as this could affect the availability of support from his family, or to a property to which he was unable to take his dog.
- His reluctance to engage with services was seen as a barrier to bringing offenders to justice and also risked further deterioration in his health and wellbeing.
- Should Simon be offered a 'placement' with ANEW, he would have access to outreach support and regular support on-site to enable him to manage his use of alcohol, meet his nutritional needs (money to purchase food may have been affected by financial exploitation), manage his finances and receive prompts to minimise his risk of self-neglect.
- Simon was said to have capacity to make decisions and also to have knowledge and awareness of the risks associated with his use of alcohol and the risks associated with his reluctance to engage with services to address these.

**3.24** On 2<sup>nd</sup> May 2023 an MDT meeting was held to discuss Simon. ASC, CGL, GMP and ANEW were represented. This was the fourth MDT meeting and the stated objective was to 'get him out' of his current situation. His 2 recent hospital admissions for acute alcohol withdrawal were discussed. He was described as having been 'very poorly'. He was said to be 'off alcohol' but using some crack cocaine. Simon was said to be very worried about his family finding out 'the extent of the situation'. There was said to be professional discomfort that Simon's family were being exposed to risk without being aware of this. The deteriorating condition of the property Simon rented from his family (kitchen ceiling fallen in) was also discussed. His CGL worker said that Simon was very worried about the imminent (29<sup>th</sup> May 2023) release from prison of Male A whose father (Male B) had been financially exploiting Simon. Simon was said to have given Male B £1000 although Simon was being pressured to give £2000. It is understood that the pretext for demanding these sums from Simon related in part to the 'disruption' to Male A's drug dealing activities as a result of his recall to prison. The CGL worker said he had seen Male B 'having a go' at Simon on the last occasion he visited Simon at home. ANEW asked whether Simon was interested in rehabilitation and whether he wanted to completely stop using substances.

**3.25** On 5<sup>th</sup> May 2023 Simon was conveyed to the hospital following a possible seizure after apparently refraining from alcohol for 48 hours, although he appeared intoxicated and confused. He had banged his head on the floor after collapsing. He was admitted for 5 day alcohol withdrawal treatment but quickly self-discharged. He then returned to the hospital the following day (6<sup>th</sup> May 2023) after feeling unwell with worsening withdrawal symptoms and after being referred to the HALS team was discharged.

**3.26** On Friday 12<sup>th</sup> May 2023, following a further incident of exploitation involving violence at his home address (in which it is alleged that Male B visited Simon and reinforced demands for money by punching Simon in the face) CGL and Tameside Housing out of hours (OOH) arranged for Simon to move into emergency accommodation for the weekend.

**3.27** Within hours of arriving at the emergency accommodation on 12<sup>th</sup> May 2023, Simon was conveyed to the hospital after appearing very intoxicated and disclosing suicidal thoughts which he said were overwhelming him. He declined a mental health liaison team (MHLT) assessment and was discharged back to his emergency accommodation by taxi arranged by the hospital.

**3.28** On the following Monday 15<sup>th</sup> May 2023 Simon moved to NWA Housing / Greystones temporary accommodation following a further assessment of his housing needs. He remained there until 6<sup>th</sup> August 2023. NWA Housing/ Greystones has advised the Safeguarding Adults Review that Simon settled well, was supported by his CGL worker and was reluctant to leave. However, NWA/Greystones is contracted to provide emergency accommodation which can only be a temporary solution to a person's housing needs.

**3.29** On 9<sup>th</sup> June 2023 the Home Treatment Team (HTT) visited Simon at Greystones following a referral from the hospital mental health liaison team (MHLT) after Simon attended the hospital on 7<sup>th</sup> June 2023. He said he had been using alcohol to cope for 20+ years. He said his CGL worker was trying to get him into rehab. He added that he was feeling safer in the 'hostel'.

**3.30** On 12<sup>th</sup> June 2023 Simon was admitted to the hospital Integrated Assessment Unit and treated for alcohol withdrawal after complaining of shortness of breath and abdominal pain. He was discharged on 18<sup>th</sup> June 2023. His GP practice was notified. No additional concerns were noted.

**3.31** On 13<sup>th</sup> June 2023 Simon was again discussed at the Complex Cases Panel meeting at which it was noted that after being assaulted Simon had been moved to Greystones, 'was on the waiting list for Tameside's Housing Register' and was receiving support to obtain bank statements to submit to Tameside's Homelessness Service as part of their assessment process.

**3.32** On 21<sup>st</sup> June 2023 the HTT saw Simon who said he was 'ecstatic' that he was to be rehoused to a different part of the Tameside Council area and allowed to keep his dog. The HTT discharged him as there were no current risks although ongoing vulnerability to past exploitation was noted. Simon was said to be motivated to work with his CGL keyworker and hopefully attend rehabilitation. His alcohol consumption had reportedly been reduced to 3 cans per night.

**3.33** On 30<sup>th</sup> June 2023 ASC completed a comprehensive assessment of Simon, and the plan was to support Simon to move to new accommodation. Simon would require ongoing professional involvement and inpatient detoxification/rehabilitation remained under consideration. Simon's case was transferred from the IUCT to the ASC East locality neighbourhood team.

**3.34** On 3<sup>rd</sup> July 2023 CGL updated their risk assessment for Simon. An ‘MDT safeguarding plan’ ‘via ASC’ was said to be in place. Simon was said to still be subject to threats and intimidation by a criminal gang. However, Jigsaw Homes had offered Simon a flat in a different part of the Tameside Council area. It is understood that ANEW had been unable to offer Simon a place in their residential homes service for men and women wishing to address their addiction and maintain an abstinent life. The reasons why this had not been possible were that Simon continued to use alcohol and so was not considered ready to move to an environment where residents were expected to be abstinent and ANEW would not allow Simon to be accompanied by his dog. The SAR has been advised that Simon would not have been eligible for the supported homes service provided by ANEW for people who have experienced long periods of homelessness and who find it difficult to maintain stability and manage a home.

**3.35** On 5<sup>th</sup> July 2023 Simon was admitted to the hospital following several reported falls and chest pain. Simon advised the hospital that he felt that his chest pain may have been alcohol withdrawal related. He was admitted and commenced on the Regime C Librium of alcohol withdrawal prescribing regime. His capacity was assessed and he was deemed to lack capacity to consent to care and treatment whilst in a state of alcohol withdrawal but later in his admission he was assessed as having regained capacity. He was discharged on 13<sup>th</sup> July 2023. CGL and his GP were notified.

**3.36** On 11<sup>th</sup> July 2023 Simon was again discussed at the Complex Cases Panel. He was noted to have been offered a flat and a ‘supportive handover’ meeting had taken place involving the IUCT social worker, Simon’s new East locality neighbourhood team social worker and his CGL worker.

**3.37** On 18<sup>th</sup> July 2023 Simon’s general needs tenancy with Jigsaw Homes commenced, although he didn’t move in until on or around 2<sup>nd</sup> August 2023. On that date (2<sup>nd</sup> August 2023) he was conveyed to the hospital after a fall down the stairs by which he accessed his new flat which was situated on the first floor. He sustained no obvious injuries although an old skull fracture was noted in A&E. (Simon’s GP practice has advised the SAR that a right sided skull fracture was first seen on a scan following Simon’s A&E attendance on 25<sup>th</sup> August 2022, having been found on his sofa and unable to recall how the injury had been caused. Simon was stated to have a history of alcohol dependence and was ‘likely intoxicated when he injured himself’). Simon said that he normally drank alcohol daily but had not drunk that day and was admitted to the integrated assessment unit due to alcohol withdrawal. He was treated with Librium and Pabrinex and received a HALS review. A hospital consultant requested an admission avoidance review<sup>19</sup> for social circumstances which Simon was said to have declined. Simon was discharged from hospital on 4<sup>th</sup> August 2023. His GP was notified and CGL was aware.

---

<sup>19</sup> A preventable admission is one where there was scope for earlier, or different, action to prevent an individual’s health or social circumstances deteriorating to the extent where hospital or long-term bed-based residential or nursing care is required. The shorthand collective term ‘avoidable admissions’ is also often used to refer to admissions which could be considered preventable. The Tameside General Hospital admissions avoidance review team consists of Nursing and Therapy staff and a ‘Social Assessor’ who would consider whether a patient’s care needs were being met when there were frequent hospital admissions. Any safeguarding concerns would be referred to ASC

**3.38** On 7<sup>th</sup> August 2023 Simon contacted GMP to report that he had gone to a 'neighbour's address' as a gang of 10 people waiting outside for him. He named Male A and Male B as possible offenders. Officers attended and found no trace of the gang. Simon had also left his neighbour's address in a taxi. (It is understood that Simon had visited his former address and that the neighbour he visited was a former neighbour).

**3.39** Also on 7<sup>th</sup> August 2023 NWA/Greystones contacted CGL to advise that they had not seen Simon since 31<sup>st</sup> July 2023. It is assumed that NWA/Greystones were unaware that he had moved to his new tenancy with Jigsaw Homes. The SAR has been advised that Simon had been requested not to move into his Jigsaw Homes tenancy until furniture had been delivered. On the same date CGL spoke to Simon by phone and he said that he was struggling with the stairs at his new property and requested a move to a ground floor flat. Simon also advised that he had no bed. On the same date Tameside Housing Advice closed his case as he had left emergency accommodation and moved to a new tenancy.

**3.40** On 8<sup>th</sup> August 2023 Simon was discussed at a Complex Cases Panel. It was noted that he had moved to new tenancy but had no furniture and so a furniture package was to be chased up with Tameside's Rough Sleeper's Initiative (RSI) service. He was said to have returned to his previous tenancy and so there was a risk that his new address may become known (Paragraph 3.38). Simon's current alcohol use was discussed. He said he had been drinking vodka but had reduced to 4 cans of 9% lager per day. It was agreed that Simon's CGL worker would contact him daily and that Simon's new East locality social worker would be invited to future Complex Cases Panel meetings.

**3.41** On 11<sup>th</sup> August 2023 CGL phoned Simon who said that Male B had been near the address to which he had recently moved and had seen him. He also said that a 'friend' from Wales had also visited his property, banging on the door and demanding money. On the same date CGL contacted RSI who said that they had attempted to deliver a bed to Simon's address but had been unable to obtain a reply from Simon.

**3.42** On 14<sup>th</sup> August 2023 CGL phoned Simon who said that he still had no bed. He also said that the occupant of a neighbouring flat was a 'drinker' and that 'lots of people' visited him who sat in his garden with him. Simon said that he found this intimidating. Simon also discussed paperwork which was at his previous address and was advised not to return to the property himself and to speak to his family about this.

**3.43** On 15<sup>th</sup> August 2023 Simon contacted GMP to report that a male neighbour had smashed a glass panel in his front door. A crime of criminal damage was recorded and closed after enquiries did not identify an offender. On the same date a CGL recovery worker visited Simon and saw a neighbour banging on Simon's door and shouting through the letter box. Simon disclosed to CGL that the neighbour knew Male B and had informed him of Simon's whereabouts. He went on to say that there were 2 guns at the 'old property' which belonged to the gang. Simon sounded very distressed and ended the call abruptly. After discussing the matter with his manager, Simon's CGL worker shared Simon's disclosures with GMP who created a care plan

for Simon in which it was documented that Simon felt under threat from a gang, that he was unwilling to disclose the names of any gang members due to fear of violence and that he had been hospitalised multiple times due to violence from the gang including a fractured skull (see Paragraph 3.37). The care plan also stated that there had been a number of incidents involving Simon but that the majority of these 'ended up closed' on the grounds that Simon was struggling with his mental health and was paranoid. Simon was described as very withdrawn and difficult to understand. He was advised to try and stay indoors and lock all doors and to call the Police if he felt he was in imminent danger. The care plan was triaged by the MASH police support officer following which it was documented that several MDT meetings had been held in respect of concerns reported by Simon at his previous address. It was stated that there was some history to suggest Simon either imagined the incidents or they were 'due to alcohol'. No referrals were considered necessary as Simon's CGL worker planned to liaise with his social worker and arrange a further meeting.

**3.44** Also on 15<sup>th</sup> August 2023 RSI made a further attempt to deliver the bed to Simon's address but were unable to obtain any reply from Simon. After speaking to CGL and learning of Simon's reference to handguns, it was decided to suspend the furniture order until it was considered safe to deliver.

**3.45** On 19<sup>th</sup> August 2023 Simon self-presented to the hospital A&E but left without being seen. He again self-presented on 22<sup>nd</sup> August 2023 when a swelling in his right calf was noted. A moderate risk of deep vein thrombosis or pulmonary embolism was documented and Simon was discharged with a 7- day prescription of Apixaban<sup>20</sup>.

**3.46** On 24<sup>th</sup> August 2023 Simon attended a Nurse Alcohol Assessment during which he reported drinking 18 units of alcohol daily and experiencing blackouts and withdrawal symptoms. He was advised to continue to stabilise his alcohol use and that detoxification remained an option. He also disclosed risks of intimidation and threats from others and the impact this was having on his mental health. He stated that the people who were making threats to him had his current phone number. He was advised to inform the Police of the threats he had been receiving.

**3.47** On 25<sup>th</sup> August 2023 Simon was discussed at an MDT meeting which was attended by his social worker and his CGL worker. No details of the outcome of this meeting have been shared with the SAR.

**3.48** On 28<sup>th</sup> August 2023 Simon was conveyed to the hospital by the Police in a highly intoxicated state after a 'friend' reported that Simon was 'suicidal' and walking into traffic whilst under the influence of alcohol. Simon disclosed to officers that people were watching him, making fun of him and that no-one liked him. He appeared very upset and was short of breath. He was seen by the hospital mental health liaison team (MHLT) and reported low mood and suicidal thoughts in the context of social stressors (threatened by someone) and alcohol dependency but

---

<sup>20</sup> Apixaban is a type of medicine known as an anticoagulant. It is used to treat people who have had a health problem caused by a blood clot, such as a blood clot in the leg (deep vein thrombosis or DVT) or a blood clot in the lungs (pulmonary embolism) and is also used to prevent blood clots if a patient is at high risk of having them in the future.

said that he was looking forward to having a detox and identified his dog as a protective factor. He was encouraged to report the threat to the Police and agreed to do so. Prior to discharge, the HALS nurse contacted CGL to express concern about the risk to Simon if he returned home given his lack of furnishings and risks from others. CGL passed the name of Simon's social worker to the hospital although there is no documentation regarding the HALS nurse contacting the social worker or any formal referrals to ASC.

**3.49** The following day (29<sup>th</sup> August 2023) Simon self-presented at the hospital once or possibly twice and reported feeling mentally unwell and concerned that he may harm himself. He also reported hallucinating and hearing voices. He was again seen by the hospital MHLT and again presented with low mood and suicidal thoughts in the context of alcohol dependence. He said that he was waiting for a community detox but it was taking too long. He made no mention of threats from others during this presentation.

**3.50** On 30<sup>th</sup> August 2023 Simon was discussed at a CGL Alcohol MDT when it was decided to work towards a detox and explore residential rehab.

**3.51** On 3<sup>rd</sup> and 8<sup>th</sup> September 2023 Simon was conveyed to the hospital by ambulance. On the first occasion he reported shortness of breath, coughing up blood and chest pain but left prior to treatment. On the second occasion he was admitted for alcohol withdrawal treatment and discharged 2 days later on 10<sup>th</sup> September 2023. He reported 3 collapse episodes over the previous 3 days. He said that he normally drank 2 bottles of vodka daily. An admission avoidance review was again requested but did not take place after Simon declined 'all social support'.

**3.52** On 5<sup>th</sup> September 2023 CGL emailed Jigsaw Homes to discuss the risks to Simon from his neighbour which had delayed furniture delivery. Simon was stated to be currently living in his flat with only a kettle and a toaster and sleeping on the floor. Simon's social worker was copied into the email. Two days later, there was further (telephone) contact between CGL and Jigsaw Housing, following which it was arranged that a housing safety officer would be present when the next attempt to deliver furniture to Simon was made. (However, the housing safety officer was unavailable for the proposed delivery date of 18<sup>th</sup> September 2023). Jigsaw Housing also planned to initiate legal action against the neighbour of Simon who was suspected of damaging his door window and requested information from GMP to inform this process. During the conversation with CGL, Jigsaw Housing was informed that Simon was alcohol dependent, frequently attended A&E, experienced depression and anxiety, was open to the community mental health team (this was incorrect), had moved from a 'cuckoo situation' at his previous property and had been 'suicidal' whilst the cuckooing was taking place.

**3.53** On 11<sup>th</sup> September 2023 Simon attended a CGL appointment at which his detox was discussed in detail. Simon disclosed receiving text messages from Male B and said that he had met him that day and given him £60. Simon's social worker was to be informed and a meeting arranged with Simon involving CGL and ASC.

**3.54** Also on 11<sup>th</sup> September 2023 Simon was again discussed at the Complex Cases Panel. It was noted that his East locality social worker was not in work that

day and so there was a 'general discussion' of Simon, who was said to be vulnerable to abuse by others.

**3.55** On 26<sup>th</sup> September 2023 Simon attended a CGL care plan review and disclosed that Male B had threatened to kill him and said that Simon would be taken in the boot of a car. Simon went on to say that he had gone to a cash point with Male B and withdrawn £100, which he had given to Male B. Simon was encouraged to report the incident to the Police.

**3.56** On the same date (26<sup>th</sup> September 2023) Simon self-presented to the hospital and reported 'pins and needles' in his neck, both arms and legs. He appeared intoxicated. Saturday Night Palsy<sup>21</sup> was considered to be a possibility. Simon was discharged for GP follow up to arrange a MRI of his spine if required.

**3.57** The GP practice concluded that no MRI was needed, a view reinforced by Simon's subsequent hospital attendance on 8<sup>th</sup> October 2023 when his neck pain was thought to be due to a sprain (Paragraph 3.58).

**3.58** On 8<sup>th</sup> October 2023 Simon self-presented at the hospital with left sided neck pain which was thought to be a sprain and he was discharged with analgesia.

**3.59** On 9<sup>th</sup> October 2023 Simon called the Police to report that a female he did not know was banging on his door who he believed had been sent to harm him. Officers attended and provided reassurance. Simon said he was worried that someone may call on him as he was 'getting paid' on that date.

**3.60** On 10<sup>th</sup> October 2023 Simon attended CGL and he was reluctant to share his level of alcohol consumption. He said that he had reported the Male B incident to the Police. (There is no indication that he had done so.) He also said that he was unable to receive text messages as he had turned off his phone to avoid calls/messages from Male B. He said that he had a new SIM card which he would use once he could afford to pay for credit on his phone.

**3.61** Also on 10<sup>th</sup> October 2023 Simon was again discussed by Tameside Complex Cases Panel meeting at which there were stated to be 'massive concerns due to Simon's vulnerability'. The incident in which Simon reported that he had been bundled into a car, taken to a cash point and forced to hand over £100 (Paragraph 3.55) was discussed. It was again said that this incident had been reported to the Police (yesterday) but there is no indication that the incident had been reported. GMP were represented at the meeting but their case management system was 'not working' and so the GMP representative agreed to provide an update as soon as possible and to contact Simon's CGL worker to discuss the case further. Simon was said to have received a furniture package but was awaiting 2 carpets.

---

<sup>21</sup> Saturday Night Palsy or Radial neuropathy is a condition where the radial nerve is damaged leading to weakness in the wrist and fingers. The most common cause of a radial neuropathy however, is sitting or sleeping with the arms over the back of the chair. This compresses the radial nerve against the bone. It is often seen after heavy alcohol use where the patient may remain in this uncomfortable position for a long time. It is for this reason that radial neuropathy is also called 'Saturday night palsy'.

**3.62** On 21<sup>st</sup> October 2023 Simon was conveyed to the hospital by ambulance after stumbling in the street whilst under the influence of alcohol and hitting his head. He sustained abrasions to his forehead and bruising and abrasions to his left wrist and palm. Following a CT scan, which showed no new events, he was discharged from hospital.

**3.63** On 30<sup>th</sup> October 2023 an MDT was due to take place. Simon had been invited but did not attend. Simon's social worker and his CGL worker visited Simon at home but received no reply. It is understood the scheduled MDT did not proceed although the 2 practitioners shared information.

**3.64** On 2<sup>nd</sup> November 2023 GMP received an abandoned 999 call from Simon's phone. No distress or disturbance was heard and when the Police attempted to recall Simon, the phone was switched off. GMP sent Simon a text message asking him to contact them on 101, but no further call was received from Simon at that time.

**3.65** Throughout the first half of November 2023 CGL experienced difficulty in contacting Simon by phone. His mother provided CGL with her son's new phone number. When contacted by CGL on 6<sup>th</sup> November 2023, Simon said that he was 'trying to keep his head down' and ended the call abruptly.

**3.66** On 14<sup>th</sup> November 2023 Simon was again discussed by the Complex Cases Panel. It was confirmed that his case had been transferred to the east locality team social worker, that Simon had moved to the Jigsaw Homes flat and that his CGL worker was concerned that Simon continued to be targeted. It was said that a future MDT would be taking place. This was the final time that Simon was discussed at the Complex Cases Panel, no meeting of the Panel taking place in December 2023.

**3.67** On 15<sup>th</sup> November 2023 Simon did not attend a Gastroenterology<sup>22</sup> Clinic appointment at the hospital and he was discharged back to the care of his GP.

**3.68** On 16<sup>th</sup> November 2023 Jigsaw Housing applied to the County Court for an injunction against Simon's neighbour.

**3.69** On 24<sup>th</sup> November 2023 Simon self-presented at the hospital after initially phoning his GP to report an assault one week previously in which he had sustained a wound to the left side of his head which was bleeding. After the GP arranged an in-person consultation with Simon, they advised him to attend hospital for wound cleansing and suturing. Simon informed A&E that the assault had taken place the previous week then later said that it had occurred on the previous night and involved blows to the head. After a CT scan disclosed no acute changes, Simon left the hospital without receiving any further treatment.

**3.70** CGL continued to experience difficulty in contacting Simon during the second half of November 2023 and on 1<sup>st</sup> December 2023 they informed Simon's social worker and the Police. On 2<sup>nd</sup> December 2023 the Police forced entry to Simon's home address. He was later located at a member of his family's address, where he

---

<sup>22</sup> Gastroenterologists diagnose, treat and work to prevent gastrointestinal (stomach and intestines) and hepatological (liver, gallbladder, biliary tree and pancreas) diseases.

had been staying for several weeks after being assaulted. Simon elaborated on this, stating that an unknown offender had used force to get him into a vehicle and drive him to a cash machine where he was forced to withdraw £100. The case was later closed after no suspect was identified. GMP submitted a high-risk care plan and referrals were sent to CGL and ASC. ASC has advised that the GMP referral did not trigger a safeguarding concern. ASC noted that the crime had been recorded as a burglary rather than a crime more directly linked to exploitation.

**3.71** CGL arranged to see Simon at his mother's address on 5<sup>th</sup> December 2023, although this meeting may not have taken place. CGL phoned Simon on 8<sup>th</sup> December 2023 when he said that he had recently been in hospital, which does not appear to be correct. He said that he continued to be threatened by his neighbour and was advised to inform the Police.

**3.72** On 13<sup>th</sup> December 2023 Simon contacted GMP to report that his neighbour had knocked on his door and made threats to kill him. His neighbour was arrested on suspicion of this offence following the discovery of Simon's body in January 2024. Simon made several further calls to the Police on 13<sup>th</sup> December 2023 indicating that someone had taken his dog and threatened to shoot him. During these calls Simon appeared to be intoxicated. He was not seen by the Police, but NWS attended at the request of GMP and conveyed Simon to the hospital. The crew noted his home to be sparse and unkempt and Simon said that he wasn't eating because he couldn't afford to. NWS planned to submit a safeguarding concern but this was not actioned. When triaged in A&E, Simon disclosed that he had been punched and kicked the previous day. He reported pain in the right side of his body. A CT scan of his head disclosed no acute issues. Simon left the hospital before the assessment had been fully completed.

**3.73** On 17<sup>th</sup> December 2023 Simon contacted the Police to report to that Male B had posted a note through his door saying 'money'. Simon added that Male B knew that he (Simon) had 'dropped someone in the shit'. The call was not allocated to an officer due to resourcing issues. Crimes of common assault and 'put in fear of violence' were recorded but closed on 28<sup>th</sup> December 2023 after the Police were unable to obtain any reply to contact cards and voice mails. On the same date NWS also attended and conveyed Simon to the hospital after he reported spitting blood and feeling suicidal. He disclosed being assaulted twice recently by the same people and complained of pain in his abdomen. The crew noted a bruise in that area of his body. During triage in A&E, Simon disclosed that he had been assaulted by 4 men that day and kicked and stamped on his chest and abdomen. Bruising to his arms, abdomen, back and buttocks and a graze to the back of his head were noted. A&E also noted that Simon had also attended hospital 4 days earlier following an alleged assault. Simon declined a CT scan and left the hospital before blood samples were returned.

**3.74** On 19<sup>th</sup> December 2023 Simon phoned the Police to report two visits by a man from Stalybridge who banged on the door. He reported also receiving messages threatening to return later and smash his door in. Simon later phoned to cancel Police attendance without giving any reason for doing so before terminating the call. A crime of harassment was recorded but subsequently closed after numerous failed attempts to contact Simon.

**3.75** On 28<sup>th</sup> December 2023 Simon attended a CGL appointment. His CGL worker observed that Simon had bruising to his eye, face and head and Simon shared evidence of threatening text messages allegedly relating to Male B. Simon said that he was staying with his family.

## **2024**

**3.76** On Monday 8<sup>th</sup> January 2024 a neighbour of Simon (not the neighbour who was alleged to have damaged the window of his door) contacted Jigsaw Housing to complain of 'constant noise' from Simon's address. When Jigsaw Housing explored the tenant's concerns, they primarily related to the amount of Police activity relating to Simon's address. Jigsaw Housing planned to contact GMP to check whether Simon had appropriate support in place.

**3.77** Also on Monday 8<sup>th</sup> January 2024 Simon contacted GMP to report that someone was 'booting' his door and trying to gain entry. The call taker documented that Simon sounded intoxicated and difficult to understand but they could hear the sound of possible banging in the background. An officer attended and found Simon to be 'very confused' and conveyed him to hospital. The Police were unable to ascertain whether someone had been at the door or whether Simon had been 'hearing things' or was 'paranoid'. A care plan was submitted by the attending officer which was then triaged by the police support officer in the MASH following which no referrals were made as Simon had been taken to hospital which, it was assumed, would make any necessary referrals. When triaged in A&E, Simon stated that he had been kicked in the stomach. He left before the assessment process could be completed but self-presented again later in the day when he complained of abdominal pain and faecal incontinence. He again left before the assessment process could be fully completed.

**3.78** On Tuesday 9<sup>th</sup> January 2024 NWSAS conveyed Simon to the hospital after he reported not feeling well, experienced difficulty breathing, and being assaulted by a neighbour recently and needing to move. He was examined in A&E where he reported abdominal pain, 'pins and needles' in his left hand and seizures lasting seconds. He was documented to be intoxicated but stable with no signs of injury. He disclosed that he had attended hospital the previous day after being assaulted by a neighbour and that the neighbour had assaulted him again that afternoon. He was discharged home.

**3.79** On Wednesday 10<sup>th</sup> January 2024 CGL received a call from Simon's phone. An unknown male was on the phone and said he had borrowed the phone to 'sort out contacts'. CGL asked to speak with Simon and were told that he (Simon) would return 'in a minute'.

**3.80** On Thursday 11<sup>th</sup> January 2024 Jigsaw Housing was advised by GMP that Simon's address was a 'top crime address' for December 2023. A joint GMP/Jigsaw home visit was discussed but was not completed prior to Simon's death.

**3.81** On Tuesday 16<sup>th</sup> January 2024 CGL unsuccessfully tried to contact Simon and also his mother by phone. CGL phoned the MASH police support officer to provide

an update 'regarding issues with Simon's phone' and a joint visit was proposed by the MASH police support officer.

**3.82** On Wednesday 17<sup>th</sup> January 2024 GMP were advised that the front door to Simon's flat had been open for a couple of days. Simon was found deceased in the living room with a large amount of blood on his head, body and groin. The address was noted to have minimal furniture, was dirty and had clothing, empty bottles and faeces on the floor. The outcome of the subsequent Home Office post-mortem was inconclusive in that the 2 scalp puncture lacerations to the back of Simon's head could have been caused by a fall or assault with a weapon.

**3.83** Logs of previous calls to GMP disclosed numerous reports stating that Simon had been targeted by gangs who had financially exploited and threatened him. The name of Male B was frequently mentioned. Male B was identified as having made a £200 withdrawal from Simon's bank account at a cash point on 10<sup>th</sup> January 2024. Further withdrawals were made on the day after Simon's body was discovered. Male B and others were later arrested and items including cash, Simon's bank statements and several mobile phones were recovered.

#### **4.0 View of Simon's family**

**4.1** Simon's family were contacted and advised that the Safeguarding Adults Review had been commissioned and were invited to contribute if they wished to do so. They did not wish to contribute at that time – and there is no obligation on them to do so. However, when the review had largely been completed, they met with the independent reviewer and read the final SAR report.

#### **5.0 Analysis**

##### **Application of Safeguarding Adult Policy and Procedures in respect of cuckooing, financial exploitation, criminal exploitation, self-neglect, Section 42 Enquiry**

**5.1** During the period reviewed by the SAR, one safeguarding referral was completed in respect of Simon. On 6<sup>th</sup> November 2022 NWAS made a safeguarding referral to ASC as the crew were concerned for Simon's welfare, given his disclosure of an assault, the impact of the assault on his physical health together with his unkempt presentation and the condition of his home environment (Paragraph 3.9). This referral led to the initiation of a Section 42 Safeguarding Enquiry on the grounds that Simon had care and support needs, was at risk of abuse (Simon was said to feel unsafe in his property but reluctant to engage with the Police due to potential repercussions) and neglect (self-neglect) and as a result of his needs was unable to protect himself (Paragraph 3.11).

**5.2** A social worker from the integrated urgent care team (IUCT) led the Safeguarding Enquiry. An MDT was promptly arranged in which the social worker, Simon's CGL worker and GMP were involved (Paragraph 3.12). This generated a number of measures which had the potential to reduce the risk to Simon to a degree.

A joint CGL/GMP home visit was made in an effort to support Simon to make a statement although there is no indication that Simon made such a statement at this time or subsequently. Simon was also given advice on the steps to take should he feel threatened or in danger and was said to have evidenced the ability to seek advice and help when required. A referral was made to the Tameside Community Response Service (CRS) which would have given Simon access to a telecare/alarm service 24 hours a day, 365 days a year. However Simon was not at home when CRS called and so he was advised to re-arrange the appointment, although there is no indication that the appointment was re-arranged or that CRS was installed. Contact was also to be made with Simon's family – who were his landlords – to ask them to repair his door lock. In addition to the measures intended to safeguard Simon from harm whilst continuing to reside in his current property there was also an emphasis on supporting Simon to move to a different area and advice was obtained from Tameside Council Housing and a 'duty to refer' form was completed. Simon declined the option of 'a bed every night' (ABEN).

**5.3** The Section 42 Enquiry was closed 3 weeks after being initiated (28<sup>th</sup> November 2022) when it was acknowledged that the risk to Simon remained as he was said to continue to be reluctant to engage with the Police to enable them to progress their investigations. Possible cuckooing was referred to at the time of closure but no further details of this were documented. It is understood that the form of cuckooing to which Simon was exposed was that the perpetrators took over his home allegedly for drug dealing but did not actually stay at his address overnight. Simon and his family were said to be aware of how to re-refer to ASC should this be required.

**5.4** It is not known what happened to the duty to refer form completed by ASC in November 2022, because the IUCT social worker who completed the Section 42 Enquiry sent a further 'duty to refer' form to Tameside Housing Advice in March 2023 (Paragraph 3.16). Following this second 'duty to refer', Tameside Housing Advice completed an assessment of Simon, during which he provided one of the fullest accounts of the exploitation he had been experiencing and Simon's CGL worker, who had supported him during the Tameside Housing Advice assessment contacted ANEW. As previously stated, ANEW is a Tameside based Community Interest Company which provides a Tameside Council commissioned supported homes service for people who have experienced long periods of homelessness and find it difficult to maintain stability and manage a home and also provides a Change Grow Live commissioned residential supported homes service for men and women wishing to address their addiction and maintain an abstinent life. (Paragraph 3.18)

**5.5** Record keeping in respect of ANEW's contact with Simon is very limited. However, Simon's CGL worker has advised the SAR that he and an ANEW worker met Simon and invited him to what the CGL worker described as a 'taster session' at the ANEW residential supported housing for men and women wishing to address their addiction and maintain an abstinent life but it became increasingly apparent that Simon was still using alcohol and did not yet appear to be ready to be abstinent from alcohol, which was a tenancy condition. Additionally, Simon was informed that he would be unable to have his dog in the accommodation, which would have been a major stumbling block as his dog appears to have been a very important part of his life. As previously stated, Simon did not meet the criteria for the Tameside Council supported homes service provided by ANEW for people who have experienced long

periods of homelessness and who find it difficult to maintain stability and manage a home (Paragraph 3.34). The SAR Panel considered whether it was necessary to make a recommendation to encourage providers of housing to adopt a less restrictive approach to prospective tenants being accompanied by their domestic pets. However, it was noted that Simon was appropriately denied permission to bring his dog into the ANEW residential supported housing for people wishing to address addiction as much of the accommodation is communal and other residents may have had related allergies or been fearful of dogs. Additionally, the SAR has been advised that there are charities who care for dogs whilst their owners are in hospital or undergoing a residential rehab. In Simon's case he could have left his dog with his family whilst he completed the residential rehab, as he had on other occasions.

**5.6** The lack of record keeping in respect of the decisions taken in respect of the consideration of accommodation options for Simon is concerning. The independent reviewer completed a previous Tameside SAR in respect of 'Anne' in which there was only limited documentation of the rationale for decisions made in respect of how Anne's accommodation and support needs would be met after she was supported to move out of a family member's home (1).

### **Recommendation 1**

That Tameside Adult Safeguarding Partnership Board obtains assurance from relevant partner agencies that they record the rationale for decisions taken in respect of accommodation options for people they support.

**5.7** The IUCT social worker who completed the Section 42 Enquiry in November 2022 appeared to have remained involved with Simon until 30<sup>th</sup> June 2023 when Simon's case was transferred from the IUCT to the East locality neighbourhood team (Paragraph 3.33). By this time Simon had moved to the NWA Housing /Greystones temporary accommodation and had been offered a tenancy by Jigsaw Homes in a different part of the Tameside Council area. It was clear from the contributions made by the professionals involved at the practitioner learning event arranged to inform this SAR, that during the period in which the IUCT had been co-ordinating efforts to safeguard Simon and support him to move away from the address where he was being exploited, that there had been much effective multi-agency working, including very active IUCT managerial involvement. Additionally, the IUCT social worker had completed a comprehensive risk assessment in May 2023 (Paragraph 3.23), although the risk assessment was predicated in part on the offer of the ANEW accommodation to Simon, rather than the Jigsaw Homes general needs tenancy to which Simon eventually moved. Professionals had adopted an MDT approach to supporting and safeguarding Simon. The outcomes of these MDT meetings do not appear to have been consistently documented. The SAR requested minutes of the MDT meetings but other than what appears to be a transcript of a recording of the MDT meeting held on 2<sup>nd</sup> May 2023 (Paragraph 3.24), minutes have not been located. The SAR acknowledges that resourcing minute taking for all multi-agency meetings is challenging and expecting the chair or an attendee to record minutes or agreed actions may be unrealistic. The SAR was advised that an artificial intelligence (AI) product called 'Magic Notes' is to be trialled by ASC in the near future which converts audio recordings of meetings into a custom summary with actions.

**5.8** When this SAR was commissioned, the screening panel members involved in that decision observed that opportunities to manage the concerns about Simon's safety under the Section 42 Safeguarding Enquiry process were missed. This observation has been borne out by the findings of the SAR. There were many other occasions when further adult safeguarding referrals could have been considered. From November 2023 until the discovery of Simon's body in January 2024, the risks to Simon appeared to escalate markedly, although this may be slightly more apparent in hindsight. NWS planned to complete a safeguarding referral on 13<sup>th</sup> November 2023 on the grounds that his home was 'sparse and unkempt' and Simon said that he wasn't eating because he couldn't afford to (Paragraph 3.72). However, the planned safeguarding referral was not actioned although NWS shared their concerns about Simon with A&E.

**5.9** Looking back at the period in which the risks to Simon began to escalate markedly - during the months of November 2022 until the discovery of Simon's body in January 2024 - no formal MDT meeting was held. The final MDT meeting had taken place on 25<sup>th</sup> August 2023 (Paragraph 3.47). The rigour with which Simon's case had been managed through the MDT approach whilst his case was held by the IUCT did not appear to continue after the case was transferred to the East locality team. The Complex Cases Panel continued to monitor Simon's case until November 2023. The Panel was aware that Simon's move to the Jigsaw Homes property had not prevented his exploitation by the alleged perpetrators continuing and at their 10<sup>th</sup> October 2023 meeting they recognised that there were 'massive concerns' due to Simon's vulnerability (Paragraph 3.61). These 'massive concerns' were not followed up on at the next Complex Cases Panel on 14<sup>th</sup> November 2023 (Paragraph 3.66) although the Panel may have taken comfort from the intention to hold a future MDT. However, as stated, multi-agency MDTs were no longer taking place. The impression gained is that the Complex Cases Panel adopted a broadly strategic approach to Simon's case and appeared to expect that the risks of exploitation experienced by Simon would be managed operationally through the MDT. However, the Complex Cases Panel appeared to be unaware that MDT meetings were no longer taking place. There may be some learning for the Complex Cases Panel in relation to the need to clearly establish that the MDT process is both taking place and is effective.

**5.10** From November 2023 Simon's CGL worker experienced considerable difficulty in contacting him. When CGL was able to phone Simon on 6<sup>th</sup> November 2023, he said that he was 'trying to keep his head down' and ended the call abruptly (Paragraph 3.65). After becoming increasingly concerned about their lack of contact with Simon, CGL informed GMP who forced entry to his flat on 2<sup>nd</sup> December 2023 and established that Simon had been staying with his family for several weeks following an assault (Paragraph 3.70). GMP completed a high-risk care plan and referrals were sent to CGL and ASC. This appears to have been a significant opportunity to consider a Section 42 Safeguarding Enquiry. The SAR has been advised that a key factor in the referral not progressing to a Section 42 Enquiry was the fact that GMP had recorded a crime of burglary (presumably because entry had been forced into Simon's flat) rather than a crime more specifically related to exploitation. This appeared to be a very narrow and restrictive approach to assessing the safeguarding referral which does not appear to have given sufficient weight to the well-articulated risks to Simon over the previous year.

**5.11** When Simon attended a CGL meeting on 28<sup>th</sup> December 2023, he was noted to have bruising to his eye, face and head and also shared threatening messages allegedly relating to Male B (Paragraph 3.75). This was a further opportunity to consider a safeguarding referral. After CGL received a phone call from Simon's phone on 10<sup>th</sup> January 2024 which was made by an unknown male who said he had borrowed the phone to 'sort out contacts' (Paragraph 3.79), the CGL worker phoned the MASH police support officer on 16<sup>th</sup> January 2024 and a joint visit was proposed. Simon's body was discovered the following day. At this time CGL appeared to be responding to concerns about Simon informally rather than by returning to the MDT approach or making a safeguarding referral.

**5.12** Simon reported incidents to the Police on 3 occasions during December 2023 (Paragraph 3.72 (threats to kill from his neighbour), Paragraph 3.73 (put in fear of violence by Male B) and Paragraph 3.74 (harassment by unnamed men from Stalybridge). He reported a further incident to the Police in January 2024 (Paragraph 3.77 (someone 'booting' his door and trying to get in). In response to the 3 December 2023 incidents, GMP recorded crimes but eventually closed them after experiencing continuing difficulty in contacting Simon. In response to the January 2024 incident, GMP conveyed Simon to hospital following which there was an adult care plan submitted which was triaged by the MASH police support officer. No referrals were made as Simon had been taken to hospital which, it was assumed, would make any necessary referrals. This was a highly optimistic assumption given the findings of this SAR. GMP adopted a silo approach to the 3 December 2023 incidents, largely treating them as discrete incidents without apparently exploring the history including the identity of perpetrators of financial exploitation/intimidation/violence. When GMP struggled to locate Simon, they could have considered contacting CGL who may have advised them to try his family, with whom he had been staying. No care plans were completed which meant that the opportunity to triage the care plans in the GMP District Safeguarding Hub (the MASH) and consider further referrals to partners including CGL and ASC did not arise. The SAR has been advised that care plans were not completed because Simon was not seen by officers. Whilst it is possible to complete care plans without actually seeing the person concerned, this is not normal practice as it is considered it would be difficult to complete GMP's Vulnerability Assessment Framework (VAF) without seeing the person's presentation, behaviour and environment – the outcome of which determines whether a care plan should be completed. Additionally, without seeing the person, it is not possible to seek their consent to their data being shared with partner agencies. Although GMP treated the December 2023 incidents as discrete events, Simon's address was later identified as a 'top crime address' and a joint GMP/Jigsaw Homes visit was discussed but not actioned prior to Simon's death (Paragraph 3.80).

**5.13** At the time the risks to Simon were escalating TASPb were in the process of adopting a Tiered Risk Assessment and Management (TRAM) Protocol, the purpose of which is to support any practitioner working with adults where there is a high level of risk that would benefit from joint multi-agency management and senior oversight of risk management strategies. TRAM's full implementation had not been completed prior to Simon's death. Had TRAM been available when the risks to Simon began to escalate markedly from October/November 2023 onwards, he could have met the

criteria for referral to TRAM as he had ‘complex or diverse needs which either fall between or span several agencies’ statutory responsibilities or different eligibility criteria’; the ‘vulnerability factor’ of ‘exploitation’ ‘placed him at risk of abuse’; he was ‘self-neglecting’; arguably he was a ‘high intensity service user/frequent attender’ (although he might not have been considered to be eligible for high intensity user support – see Paragraph 5.37); and he had ‘ongoing needs or behaviour, often described as lifestyle choices, placing the adult and/or others at significant risk’.

**5.14** Applying the TRAM ‘process steps’ to Simon’s case, step 2 – ‘moderate risk level’ anticipates that Team Around the Adult (TAA) meetings would be held to manage the case. The TAA combines short term intensive support to stabilise an individual’s situation with long term, strengths-based solutions that draw on community networks of support. The TAA adopts a creative approach in an effort to achieve change where more traditional engagement methods have not been successful, or where change may not have been maintained. It does this by creating a virtual team drawn from the statutory, voluntary and independent sector in order to harness the different roles, strengths and expertise from across the safeguarding partnership in Tameside. The MDT process adopted in Simon’s case involved the IUCT, CGL and GMP but was not sufficiently inclusive as Jigsaw Homes was not involved and there may also have been benefit in involving Simon’s GP, the hospital and NWS. However, the MDT process was not sustained beyond 25<sup>th</sup> August 2023.

**5.15** The TRAM approach envisages the TAA escalating concerns to the Adults Complex and High-Risk Panel, if the TAA process is not managing the risks sufficiently. The aim of escalation is to explore if measures can be implemented outside of usual practice/protocol and to gain financial approval for additional measures. In Simon’s case the MDT process was no longer in place when the risks he experienced began to escalate and the indications that risk were escalating did not trigger any resumption of the MDT process.

## **Recommendation 2**

*That Tameside Adult Safeguarding Partnership Board seeks assurance from all partner agencies, that their staff adopt the Team Around the Adult (TAA) process when appropriate and receive the training and support, including supervision, to enable them to recognise when risks are escalating for a person they are supporting through the TAA process and are aware of the circumstances in which risks should be escalated.*

## **Recognising exploitation**

**5.16** ‘Exploitation’ is not named in any of the documentation completed by ASC in relation to the section 42 Safeguarding Enquiry or in subsequent assessments including risk assessments, although the documentation clearly refers to ‘assaults’ or ‘physical abuse’ by ‘people who seemed to be targeting him due to his vulnerability’. The SAR Panel felt that ‘exploitation’ could have been more explicitly ‘named’ by all partner agencies involved with Simon.

**5.17** Simon’s CGL worker was of the opinion that Simon was ‘petrified’ by Male B, his son Male A and others in their circle. With the benefit of hindsight, there is

compelling evidence that Male B and others were financially exploiting Simon using violence and threats of violence to exercise control over Simon and the property in which he resided until May 2023. There are also indications that Male B may have manipulated agencies into viewing him and his associates as being friends of Simon. There is also a reference to a person documented to have the same first name as Male B representing himself as Simon's carer on one occasion (Paragraph 3.14).

**5.18** Professionals sometimes doubted the accounts of events provided by Simon. For example, GMP concluded that no assault had taken place on the basis that Simon did not mention an assault in his first call to NWAS although he did state that he had been assaulted during his second call to NWAS a short time later (Paragraph 3.9). Simon was described as 'hearing things' and being 'paranoid' after reporting someone 'booting' his door, despite the call taker hearing the sound of possible banging in the background (Paragraph 3.77). Whilst there were also occasions when Simon may have exaggerated the extent to which he was at risk (Paragraph 3.37) this should not have detracted from the overall picture of events and any exaggeration may have been an anxiety response by Simon or possibly an attempt to ensure he received a more rapid response.

**5.19** Professionals sometimes appeared to take the view that Simon had willingly exposed himself to risk by 'inviting' alleged perpetrators into his property and contacting the Police to get rid of them when they had 'overstayed their welcome' (Paragraph 3.5).

**5.20** During the AMHP assessment in October 2022 Simon said that he felt that he had no option but to end his life as the gang would kill him anyway and that would be 'much worse' than taking his own life. When asked if he could be found a safe place to stay, would he feel like ending his life, Simon said 'if he could be kept safe he would not end his life, but he could not see this happening'. Simon expressed suicidal ideation on other occasions and behaved in a manner which suggested that he may have wished to end his life. When seen by the hospital mental health liaison team (MHLT) he reported low mood and suicidal thoughts in the context of social stressors ('threatened by someone') and alcohol dependency but also said that he was looking forward to having a detox and identified his dog as a protective factor (Paragraph 3.48).

**5.21** However, professionals often experienced difficulty in communicating with Simon as he frequently appeared to be confused, unwell or under the influence of alcohol when contacting agencies and his speech was often described as slurred.

**5.22** Overall, a key area of learning arising from this SAR is that professionals from several disciplines did not appear to fully recognise the indications that Simon was a vulnerable adult who was being exploited. The form that exploitation took in Simon's case was financial exploitation accompanied by violence, threats of violence and intimidation. Home Office guidance *Criminal Exploitation of Children and Vulnerable Adults: County Lines* (2) sets out forms and methods of exploitation which may include:

- physical violence or threats of violence – used to intimidate and punish victims and their families and can involve weapons, including knives and firearms;

(Simon disclosed that he had been assaulted on several occasions and alleged that guns were being kept at his previous address)

- emotional abuse or psychological coercive control – by manipulating, threatening, controlling or monitoring the movements of the victim; (Simon disclosed that Male B had threatened to kill him and also said that Simon would be taken in the boot of a car (Paragraph 3.55))
- “cuckooing” (also known as “forced home invasion”) – a tactic used by criminals, typically drug dealers, to take over the homes of vulnerable individuals and use their property as a base for criminal activity. (Professionals suspected that Simon may have experienced cuckooing when living at the property he rented from his family. Alleged perpetrators were often found at that address and Male B may have presented himself as Simon’s carer during one Police call-out (Paragraph 3.14)).
- financial exploitation which can take many forms including debt bondage (a form of entrapment when a victim owes money to their exploiters and is made to repay that ‘debt’), exploitation which takes place for the purpose of money laundering (when criminals target adults at risk and take advantage of an imbalance of power to coerce, control, manipulate, or deceive them into facilitating the movement of illicit funds including physical cash and/or payments through financial products, such as bank and cryptocurrency accounts) (Simon disclosed to the AMHP that ‘some time ago’ he had been offered free cocaine and the local criminal gang then ‘became a part of his daily life’)

The Home Office guidance also sets out the factors which may heighten a person’s vulnerability (3) including the following factors which applied to Simon to an extent:

- social isolation or social difficulties – the lack of a support network can mean someone is less able to get help; (Simon received support from his family and also accessed support from the CGL, ASC, NWA Housing/Greystones, Jigsaw Homes and the Police but often appeared to be socially isolated)
- having substance misuse issues – victims are sometimes given substances in lieu of payment (Simon had used heroin in the past. As stated, during his AMHP assessment he disclosed that ‘some time ago’ he had been offered free cocaine and the local criminal gang then ‘became a part of his daily life’.

## **Understanding the lived experience of victims of exploitation**

**5.23** The Home Office guidance goes on to state that professionals should not expect victims to report their exploitation as they may not identify or be able to express that they are being exploited. They may also be too afraid to tell professionals what is happening for fear of retaliation by their exploiter (4).

**5.24** Simon appeared to be very careful about what he disclosed to professionals about alleged violence and intimidation. He appeared particularly reticent about naming perpetrators to the Police. He seems to have feared that if he did name perpetrators to the Police and this led to them being prosecuted they would blame him, and he would be exposed to even greater risk. For example, he declined to

name the people he alleged had 'jumped on him' and kicked him repeatedly (Paragraph 3.10).

**5.25** Simon appeared to value the confidentiality of his relationship with his CGL worker. This seemed to increase his confidence to make disclosures of violence/intimidation during conversation with the CGL worker. However, this can put professionals in a difficult position. Offering confidentiality – with the usual exceptions – facilitates trust and encourages disclosures but then the professional is left with the dilemma of what to do with the disclosures. Simon's CGL 'broke' confidentiality on two occasions – when Simon disclosed that there were 2 firearms in his previous property (Paragraph 3.43) and when Simon attended a meeting injured and disclosed threatening messages (Paragraph 3.75).

**5.26** Exploitation strategies developed in other areas have led to the establishment of a specialised exploitation team which accept referrals where there is evidence of grooming and/ or exploitation or the risks of exploitation surrounding the child/young person/ adult are deemed complex or they have vulnerabilities and are unable to protect themselves. As well as accepting referrals, the team can also co-work cases or offer advice and guidance.

**5.27** In Simon's case, key professionals worked effectively together during the Section 42 process (Paragraphs 3.11 and 3.12) and during an extended period of IUCT involvement (Paragraphs 3.16 to 3.33). Partnership working was less effective subsequently. Professionals attempting to support Simon during all of these phases may have benefitted from co-working or consultation by specialists. Whatever approach TASPb decides to adopt it will be necessary to ensure that the workforce has an increased awareness and understanding of exploitation supported by a multi-agency training offer.

**5.28** The SAR has been advised that the Strategic Exploitation Sub Group of Tameside Adult Safeguarding Partnership Board has established a Task and Finish Group to identify and develop safeguarding pathways in respect of adults experiencing exploitation. The objectives of this piece of work include 'improve the awareness and understanding of exploitation both within and between agencies working in Tameside'. The learning from this SAR emphasises the importance of this objective.

### **Recommendation 3**

*That Tameside Adult Safeguarding Partnership Board ensures that the learning from this SAR in relation to improving professional awareness and understanding of exploitation, in particular:*

*that a victim of exploitation may make disclosures to a wide range of professionals and may be reluctant to report incidents to the Police for fear of reprisals, that professionals should be aware of the risk of discounting disclosures made by victims of exploitation, where the victim may be challenging to communicate with due to anxiety, confusion or substance use for example, the possibility that the perpetrators may attempt to manipulate professionals working with victims of exploitation, informs the work of the Strategic Exploitation Sub Group.*

**5.29** The further objectives of the Strategic Exploitation Sub Group are:

- Protecting adults at risk of exploitation
- Developing and sustaining an agreed multi-agency response to the exploitation of adults
- Improving public awareness and understanding of exploitation
- Improving recognition and assessment of adults who are being exploited or are at risk of exploitation.
- Developing an effectiveness framework to monitor performance
- Ensure effective multi-agency exploitation.

**5.30** The independent reviewer has been carrying out a SAR in respect of the exploitation of a vulnerable adult for Salford Safeguarding Adults Board. In Salford an Exploitation Strategy has been published, a referral process is in place and a team has been formed to investigate certain offences in relation to exploitation, co-work cases or provide consultation and advice. There may be value in TASP drawing on the experience of other Greater Manchester Safeguarding Adults Boards in relation to responses to the exploitation of vulnerable adults.

#### **Recommendation 4**

*That Tameside Adult Safeguarding Partnership Board draws on the experience of other Greater Manchester Safeguarding Adults Boards in developing an Exploitation Strategy and associated referral process and investigative resource.*

#### **Supporting Simon to move home**

**5.31** Ultimately, professionals working with Simon concluded that the most effective measure they could take to safeguard Simon from exploitation was to support him to move home. He was living in a property owned by his family in the Tameside Council area. During the period when the AMHP was involved with Simon during October 2022, Simon had expressed a preference for moving out of the Tameside Council area into the neighbouring Stockport Council area. This option was not fully explored at that time and does not appear to have been considered subsequently.

**5.32** Simon was supported to move to a different part of the Tameside Council area and was accepted for a general needs tenancy by Jigsaw Homes in July 2023. Simon's new address was situated 3.5 miles away from the address at which he had previously been financially exploited and possibly experienced cuckooing. Whilst this move appeared to bring to an end the form of cuckooing to which he was allegedly exposed whilst living in his previous property, moving Simon did not prevent the financial exploitation accompanied by intimidation and violence continuing. Reported incidents greatly diminished during Simon's temporary stay in the NWA/Greystones accommodation from 15<sup>th</sup> May 2023 until 2<sup>nd</sup> August 2023. The SAR has been advised that entry to the NWA/Greystones complex is controlled by staff who are physically present on the premises. Additionally there is substantial CCTV coverage. These measures seem likely to have diminished Simon's fears of intimidation and violence whilst he was staying at NWA/Greystones.

**5.33** However, Simon was much less safe after moving into his Jigsaw Homes flat in August 2023. Information about the risks to Simon from financial exploitation accompanied by intimidation and violence appeared to have been shared with Jigsaw Housing only gradually (Paragraph 3.52) and Jigsaw Housing did not appear to be invited to the MDT meetings which took place in preparation for Simon's tenancy commencing or subsequently. Additionally, Simon needed more comprehensive safety planning advice to help him keep himself safe from the people who had allegedly exploited him at his previous address including not visiting his previous address and not visiting or contacting neighbours and friends from the area in which he previously lived. It would also have been helpful to explore any continuing links to his alleged perpetrators. For example, the SAR has been informed that Male B's benefits were paid into a bank account in Simon's name from 14<sup>th</sup> November 2022 until shortly after Simon's death (Paragraph 3.13). The DWP has advised the SAR that Male B's request for his benefits to be paid into Simon's bank account was accepted and the decision to accept Male B's request was in accordance with DWP policy. The independent reviewer has completed several Domestic Homicide Reviews (DHRs) in which the perpetrator has exercised control over the victim by arranging for the victim's benefits to be paid into the perpetrator's bank account. In the independent reviewer's experience, the DWP has become increasingly aware of the risks of economic abuse as a form of domestic abuse/coercion and control and takes steps to safeguard victims. However, in order to achieve this, the DWP often relies on disclosures by victims or information sharing by the Police and other agencies involved in safeguarding victims of domestic abuse. It seems likely that the DWP are less aware of the ways in which perpetrators of exploitation may manipulate the benefits system to financially exploit vulnerable adults.

## **Recommendation 5**

*That Tameside Adults Safeguarding Partnership Board writes to the Department of Work and Pensions to advise them of the manner in which Male B's request to have his benefits paid into Simon's bank account may have enabled Male B to continue to exercise control over Simon after he had been supported to move address and may have complicated the efforts of the Police to investigate the financial exploitation of Simon Male B is alleged to have committed. It is recommended that the Board requests the Department of Work and Pensions to advise on the action they take to safeguard victims of exploitation and also advise of the role which partner agencies could play in supporting the Department of Work and Pensions in such actions.*

**5.34** Reflecting on Simon's supported move there are a number of lessons:

- The need to ensure the move is to an area where there is a reasonable prospect of the victim being able to sever links with the perpetrators. Supporting Simon to move within the Tameside Council area did not appear to achieve this and the initial plan for Simon to be supported to move to the Stockport Council area appeared more promising.
- The need to ensure the new housing provider (in this case Jigsaw Homes) is fully briefed on the risks to the victim.
- The need to contact the DWP to ensure that the perpetrators have not manipulated the benefits system to create an opportunity to maintain control over the victim.

- The need for the Police to be asked to check whether the perpetrators have any connections to the area to which it is intended to support the victim to move.

**5.35** There may be lessons to be learned from the increasingly sophisticated safety planning which is offered to victims of domestic abuse which has been developed from hard-won experience. For example Women's Aid's guidance *Safety Planning and staying safe for victims and survivors of domestic abuse* (5) contains much advice which could be adapted for victims of exploitation such as

- Plan ahead in order to make decisions easier in times of crisis.
- Try to keep their mobile phone charged up and with them at all times in case they have to lock themselves in a room.
- Try to keep credit on their phone although emergency calls can still be made without credit.
- Set up speed dials for numbers they may need in an emergency.
- Plan their escape route from the house in an emergency and keep a set of spare keys somewhere.
- Set up signals or codes with neighbours or friends such as lights on/off in a certain room or the use of a particular phrase.
- Diary/log any abuse including abusive calls, texts, emails etc.
- Change the locks where possible, spy holes in door, window locks, door chains, security lights, grilles or bars at the windows.
- Cancel any bank accounts, credit cards they have shared with the perpetrator.
- There is also guidance to those supporting a friend, family member who is being exploited.

## **Recommendation 6**

*That Tameside Adult Safeguarding Partnership Board requests their Strategic Exploitation Subgroup to include safety planning for victims of exploitation in the developing Tameside Exploitation Strategy in order to prevent exploitation escalating, to support victims to safely remain in their property or to assist them to safely move to a different address. Additionally, the Exploitation Sub Group should consider any lessons which could be learned from safety planning for victims of domestic abuse.*

## **Unconscious bias and how we work with people with addiction.**

**5.36** At the meeting of Screening Panel members which decided to commission this SAR, concern was expressed that Simon may have been treated less favourably because of his alcohol dependency. Alcohol and/or drug dependence is not a protected characteristic under the Equality Act and so the requirement to make 'reasonable adjustments' would not have applied. However, the independent reviewer has completed SARs where needs arising from alcohol use were not considered care and support needs. It is not known whether this view was a factor in the missed opportunities to make safeguarding referrals in respect of Simon. The care of people who use substances can be undermined by stigmatised perceptions of them as 'undeserving' or 'making lifestyle choices' (6). The idea that substance

addiction is self-inflicted, or a personal choice can lead to mistaken beliefs such as ‘these people do not deserve our care’ and ‘any imposition of care is an infringement of their rights’ (7).

**5.37** Additionally, the serious risk of unmanaged withdrawals also means that the option to just stop drinking is unavailable. Beyond addiction, many other physical barriers impair the ability of dependent drinkers to make choices about their lives such as:

- Between 60% and 70% are depressed due to the chronic depressant effect of alcohol.
- They may have head injuries due to fits, fights or falls.
- They may have physical health problems which impair judgement for example the low energy levels that result from disease or the confused states resulting from pancreatitis.
- They may have poor sleep patterns due to alcohol misuse which can exacerbate depression and low mood.
- Poor nutrition can exacerbate depression (8).
- Drug withdrawal symptoms may include increased heart rate and blood pressure, nausea and diarrhoea, stomach cramps, high temperature, muscle aches and pains, shaking, shivering, and sweating, headaches, fatigue, insomnia, restlessness, vivid bad dreams, irritability and mood swings, anxiety and depression and cravings (9).

**5.38** Unconscious bias has been defined as a prejudice or stereotype individuals hold about certain groups of people that they aren’t consciously aware of having. Unconscious bias may have been a factor in the response to Simon’s disclosures of abuse when he was perceived to be exaggerating his fears, or to be confused or ‘paranoid’ or when an expected safeguarding response was not forthcoming. The SAR Panel also observed that victims of exploitation may fear that reporting incidents could lead to criminalisation of themselves due to professionals perceiving them to be implicated in offences related to using and dealing in drugs.

### **Joint working arrangements and understanding Organisations roles and responsibilities.**

#### **High Intensity use of Hospital and Ambulance services**

**5.39** Simon attended the hospital on 22 occasions during the period from October 2022 until January 2024 (15 months) on which the SAR focusses. During the same period he was cared for by an ambulance crew and/or conveyed to hospital on at least 14 occasions. The Hospital initiated, or considered initiating, 2 Admission Avoidance reviews – in July 2023 (Paragraph 3.37) and in September 2023 (Paragraph 3.41), although review activity, or the consideration of review activity did not lead to any discernible outcomes. The hospital admissions avoidance review team consists of Nursing and Therapy staff and a ‘Social Assessor’ who would consider whether a patient’s care needs were being met when there were frequent hospital admissions and any safeguarding concerns would be referred to ASC. The SAR has been advised that the admissions avoidance review team considered Simon to be mobile, self-caring and to have declined any assistance offered although they state that they may not have been aware of all other concerns.

However, as previously stated, Simon appeared to be less guarded about the causes of his injuries when he presented at Hospital A&E and the disclosures he made to A&E staff could have been taken into account by the admissions avoidance review team and safeguarding referrals considered. One example of this type of opportunity was Simon's A&E triage completed on 17th December 2023 when he disclosed that he had been assaulted by 4 men that day and kicked and stamped on his chest and abdomen. Bruising to his arms, abdomen, back and buttocks and a graze to the back of his head were noted. A&E also noted that Simon had also attended hospital 4 days earlier following an alleged assault. (Paragraph 3.73).

**5.40** Tameside Hospital has advised the SAR that they are in the process of establishing a High Intensity User Group. NHS England recommends the approach to be taken to high intensity users of A&E services including:

- utilising A&E data systems to identify high intensity users (HIU).
- personalised and direct contact from a HIU lead focusing on the individual's issues, identifying, de-medicalising, de-criminalising and humanising their needs to uncover the 'real' reason for attending A&E or an admission.
- de-escalation of the issue as many individuals use health care frequently due to an escalation in their social, emotional, financial, or family issues, an unmet need; discharge from the project to community or voluntary support services.
- management of relapse occurring when individuals begin to feel isolated again or can no longer cope with a change in situation. They may begin attending A&E again, individuals contact the HIU lead directly who picks up their issue and helps them, rather than feeling the only option is to reattend A&E.
- Quality of intervention. Higher quality more personalised and effective interventions create positive outcomes for individuals and deliver financial savings to the system with increased pace (10).

**5.41** However, it is unclear whether the frequency of Simon's A&E attendances (22 over a 15 month period) would meet the criteria for any high intensity user process the hospital decides to set up as the SAR has been advised that for a patient to trigger the NWS high intensity user process there must be 5 or more emergency incidents relating to individual episodes of care in a calendar month. During the period of 15 months on which this SAR focussed, there was no calendar month when Simon was in contact with NWS 5 or more times. (NWS has advised the SAR that they adopt a tiered approach to high intensity users beginning with a secure notification to the patient's GP practice then consulting with the patient directly in order to understand what support and signposting they may require. The NWS HIU practitioner would also likely engage with partner agencies/MDT in contact with the patient).

**5.42** Had it been possible for a high intensity user approach to have been adopted in respect of Simon this may have identified the issues which contributed to his frequent attendances. It is worthy of note that Simon advised the AMHP who assessed him in October 2022 that one of the reasons he presented at A&E so often was to try and be admitted to hospital in order to avoid staying at home and experiencing threats, intimidation and violence from his alleged perpetrators.

**5.43** The strong overall impression gained is that the hospital appeared to be somewhat detached from agencies supporting Simon in the community. When discharging Simon home they generally notified his GP and CGL although there were times when the hospital went further than this including when the hospital expressed concern about discharging Simon to his home where there was a lack of furniture and where he faced risks from others (Paragraph 3.48). There were other occasions when Simon left the hospital before his assessment and/or treatment had been completed. In contrast, NWAS appeared to be better connected to the multi-agency safeguarding system as they made one safeguarding referral on 6<sup>th</sup> November 2022 (Paragraph 3.9) and decided to make a further safeguarding referral on 13<sup>th</sup> December 2023 which then appears to have been overlooked (Paragraph 3.72).

### **Recommendation 7**

*That Tameside Adult Safeguarding Partnership Board obtains assurance that Tameside and Glossop Integrated Care NHS Foundation Trust admissions avoidance review process considers all relevant information accessible to the Trust when reviewing the needs of frequent users of A&E services and makes safeguarding referrals when this is justified. Additionally the Board may wish to request Tameside and Glossop Integrated Care NHS Foundation Trust to keep them updated on the development of a high intensity user scheme.*

**5.44** Simon underwent 3 day detoxifications in the hospital on many occasions and sometimes commenced a hospital detox within a few days of the previous hospital detox. Although the hospital informed CGL of Simon's admission there did not appear to be any system to enable CGL to follow up in any way on the hospital detox post discharge. The frequent hospital detoxifications which Simon experienced were described as a 'sticking plaster' at the practitioner learning event.

**5.45** The SAR has been advised that CGL are working with the Hospital Alcohol Liaison team to develop a pathway so that CGL can provide continuation of the detox process. This would mean CGL medics continuing the prescribing and monitoring for a further period of time. The pathway under development would not be suitable for all service users. For example, if the service user suffers seizures or certain physical health issues such as significantly high blood pressure, mental health or lived alone.

**5.46** Simon had hardly any contact with his GP other than the in-person consultation on 24<sup>th</sup> November 2023 when he reported a head wound following which the GP advised Simon to attend A&E (Paragraph 3.69). However, the GP was a repository for all the contacts which Simon had with NWAS, the hospital, the hospital mental health liaison team, and CGL to an extent and was therefore well placed to note his frequent A&E attendances. The GP was not invited to contribute to the MDT discussions about Simon. The SAR has been advised that GP practices discuss complex cases but, in Simon's case, his GP practice is likely to have regarded CGL as the lead agency.

### **The management of the risk to Simon's family**

**5.47** Professionals supporting Simon became concerned about the risk that his family were potentially exposed to as they were felt to be largely unaware of the risks of financial exploitation accompanied by violence and intimidation which Simon faced. Simon was said to be very worried about his family finding out 'the extent of the situation' (Paragraph 3.24) and was also worried about putting his family at risk (Paragraph 3.6).

**5.48** Professionals may have taken the view that if Simon could be supported to move out of the address owned by his family then they would no longer be his landlords and the alleged perpetrators would no longer have an interest in the property which Simon rented from his family. However, Simon disclosed that the alleged perpetrators kept guns at his 'old property' which is assumed to be the property Simon had rented from his family (Paragraph 3.43).

**5.49** Simon advised CGL that he was staying with his family as the risks to him appeared to escalate in late December 2023 (Paragraph 3.75). It therefore seems clear that the potential risks to his family remained present. Overall, the risk to Simon's family appeared to be a risk which was recognised by professionals but not managed or mitigated.

**5.50** Managing or mitigating the risk to Simon's family would have required professionals to disclose information to them about the risks to which Simon was exposed. Simon seemed unwilling to share such information with his family and may also have been very reluctant to consent to professionals sharing information with his family which he had shared with professionals on a confidential basis.

**5.51** Had it been possible to share information about the risks to Simon with his family, they (his family) could have been provided with safety planning advice and a Police marker put on the address of their home for example.

## **Recommendation 8**

*That Thameside Adult Safeguarding Partnership Board requests their Exploitation Sub Group to address the question of how professionals should approach the issue of safeguarding family and friends of victims of exploitation from harm including guidance for professionals on addressing issues of confidentiality and consent and guidance on safety planning.*

**5.52** There is no indication that a carers assessment was offered to the family members who supported Simon. Some of the family members involved in supporting Simon were over eighty years of age. It is not known whether they had any health needs nor is it known how supporting Simon affected their lives. However, Simon appeared to regard his family's home as a 'place of safety' in which he spent time when he perceived himself to be at risk from the perpetrators.

**5.53** Had a carer's assessment been offered and accepted by Simon's family, this would have been an opportunity to explore the extent of care and support his family provided to Simon, which would also have helped to inform any efforts to manage or mitigate the risks to Simon's family.

**5.54** Informal caring arrangements can take many different forms. In this case professionals may have struggled to perceive family members, some of whom were aged over eighty as carers for Simon, a man in his late fifties who was apparently living relatively independently.

### **Recommendation 9**

*That Tameside Adult Safeguarding Partnership Board promotes a partnership approach to recognising and offering support to informal carers and obtains assurance that partner agencies have internal processes to support their staff to identify informal carers and recognise that informal caring relationships may take many different forms.*

### **The management of risks to the professionals involved in supporting Simon**

**5.55** The SAR has been advised that when professionals became more fully aware of the risk to Simon from Male A and Male B and their associates, they ceased visiting Simon unaccompanied. Simon's CGL worker has contributed to this SAR and has shared his concerns about the risks to himself and also his family arising from supporting Simon and the risks arising from giving evidence in any criminal trial had there been sufficient evidence to charge any person in connection with Simon's death. As previously stated, information sharing with Jigsaw Homes was delayed and incomplete and Jigsaw Homes was not invited to multi-agency meetings and discussions. This had the potential to expose Jigsaw Homes staff to risk. The SAR has been advised that had it been possible to provide Simon with the support of the CRS telecare/alarm service at the property in which Simon lived until May 2023, or indeed the Jigsaw Homes property to which Simon moved in August 2023, there would have been a thorough risk assessment and should Simon have called the CRS service via intercom, the CRS would have assessed the situation and arranged for the appropriate professional to attend who would not necessarily have been a CRS warden.

**5.56** Following the AMHP assessment in October 2022, the AMHP drove Simon in her private car to a local hotel for the night. The AMPH arranged for a trainee AMHP to accompany her in a second vehicle. Whilst the AMHPs may not have been at direct risk from the alleged perpetrators of exploitation on the evening they transported Simon to hotel accommodation, they may have been at risk from Simon himself who was drinking alcohol whilst swearing and becoming agitated at the difficulties encountered in finding him a safe place to spend the night. The action taken by the AMPHs helped to prevent a lone worker being put at risk but they may have benefitted from a Police or security escort.

**5.57** Action taken to manage or mitigate the risks to professionals inadvertently exposed Simon to harm on occasions. For example arrangements to deliver furniture including a bed to Simon's Jigsaw Homes flat was substantially delayed, partly because of difficulties in contacting Simon, but also because of concerns for the safety of staff delivering the furniture arising from the behaviour of a neighbour of Simon who presented a risk to Simon and other residents. Given Simon's significant physical health needs, the lack of furniture including a bed appears to be quite an

important omission which could have adversely affected his health needs and made self-neglecting behaviours more likely.

### **Recommendation 10**

*That Tameside Adult Safeguarding Partnership Board requests their Exploitation Sub Group to fully address the management and mitigation of risks to professionals arising from their role in supporting victims of exploitation. The policy developed for managing risk to professionals should also address how to avoid any increase in risks to the victim which may arise from measures taken to manage the risks to professionals.*

### **Good practice**

**5.58** Simon's CGL worker provided excellent support and went 'above and beyond' at times, particularly when he worked with Housing OOH to obtain emergency accommodation for Simon (Paragraph 3.26). However, at the practitioner learning event the question was raised as to whether there was too much reliance placed on the CGL worker and whether the diligence and flexibility with which he provided Simon with support may have inadvertently masked the risks to which Simon was exposed from the view of partner agencies.

**5.59** The IUCT social worker also developed a relationship of trust with Simon and carried out thorough assessments of the risks to which Simon was exposed including the intersectionality of those risks.

**5.60** The Approved Mental Health Professional (AMHP) who assessed Simon on 20<sup>th</sup> October 2020 assiduously explored the widest possible range of alternative options when a short crisis admission to hospital was not available. The AMHP then transported him to temporary safe accommodation in a local hotel. Her commitment to safeguarding Simon was exemplary (Paragraph 3.6).

## **6.0 List of Recommendations**

### **Recommendation 1**

That Tameside Adult Safeguarding Partnership Board obtains assurance from relevant partner agencies that they record the rationale for decisions taken in respect of accommodation options for people they support.

### **Recommendation 2**

*That Tameside Adult Safeguarding Partnership Board seeks assurance from all partner agencies, that their staff adopt the Team Around the Adult (TAA) process when appropriate and receive the training and support, including supervision, to enable them to recognise when risks are escalating for a person they are supporting through the TAA process and are aware of the circumstances in which risks should be escalated.*

### **Recommendation 3**

*That Tameside Adult Safeguarding Partnership Board ensures that the learning from this SAR in relation to improving professional awareness and understanding of exploitation, in particular:*

*that a victim of exploitation may make disclosures to a wide range of professionals and may be reluctant to report incidents to the Police for fear of reprisals, that professionals should be aware of the risk of discounting disclosures made by victims of exploitation, where the victim may be challenging to communicate with due to anxiety, confusion or substance use for example, the possibility that the perpetrators may attempt to manipulate professionals working with victims of exploitation, informs the work of the Strategic Exploitation Sub Group.*

#### **Recommendation 4**

*That Tameside Adult Safeguarding Partnership Board draws on the experience of other Greater Manchester Safeguarding Adults Boards in developing an Exploitation Strategy and associated referral process and investigative resource.*

#### **Recommendation 5**

*That Tameside Adults Safeguarding Partnership Board writes to the Department of Work and Pensions to advise them of the manner in which Male B's request to have his benefits paid into Simon's bank account may have enabled Male B to continue to exercise control over Simon after he had been supported to move address and may have complicated the efforts of the Police to investigate the financial exploitation of Simon Male B is alleged to have committed. It is recommended that the Board requests the Department of Work and Pensions to advise on the action they take to safeguard victims of exploitation and also advise of the role which partner agencies could play in supporting the Department of Work and Pensions in such actions.*

#### **Recommendation 6**

*That Tameside Adult Safeguarding Partnership Board requests their Strategic Exploitation Subgroup to include safety planning for victims of exploitation in the developing Tameside Exploitation Strategy in order to prevent exploitation escalating, to support victims to safely remain in their property or to assist them to safely move to a different address. Additionally, the Exploitation Sub Group should consider any lessons which could be learned from safety planning for victims of domestic abuse.*

#### **Recommendation 7**

*That Tameside Adult Safeguarding Partnership Board obtains assurance that Tameside and Glossop Integrated Care NHS Foundation Trust admissions avoidance review process considers all relevant information accessible to the Trust when reviewing the needs of frequent users of A&E services and makes safeguarding referrals when this is justified. Additionally the Board may wish to request Tameside and Glossop Integrated Care NHS Foundation Trust to keep them updated on the development of a high intensity user scheme.*

## **Recommendation 8**

*That Tameside Adult Safeguarding Partnership Board requests their Exploitation Sub Group to address the question of how professionals should approach the issue of safeguarding family and friends of victims of exploitation from harm including guidance for professionals on addressing issues of confidentiality and consent and guidance on safety planning.*

## **Recommendation 9**

*That Tameside Adult Safeguarding Partnership Board promotes a partnership approach to recognising and offering support to informal carers and obtains assurance that partner agencies have internal processes to support their staff to identify informal carers and recognise that informal caring relationships may take many different forms.*

## **Recommendation 10**

*That Tameside Adult Safeguarding Partnership Board requests their Exploitation Sub Group to fully address the management and mitigation of risks to professionals arising from their role in supporting victims of exploitation. The policy developed for managing risk to professionals should also address how to avoid any increase in risks to the victim which may arise from measures taken to manage the risks to professionals.*

## **References:**

(1) Retrieved from <https://www.tameside.gov.uk/getmedia/c53a0ed0-29db-48ed-ae63-c46eedc183b2/Safeguarding-Adult-Review-Anne.pdf>

(2) Retrieved from <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

(3) ibid

(4) ibid

(5) Retrieved from <https://www.womensaidnel.org/wp-content/uploads/2019/07/Safety-Planning-Feb11.pdf>

(6) Retrieved from <https://www.ias.org.uk/2021/12/01/how-can-we-use-legal-powers-to-safeguard-vulnerable-dependent-drinkers/>

(7) ibid

(8) ibid

(9) Retrieved from <https://www.ukat.co.uk/detox/drug/>

(10) Retrieved from <https://www.england.nhs.uk/high-intensity-use-programme/>

## Appendix A

### The process by which the SAR was conducted

It was decided to adopt a broadly systems approach to conducting this SAR. The systems approach helps identify which factors in the work environment support good practice, and which create unsafe conditions in which unsatisfactory safeguarding practice is more likely. This approach supports an analysis that goes beyond identifying *what* happened to explain *why* it did so – recognising that actions or decisions will usually have seemed sensible at the time they were taken. It is a collaborative approach to case reviews in that those directly involved in the case are centrally and actively involved in the analysis and development of recommendations.

Membership of the SAR Panel:

Named Nurse for Safeguarding Adults (Tameside and Glossop ICFT)
Business Support Officer (Tameside Adult Safeguarding Partnership Board)
Business Manager (Tameside Adult Safeguarding Partnership Board)
Safeguarding Families Specialist Practitioner (Pennine Care NHS Foundation Trust)
Neighbourhood Safety Manager (Jigsaw Homes)
Head of Safeguarding, Quality and Practice. Principal Social Worker for Adults (ASC, Tameside Council)
Services Manager (Change Grow Live)
Detective Constable (Serious Case Review Team, GMP)
Assistant Director of Neighbourhoods (Jigsaw Homes)
Independent Reviewer
Designated Safeguarding Adults Nurse (GM ICB)
Safeguarding Families Specialist Practitioner (Pennine Care NHS Foundation Trust)
Lead Nurse Mental Health, Learning Disability & Neurodiversity (Tameside and Glossop ICFT)
Head of Integrated Safeguarding Prevent Lead (Tameside and Glossop ICFT)
Safeguarding Practitioner (North West Ambulance Service NHS Trust)
Safeguarding Families Specialist Nurse (Pennine Care NHS Foundation Trust)

Chronologies which described and analysed relevant contacts with Harry were completed by the following agencies:

- Change Grow Live

- Staveleigh Medical Centre (GP Practice)
- Greater Manchester Police
- North West Ambulance Service NHS Trust
- Tameside Council ASC
- Tameside and Glossop Integrated Care NHS Foundation Trust
- Jigsaw Homes

The chronologies were analysed and issues were identified to explore with practitioners at a learning event facilitated by the lead reviewer. Additionally, the lead reviewer had separate conversations with a number of professionals.

Simon's family initially decided not to contribute to the SAR. There is no obligation on them to do so. However, they later met the independent reviewer and read the final SAR report.

The independent reviewer developed a draft report which reflected the chronologies, the contributions of practitioners and the advice of the SAR Panel.

The report was further developed into a final version and will be presented to Tameside Adult Safeguarding Partnership Board.