



Safeguarding Adult Review

Anne

January 2024

Tameside Adults Safeguarding Partnership Board

Safeguarding Adults Review – Anne

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1.0 Introduction

1.1 The body of Anne was found in her one bedroomed flat in mid-January 2023 when entry was forced by her housing provider's gas safety team which had obtained lawful authority to enter the property to conduct a gas safety check. Over the previous months Anne had repeatedly declined access to her flat to her housing provider. Anne's flat – in which she lived alone - is situated in the Tameside Metropolitan Borough Council area. Anne was a White British woman who was 33 years of age at the time of her death. Greater Manchester Police (GMP) were called to the flat and carried out an investigation into her death which found no suspicious circumstances. Police officers noted the onset of decomposition and evidence of rodent bites on Anne's face, hands and feet. Anne was found in the living room of the flat where she was surrounded by thousands of empty bottles of beer and spirits and food packaging which made access difficult.

1.2 GMP referred the matter to Tameside Adults Safeguarding Partnership Board (TASPB) which decided to commission a Safeguarding Adults Review (SAR) on the grounds that self-neglect appeared to have been a significant factor in Anne's death, that she appeared to have care and support needs and there were concerns about multi-agency working, particularly the apparent lack of a multi-disciplinary team approach and the absence of any safeguarding referral.

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 eleven years' 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 Anne and her family.

1.4 An inquest was held on 13th October 2023. The cause of Anne's death could not be ascertained and the Coroner recorded an 'open' conclusion.

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

2.0 Terms of Reference

2.1 The SAR has focussed on the period from January 2019 – when Anne returned to the Tameside Metropolitan Borough Council area having lived in London for a number of years - until the discovery of her body in mid-January 2023. Significant events which occurred prior to January 2019 have also been considered.

2.2 The SAR has explored learning in the following areas:

- The extent to which professionals recognised safeguarding concerns and took appropriate action.
- The extent to which self-neglect was identified as a concern.
- How agencies responded to Anne's apparent agoraphobia.
- The extent to which Anne's GP practice was involved in her care.
- The extent to which professionals adopted a trauma-informed response.
- Working with people who misuse alcohol.
- How Anne's eligible needs were met.
- How appropriate were agency decisions to close Anne's case.
- The extent to which practitioners demonstrated professional curiosity.
- How agencies addressed any challenges in engaging with Anne and responded to missed appointments.
- The extent to which professionals demonstrated 'legal literacy'.
- The extent to which Anne's 'avoidant behaviour' was recognised and responded to.
- The extent to which professionals worked together effectively and shared information appropriately.
- The extent to which agencies recognised that Anne was becoming isolated and responded appropriately.
- The impact of the Covid-19 pandemic.
- The impact of the 'cost of living crisis'.

3.0 Chronology of key events

3.1 Anne was a White British woman who was born in the Manchester City Council area in 1989. She was removed from her mother's care shortly after her birth and placed with foster carers in Tameside who subsequently adopted her during her early childhood. It is understood that Anne's birth mother had significant mental health issues. Nothing is known about her birth father. As an adult it is understood that Anne attempted to contact her birth mother without success.

3.2 Anne's adoptive mother died when she was 7 years old and so Anne was brought up primarily by her adoptive father who also cared for two long term fostered children with additional needs. Anne's adoptive father also received considerable support from one of Anne's adult adoptive sisters. Anne also had four adoptive sisters who were around twenty years older than her. In her later teens Anne began a relationship with a slightly older male and she lived with him in Manchester for a short time before moving to London – from where he originated. After her adoptive father died, Anne largely lost contact with her adoptive family in Tameside.

3.3 Little is known about her relationship with her partner in London which continued until the end of 2018 when Anne was approaching 30 years of age. It is known that Anne disclosed a serious sexual offence by her partner to a UK Police Force. She subsequently provided a statement of retraction and the Police took no further action. In December 2018 Anne's partner contacted her adoptive family in Tameside and told them that he could no longer cope as Anne was not caring for herself, had stopped going out of the flat – where she was largely inactive - and was drinking alcohol excessively. Anne returned to Tameside by train and moved into the home in which she had been brought up by her late adoptive father – in which one of her adoptive sisters and her husband now lived. Her relationship with her partner in London ended permanently at this point. Three of Anne's adoptive sisters have contributed to this SAR and have also read and commented upon a late draft of the SAR report. One of the sisters observed that Anne's partner did not fully disclose the difficulties he was experiencing in supporting Anne and said only that he 'needed a break' for a few weeks.

2019

3.4 On 28th January 2019 Anne registered with a Tameside GP Practice.

3.5 On 6th February 2019 Anne was referred to the integrated urgent care team – whose role is to prevent hospital admission and support hospital discharge by responding to adults who are in urgent need of support within 48 hours - apparently

by one of her adoptive sisters. Information about Anne's history was gathered including the fact that she was staying with her adoptive sister (who will be referred to in this report as sister 1) 'as she had nowhere else to go'. Concerns were raised about Anne's mental health, specifically that she was anxious and depressed and extremely anxious when she went outside. She was also said to be struggling with some activities of daily living ('unable to use a washing machine'). Possible indications of financial abuse and coercion and control were noted in respect of her relationship with her former partner in London who was said to 'keep hold' of her bank cards and 'control' her money. Anne was noted not to be receiving any benefits. The integrated urgent care team gathered further information from one of Anne's other adoptive sisters (who will be referred to as sister 2 in this report) several days later during which a referral to the Learning Disability service was considered and decided against as Anne was said to 'lack life skills as her boyfriend was controlling'. Anne was said to be able to wash and dress herself and it was noted that sister 1 was supporting her to prepare meals and 'teach her independence'. Sister 2 was provided with the telephone number for Healthy Minds¹. The integrated urgent care team closed Anne's case as her needs were considered to be mental health team, 'financial services' and housing.

3.6 On 12th February 2019 the GP Practice had a telephone consultation with sister 1 who said that Anne had been 'thrown out' of her home in London by her former partner and had a history of 'depression and anxiety' and had rarely left her home when living in London as doing so caused anxiety attacks. Anne was said to have hardly left her bedroom since moving in with sister 1. A Patient Health Questionnaire (PHQ)-9² score which showed a score of 22/27 (severe depression) a Generalised-Anxiety Disorder (GAD)-7³ which showed a score of 16/21 (severe anxiety) were completed with Anne. She was invited to discuss these scores further and was documented as being referred to Healthy Minds. Three days later Anne was seen by a practitioner at the GP Practice and disclosed drinking 3 units of alcohol weekly.

3.7 On 27th February 2019 Anne was seen by her GP (it is not recorded whether or not she was accompanied) and said she had been diagnosed with anxiety and depression in 2013 when she had been prescribed Citalopram⁴ which she had stopped because she felt that it wasn't helping her. She also said that she had agoraphobia and could only go out for short distances by herself or with her sister. She felt that she was a burden on her sister and needed to find her own place. She sought help with

¹ Healthy Minds (new name- NHS Talking Therapies) is the improving access to psychological therapies (IAPT) service. Provider – Pennine Care NHS Foundation Trust.

² The PHQ-9 is an instrument for screening, diagnosing, monitoring and measuring the severity of depression. Scores are classified as follows: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.

³ The Generalised Anxiety Disorder Assessment (GAD-7) is a seven-item instrument that is used to measure or assess the severity of generalised anxiety disorder. Scores are classified as 0-4 minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, greater than 15 severe anxiety.

⁴ Citalopram is a type of antidepressant known as a selective serotonin reuptake inhibitor (SSRI) and is often used to treat low mood (depression) and also sometimes for panic attacks. It helps many people recover from depression and has fewer side effects than older antidepressants.

her mental health. Although she felt 'low' she said that she had no thoughts of suicide or self-harm. She said that she had last had suicidal thoughts in 2013. The GP started Anne on Sertraline⁵ and signposted her to mental health services in the community. A fit note was also completed.

3.8 During March 2019 Anne twice saw her GP for anxiety with depression reviews. She was encouraged to self-refer to Healthy Minds as the GP advised that they could not complete fit notes indefinitely if she was not accessing support for her mental health.

3.9 On 18th April 2019 Anne's GP received the patient summary from her London GP in which mixed anxiety and depressive disorder had been documented in 2012 and a mild antidepressant had been briefly prescribed. Agoraphobia was not noted nor were any vulnerabilities. The GP wrote to the Health Assessment Advisory Service⁶ to recommend a home visit to Anne given her anxiety, depression and difficulty in leaving her home.

3.10 After self-referring to Healthy Minds on 8th April 2019 the service conducted an opt-in assessment by telephone on 25th April 2019. Anne's history was obtained including an 'isolated childhood' as her adoptive father kept her and her 'foster brother' predominantly inside because of 'dangers outside' (when she read a late draft of the SAR report, one of Anne's adoptive sisters said that the 'foster brother' mobilised with a wheelchair and spent a greater amount of time indoors). Anne said that when she went out on one occasion she was physically assaulted and her adoptive father said, 'I told you so'. Anne was currently experiencing tinnitus⁷, 'problematic sleep – waking', feeling 'down', experiencing lack of energy and motivation, feeling uncomfortable living at sister 1's house due to the timeframe they had spent apart and experiencing feelings of failure. Anne's presenting problems were documented to be complex post-traumatic stress disorder⁸ (CPTSD), anxiety, attachment issues, agoraphobia, low mood and panic disorder⁹. The stepped-care model¹⁰ was discussed with Anne and the Healthy Minds practitioner proposed that due to the level of complexity cognitive behavioural therapy¹¹ (CBT) (a Step 3 intervention) was preferential in the initial stages following

⁵ Sertraline is a type of antidepressant known as a selective serotonin reuptake inhibitor (SSRI) and is often used to treat depression and also sometimes panic attacks, obsessive compulsive disorder and post-traumatic stress disorder.

⁶ The Health Assessment Advisory Service arranges and carries out assessments for DWP.

⁷ Tinnitus is the name for hearing noises that do not come from an outside source. It is not usually a sign of anything serious and may get better by itself.

⁸ The symptoms of complex PTSD are similar to symptoms of PTSD, but may also include feelings of worthlessness, shame and guilt, problems controlling one's emotions, finding it hard to feel connected with other people and relationship problems, such as having trouble keeping friends and partners.

⁹ Panic disorder is an anxiety disorder where a person regularly has sudden attacks of panic or fear.

¹⁰ The stepped-care model is used by NHS Talking Therapies to make a clinical decision as to which sort of treatment is currently the most appropriate for the person they are assessing.

¹¹ Cognitive behavioural therapy (CBT) is a talking therapy that can help a person manage their problems by changing the way they think and behave.

which an assessment would take place to decide if counselling would be beneficial to address Anne's attachment issues.

3.11 On 30th April 2019 Anne saw her GP for an anxiety and depression review during which she said that she had experienced some benefit from her medication. She said she mostly stayed in her room. She said that she felt that she was agoraphobic although it had never been diagnosed. She added that she felt it stemmed from 'natural tendencies' and from her adoptive father stopping her going out - and when she did so as a teenager she was physically and sexually assaulted. The GP subsequently wrote a letter of support for housing for Anne.

3.12 On 18th June 2019 sister 1 phoned the Community Gateway¹² and expressed concern that Anne was not coming out of her room, had put on a lot of weight, was drinking heavily, not washing herself or her clothes and her bedroom was smelling. Contact details for Change Grow Live¹³ were provided and sister 1 was advised that the GP could also refer to relevant services.

3.13 On 22nd August 2019 Anne advised her GP that she had been denied the Personal Independence Payment¹⁴ (PIP) benefit and sought advice on how to appeal. The GP advised her to contact Citizens Advice Bureau (CAB) and provided Department for Work and Pensions (DWP) contacts.

3.14 On 14th November 2019 Healthy Minds emailed Anne to notify her of her first CBT appointment on 20th November 2019 which Anne declined by email saying that she did not want the appointment but did require online therapy. On 2nd December 2019 Healthy Minds phoned Anne and went through the range of online course available from which she chose 'Value Yourself' (a Step 2 intervention). Anne was informed that the waiting list for online courses was usually significantly shorter than for CBT in order that she was aware that, should she decide to return to CBT, she would be on a waiting list again.

3.15 On 23rd December 2019 Healthy Minds attempted phone contact with Anne as she had not yet accessed the 'Value Yourself' programme. It was noted that if Anne did not access this within 3 weeks of activation she would be discharged by Healthy Minds.

¹² Tameside Community Gateway is a team of non-clinical staff who are the first point of contact for members of the public, referrers and agencies for district nursing and adult social care matters.

¹³ Change Grow Live provide support for people who use drugs and alcohol, and those who are concerned about someone else's use (including children and young people).

¹⁴ The Personal Independence Payment (PIP) benefit can help with extra living costs if a person has both:

- a long-term physical or mental health condition or disability
- difficulty doing certain everyday tasks or getting around because of their condition.

PIP can be obtained even if the claimant is working, has savings or they are getting most other benefits.

2020

3.16 On 2nd January 2020 Healthy Minds discharged Anne from their service as she had not logged onto 'Value Yourself' for 3 weeks. Healthy Minds noted that no risks had been identified at the time of the opt-in telephone assessment. Her GP was informed.

3.17 On 23rd March 2020 the first UK lockdown began in response to the Covid-19 pandemic.

3.18 On 25th June 2020 sister 1 contacted Adult Social Care to request an assessment of Anne's needs. She said that Anne's ex-partner had been unable to cope with her. Since she had moved in with her sister, Anne hardly left her bedroom. Sister 1 said that 12 weeks earlier she had told Anne that she could no longer put up with the smell coming from her bedroom and went in to find bedding sodden with urine and blood, 6 full bottles of urine together with takeaway boxes and cans. Sister 1 had then cleaned the room and hadn't seen Anne since, communicating only via text message. Sister 1 advised that Anne had been diagnosed with agoraphobia but would not go to the GP or any service. Sister 1 reported that Anne had not had a wash for 12 weeks and their relationship was very strained. She also reported that Anne was unable to prepare meals and relied on takeaways and snacks. Sister 1 advised that she wished to make a referral without consent in Anne's best interest as she (Anne) was self-neglecting. Sister 1 had supported Anne to register with New Charter Homes (now Jigsaw Homes) and she was on a waiting list. (Sister 1 also wrote to Anne's GP to largely reiterate the information she had reported to Adult Social Care, adding that Anne was consuming alcohol excessively but Anne denied this).

3.19 Adult Social Care allocated the referral from sister 1 to social worker 1 and on 1st July 2020 the social worker completed a contact assessment visit and concluded that Anne had no social care needs as she was able to safely complete basic living tasks without support although she lacked motivation to do so. The social worker visited Anne's bedroom which was 'untidy', the bed unmade, curtains drawn in and several empty beer cans on most surfaces. Anne said that she didn't have a drinking problem and declined support in respect of this. She said that she drank on weekends only and the reason there were so many empty cans was because she has not taken any rubbish out in over two weeks – but would do so eventually. Anne said that she did not open the curtains because her eyes were sensitive to brightness which caused her to have migraines. Social worker 1 encouraged Anne to set aside just a few minutes each day to keep her bedroom tidy as this was where she spent most of her time and a tidy room could help to lift her mood. The social worker felt that low mood was contributing to her lack of motivation to complete basic living tasks. The social worker noted that Anne was not compliant with her medication and advised her to address this in order to avoid a further deterioration in her mental health which the social worker

advised Anne could lead to her family requesting a Mental Health Act assessment which may lead to 'sectioning'. Anne said that she would make an appointment with her GP.

3.20 Social worker 1 identified that Anne was self-neglecting, not attending to personal care and not looking after her bedroom environment. Social worker 1 had no reason to doubt Anne's capacity to make decisions in respect of her care and support needs, although she noted that her family thought otherwise. The relationship between Anne and her sister had broken down and Anne said that this was adversely affecting her mental health. This appeared to be the case for her sister also. The social worker felt that although Anne was 'registered for rehousing', she needed alternative accommodation urgently as 'she may risk further deterioration' if she continued to stay in the family home. The social worker supported Anne to ring the Tameside Council Homeless Team and arrange an appointment for the following day. The social worker noted that Anne believed that 'everything was going to fall into place' when she found her own home. The case was closed after social worker 1 confirmed that Anne had an allocated housing worker. The assessment was shared with Anne's GP who received it on 10th July 2020. The letter from the social worker ended by stating that the social worker hoped that the GP would be able to support Anne.

3.21 From 4th July 2020 restrictions on the public introduced in response to the Covid-19 pandemic began to be lifted in England although agencies continued to provide services according to the exceptional delivery models determined at the outset of the pandemic.

3.22 On 7th July 2020 the GP saw Anne as a follow up to sister 1's recent letter (Paragraph 3.18). Anne said that her New Charter housing application had been delayed by the pandemic. She reported feeling low in mood and was prescribed Paroxetine¹⁵. She said that she hadn't been looking after herself but that this had recently improved.

3.23 On 24th September 2020 sister 1 had a telephone consultation with Anne's GP during which she reported that Anne was drinking a lot of alcohol, spending a great deal of time in her bedroom – which smelled of urine – and was not taking care of herself. The GP felt that the relationship between Anne and her sister was breaking down and made referrals to Adult Social Care (via a letter emailed to social worker 1), housing, mental health and the continence service.

3.24 Later on 24th September 2020 sister 1 phoned the Community Gateway requesting an urgent referral as Anne was neglecting herself, did not wash or change

¹⁵ Paroxetine is a type of antidepressant known as a selective serotonin reuptake inhibitor (SSRI) and is often used to treat depression and sometimes OCD, panic attacks, anxiety and PTSD. Paroxetine helps many people recover from depression, and it has fewer unwanted effects than older antidepressants.

her clothes, spent all her time in her bedroom - which was always in darkness - where she slept on a sodden urinated mattress and the whole house smelled. Sister 1 said that Anne lacked self-awareness in respect of her presentation in that she had gained weight and was now size 20 but continued to wear the clothes she had when she was size 10 – which had large holes in them which exposed her genital area. Sister 1 said that Anne was drinking alcohol to excess and only left the house to go to a local shop for alcohol. Sister 1 said that she couldn't persuade Anne to visit her GP and she was not concordant with her medication. The sister said that she was at 'breaking point', adding that Anne had moved in with her as a 'temporary measure' two years earlier. Sister 1 said that she felt that she had been abandoned by services.

3.25 On 25th September 2020 Healthy Minds made a duty call to Anne to assess the appropriateness of the recent GP referral (Paragraph 3.23). Anne said she was 'desperately' seeking to leave her sister's house and move to her own accommodation and was currently bidding on flats supported by a homeless prevention worker who was working alongside New Charter. She said that her difficulties with agoraphobia commenced in her early 20s when she was living with her partner in London and couldn't go out unless she was with him - and then only to local places. She implied that her former partner had 'problems of his own'. She said she was currently 'locked up' at her sister's house. She said that sometimes she didn't feel she had the energy to do things but felt that she shouldn't be dependent upon her sister at the age of 32. Anne said that it would be 'strange' to cope on her own although she said that her sister had said that she would help her with shopping and preparing food initially.

3.26 Anne expressed an interest in an online 'anxiety' course although the Healthy Minds professionals felt that she may need more than this. Anne was considered appropriate for an opt-in assessment to consider joint working with Minds Matter¹⁶ for social prescribing¹⁷ at the point of assessment. Overall, the Healthy Minds practitioner felt that whilst Anne presented as lacking some life skills, she was not a vulnerable adult as she was able to advocate for herself and not 'open to abuse'.

3.27 On 1st October 2020 Healthy Minds wrote to Anne asking her to contact them by phone within 5 working days otherwise that would understand that she did not wish to engage with their service and would discharge her back to her GP. On 3rd November 2020 Healthy Minds sent a message to Anne to advise her that as she had not phoned within 7 days (7 days assumed to equate to 5 working days) to arrange an appointment she had been discharged. Details of how to make a new referral were included in the message.

¹⁶ Minds Matter is for anyone who is experiencing everyday issues that are affecting their mental wellbeing such as difficulties in relation to work, housing, family and money worries.

¹⁷ Social prescribing is a key component of Universal Personalised Care. It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

3.28 On 5th November 2020 the second national lockdown began in England. This continued until 2nd December 2020 when a three-tier system of restrictions was introduced in England.

3.29 Following the 24th September 2020 referral a social worker had been involved in gathering additional information before (agency) social worker 2 visited Anne on 20th November 2020 and completed a 'comprehensive supported re-assessment'. The social worker concluded that due to a lack of motivation Anne was unable to meet her basic care and support needs independently. Social worker 2 noted that Anne would like to move to a place where she could receive appropriate support from staff who were on site who could prompt her to self-care. The social worker noted that without support, Anne would self-neglect which could cause significant impact on her wellbeing and also potentially lead to the loss of her tenancy. With support, Anne was said to be hoping to learn independent living skills and hopefully move to a flat when she was ready – where the social worker anticipated she would need a small package of care to support her in the mornings. Anne was said to be awaiting a mental health assessment to determine any extra support she may need (Healthy Minds had already closed her case by this time). Risks were identified to be self-neglect, carer breakdown, exploitation and becoming homeless although it was felt that all risks could be managed if Anne moved to supported living accommodation or to a flat where she would need a small package of care. When sister 1 read a late draft of the SAR report she said that although Anne's period of living with her was at serious risk of breakdown, she and Anne continued to maintain a loving relationship.

3.30 On 25th November 2020 social worker 2 contacted Healthy Minds to request an in-person appointment for Anne but was advised by Healthy Minds that all assessments were by telephone at that time.

3.31 On 27th November 2020 an Extra Care housing scheme with on-site care staff (24 hours/7days) located in Ashton-under-Lyne was ruled out for Anne as she was not considered eligible as she did not have a physical disability.

3.32 On 30th November 2020 Anne's GP had a telephone discussion with her social worker during which Anne's 'significant' self-neglect and alcohol consumption – which Anne was said to minimise – was discussed. The GP also spoke to Anne and sister 1 on the same day and Anne disclosed no suicidal thoughts and was started on Mirtazapine¹⁸. There is also a reference to PHQ-9 score of 24/27 (severe) and GAD-7 score of 20/21 (severe anxiety). It is believed that these questionnaires would have been completed by Anne and shared with her GP. The GP referred Anne to mental health services.

¹⁸ Mirtazapine is an antidepressant medicine. It's used to treat depression and sometimes OCD and anxiety.

3.33 On 1st December 2020 Anne's GP was advised by the Mental Health Access Team of a 'failed encounter' with Anne in that they had been unable to make contact with her by phone or letter and the GP was requested to continue to review her given the 'degree of risk' documented in the referral letter the GP had sent to mental health services on 30th November 2020 (previous paragraph). It is assumed the 'degree of risk' related to the long-term self-neglect, agoraphobia and excessive alcohol consumption documented by the GP in the referral. In response to this contact from the Mental Health Access Team the GP practice made three unsuccessful attempts to contact Anne on 17th, 23rd and 30th December 2020. The first two attempts appear to have been by phone/text and the final attempt was by letter. The GP practice had no further contact with Anne.

3.34 On 11th December 2020 Jigsaw Homes Tameside received a referral in respect of Anne from Tameside Council Housing Advice and carried out a telephone assessment with Anne on the same date. She scored 13 for 'complex needs'. The SAR has been advised by Jigsaw Homes that a complex needs score above 20 would mean that Jigsaw Homes would advise Tameside Council Housing Advice to consider alternative housing options. However, Anne was accepted into Jigsaw's Great Lives service, which aimed to support individuals to enable them to learn the skills to support independent living prior to them moving into a general needs tenancy. It also supported people to break down barriers and address issues such as substance misuse and mental health issues.

2021

3.35 On 6th January 2021 England entered the third national lockdown in response to the Covid-19 pandemic.

3.36 On 7th January 2021 a proposed placement for Anne with the Lighthouse Project was rejected as 'too restrictive' as she was assessed as having 'no nighttime needs'. (It is assumed that this is the Stockport placement referred to in the family's account – (Paragraph 4.20).

3.37 On 2nd February 2021 Anne began a tenancy in a supported flat in Hyde (address 1) which Adult Social Care documented to be an 'interim measure' and a Great Lives engagement worker began supporting her. The SAR has been advised that whilst Anne was on the waiting list for the Great Lives service – having been accepted on 11th December 2020 (Paragraph 3.34) - she had been offered a general needs flat by Jigsaw Homes which she had declined. If this is considered an 'unreasonable' refusal then the person is deferred from bidding for other properties for three months. Anne had been deferred but this deferral was lifted to enable her to be offered the Great Lives supported tenancy. The SAR has been advised that it had been agreed with Anne and sister 1 that it would be more beneficial for Anne to be supported by Great Lives given her support needs and never previously having lived independently.

3.38 A Great Lives senior engagement worker completed a risk assessment and noted that Anne had minimised some risks including self-neglect and use of alcohol which the 'third party information' used to inform the risk assessment indicated may be higher risks. Anne began an Adullam tenancy ready course¹⁹ by phone which was completed by 16th March 2021. Anne actually moved into address 1 on 17th February 2021 as she requested support to contact the electricity supplier as she said that she hadn't done this before. After moving in Anne advised her engagement worker that she was really enjoying living in the flat apart from her family ringing and checking on her. She said that she was 'gutted' that the flat was only temporary as she really liked it, felt safe there and her family lived nearby. The engagement worker said that the STAY programme would be explored when the time came. If a client likes the temporary flat and have no arrears and there have been no 'neighbourhood issues', anti-social behaviour and no warnings, a STAY can be applied for. If approved this allows the supported tenancy to be turned into a Jigsaw general needs tenancy which enables the client to stay in the property permanently.

3.39 On 25th February 2021 Anne was reported to GMP as missing from home by her sister. She returned home of her own accord. GMP made no referrals but noted that her engagement worker was to refer Anne to the multi-agency safeguarding hub (MASH) 'due to her vulnerabilities'. There is no record of this referral being made by Jigsaw or received by the MASH. Jigsaw Homes have advised the SAR that their understanding was that GMP were going to make the referral.

3.40 On 3rd March 2021 Anne's engagement worker requested social worker 2 to assess Anne again as she was no longer living with her sister and the engagement worker felt that Anne needed a home care package. The engagement worker also had some concerns about Anne's relationship with a male who delivered takeaway meals to her in address 1. A joint visit took place the following day. Her flat was clean and tidy and she had food on the stove in readiness for her evening meal. Anne said that she enjoyed cooking and had wanted to do this for a long time. Social worker 2 was particularly impressed with the improvement in her living conditions when compared to the circumstances in which Anne had been living with her sister. Anne presented well and said that her sister had been controlling her and so she had got used to having everything done for her. The social worker and Anne agreed that the support she was receiving from the engagement worker was sufficient. Anne also requested that her sister's details be removed from her housing account. When she read a late draft of this SAR report, sister 1 was very upset that Anne had described her as 'controlling' and felt that this was not a fair or accurate characterisation of their relationship.

¹⁹ A course designed to assist people moving out of temporary and supported housing to prepare for the responsibilities of managing a tenancy.

3.41 Between 8th March and 19th July 2021 a stepped approach to easing the Covid-19 restrictions was adopted in England.

3.42 The Great Lives engagement worker visited Anne on 9th March 2021. She noted that Anne looked 'really well' and her flat was clean and tidy. The engagement worker helped Anne with issues relating to her utilities and chased up the delivery of a new washing machine. The engagement worker planned to ring Healthy Minds with Anne on her next visit.

3.43 Anne cancelled a number of appointments with her engagement worker over the following weeks. On 22nd April 2021 the engagement worker visited Anne and noted that her home conditions had deteriorated in that there was broken glass on the floor. Anne said that she had dropped a glass and had forgotten about it and would clear it up after the engagement worker left. There were 2 empty vodka bottles and 3 plates with leftover food in the bedroom, pots needed washing and rubbish needed taking out. Anne was advised to keep on top of cleaning the flat so that it didn't develop into a much larger task.

3.44 On 26th April 2021 the engagement officer visited again and found Anne to be unsteady on her feet and apparently under the influence of alcohol, although she said that she hadn't been drinking. Anne had covered the broken glass on the floor with a blanket. Anne said that her mental health 'had not been the best' as she was missing her partner (the food delivery driver who the engagement worker had been worried about initially) as he had returned home to the country of his birth for an extended period. There were empty bottles of alcohol and leftover food in her bed. The engagement worker helped her clear up the flat. When asked if she would like any support in relation to her drinking Anne said that it was not a problem and that it made her happy when she drinks. She went on to say that she drank because she was raped. No further details of the rape were recorded but the engagement worker has advised the SAR that Anne said that the rape had taken place when she left the family home as a teenager and that when she returned home and told her adoptive father about it, he was unsympathetic and said 'what did I tell you would happen' if she went out on her own. Anne became very upset when she was talking about this incident. The engagement worker concluded that it was clear that Anne needed support to help her manage – from Adult Social Care, St Mary's Hospital (Sexual Assault Referral Centre (SARC), her GP and Healthy Minds. The engagement worker updated Anne's risk assessment.

3.45 On 29th April 2021 Anne's engagement worker emailed social worker 2 to say that her flat 'was a mess' when she visited and she felt that she needed more interaction as she was very isolated. In her email she asked if the social worker could resume her involvement with Anne. On 4th May 2021 a duty worker from Adult Social Care rang the engagement worker and advised that as Anne's case had been closed, she would need to be re-referred. The engagement worker was given the contact

number for the Community Gateway and advised that Anne would need to be with her when she rang. The engagement worker planned to contact the Community Gateway during her next support session with Anne but there is no indication that this was done.

3.46 On the same date the engagement worker rang Anne's GP to try and arrange a telephone consultation for Anne to discuss her mental health and poor vision. No appointments were available that day and the receptionist sent a link with which to request an appointment on another date. Whilst on the phone to the GP Practice the engagement worker asked if they had Anne's correct contact number and new address – which they did not. The engagement worker updated this information.

3.47 On 28th April 2021 (the date may not be completely accurate as the visit appears to follow the above events which took place on 29th April 2021) the engagement worker visited Anne to find that she was very well presented and had cleaned her flat. The engagement worker complimented Anne on this and told her that she had phoned her GP and Healthy Minds and checked the St. Mary's Hospital website and asked Anne if she would be willing to engage with them, and she said she would. It was agreed that the engagement worker would support her to contact her GP and St Mary's during her next visit, although there is no indication that this was done.

3.48 On 6th May 2021 the engagement worker visited Anne and found her flat to be 'quite tidy'. Her new washing machine had been delivered. Her partner had returned to the UK but she said that he was being quite distant from her and so she had decided not to go to his flat again and said she wasn't letting anyone 'walk all over her again'. The engagement worker supported Anne to self-refer to Healthy Minds and to SilverCloud²⁰ for online therapy.

3.49 Following a Healthy Minds MDT discussion on 11th May 2021 at which Anne's self-referral was considered, she was sent a text inviting her to either reply 'NO' if she no longer required the service or phone to arrange an appointment. The text did not state a deadline. On 28th June 2021 Healthy Minds contacted Anne (apparently by text) to say that as she had not called within 7 days she had been discharged. Information on how to make a fresh referral was included.

3.50 The engagement worker visited Anne on 19th May and 2nd June 2021 when her flat was noted to be 'reasonably tidy'. Anne's relationship with her partner ended in early June 2021. On 15th June 2021 the engagement worker provided moral support during her PIP assessment which was conducted by telephone. During this visit the

²⁰ SilverCloud provides clients with access to online, secure, supported CBT programmes which can be tailored to clients' specific requirements. Client's access SilverCloud alongside one of Healthy Mind's supporters who will offer 4 -6 weekly online reviews signposting and guiding clients to specific support, modules and pages which are appropriate to client's experiences.

engagement worker noted 4 empty beer cans and asked Anne to have a 'clean and tidy'.

3.51 On 2nd July 2021 the engagement worker reviewed Anne's risk assessment and action plan with her by phone. She said that she had begun watching TV more to keep herself occupied. The engagement worker planned to complete a referral to St Mary's, Healthy Minds, SilverCloud (It is unclear whether the engagement worker was aware that Anne had been discharged by Healthy Minds following her previous self-referral to SilverCloud) and Adult Social care on her next visit – which was cancelled by Anne and then followed by a period during which the engagement worker was self-isolating due to Covid. The engagement worker also began supporting Anne to bid for New Charter (now Jigsaw) flats.

3.52 On 27th July 2021 Anne texted her engagement worker to say that her washing machine wasn't working properly and so she was having to hand wash her clothes as when she took her clothes out of the washing machine they smelled and so she couldn't see anyone for fear they could smell her clothes. The following day she texted her engagement worker to say that her green bin was overflowing because people were putting their rubbish in her bin and that her black bin had gone missing. The engagement worker attempted to help Anne resolve the issues but advised her that she (Anne) would need to be present when she rang the company from which the washing machine was purchased because of 'data protection'. Two days later Anne told the engagement worker that her rubbish was 'piling up' and so the engagement worker arranged to visit her flat, pick up her rubbish and take it to the recycling centre. However, the engagement worker made several planned visits to Anne's flat during August 2021 and received no reply. When contacted Anne said that she had been unable to answer the door because she had been in the bathroom because her irritable bowel syndrome (IBS) 'had flared up' which Anne attributed to stress as she had not heard the outcome of her PIP claim. Later in the month her PIP application was approved and DWP credited her bank account with £3029 in arrears.

3.53 During September 2021 efforts to resolve the issue of her 'contaminated bins' continued and arrangements were made for the rubbish she been unable to place in her bins to be collected. The engagement worker offered to visit to help her put her rubbish in bin bags for collection but Anne said that she could manage this herself. The engagement worker had previously texted her the information she needed to ring the washing machine company. Anne said she had tried to ring the company but been unable to get through. The engagement worker was also making arrangements for a cooker to be fitted (it is assumed that this was a replacement cooker). She also helped Anne bid on two more New Charter flats.

3.54 On 12th October 2021 Anne was 'pre-offered' the flat in Dukinfield (address 2). Confirmation would be required that she was 'tenancy ready'. The SAR has been advised that the course she completed in March 2021 was considered to be the test

of whether Anne was 'tenancy ready' (Paragraph 3.38). The property was not yet ready for occupation as Jigsaw's building company were carrying out repairs.

3.55 On 15th October 2021 the engagement worker attempted to ring Anne but received no answer. She then texted her to say that if there was no answer when she next visited her flat, the engagement worker would have to ring Adult Social Care as 'we haven't physically seen you for months' and will gain access for a welfare check. The engagement worker reviewed Anne's risk assessment, action plan and outcomes due to non-engagement. On 19th October 2021 'goals and actions' devised by the engagement worker to 'try and encourage customer engagement with ours and other services to help her move independently' were documented to have been approved.

3.56 On 20th October 2021 Anne texted her engagement worker to request that a visit planned for that day could be postponed as she had just recovered from a cold and would begin tidying up that day, adding that she would be unable to concentrate on her support session if her flat was untidy. The engagement worker offered to visit and help her tidy up but Anne said that she would have a 'panic attack' if the engagement worker visited that day. It was agreed to defer the home visit for two days.

3.57 When the engagement worker visited Anne's flat on 22nd October 2021, she noted that there were 4 bin bags full of bottles and she helped Anne fill a further 2 bin bags with empty beer bottles. Anne said that she still hadn't had her black bin replaced. The engagement worker asked her if she needed help to reduce her drinking and Anne said that she didn't. The engagement worker said that she would 'keep an eye' on this issue. The engagement worker took the 6 bin bags to the recycling centre and noted that apart from the empty bottles, the flat was tidy. She noted that Anne looked 'presentable and very alert'. Anne said that the longer she had left it, the harder she felt it would be to see the engagement worker again but said that it had been 'nice' to see her again. The engagement worker discussed her mental health with Anne who said that she was 'doing fine' and would prefer to concentrate on viewing the new flat and moving and would be able to give her new address when she subsequently self-referred to Healthy Minds.

3.58 When Anne and her engagement worker visited the new flat (address 2) the following day, she said that she 'really liked' the property and said that she felt very safe there. The tenancy would commence on 1st November 2021. The Tameside resettlement scheme (under which it is understood that furniture and white goods would be provided to Anne) was to be completed. When Anne met her engagement worker at address 2 several days later, she travelled by taxi unaccompanied and said that she wanted to start 'pushing herself'.

3.59 Anne's tenancy began at address 2 on 1st November 2021 and she moved in on 19th November. The engagement worker supported her to manage the move including arranging a van to move the bulkier items – bed, washing machine, sofa and

microwave from address 1. Her furniture from the Tameside Resettlement Scheme was also delivered to address 2. The engagement worker visited Anne at address 2 and noted that her double mattress was there but not her bed base which Anne said was broken – although she still wanted it to be moved to her new address. When asked if she had left anything else at address 1 Anne said that there were bottles as she had no black bin (glass bottles and jars are placed in black bins in Tameside).

3.60 On 23rd November 2021 the engagement worker met with Anne at address 1 to clean out the flat. The engagement worker expressed surprise at ‘how much of a mess’ Anne had left it in. They filled 12 bags of rubbish and empty alcohol bottles, mouldy food had been left in the lounge, bedroom and kitchen, the fridge had not been emptied and a cupboard near her bathroom was full of rubbish. The engagement worker advised Anne that a referral would need to be made to Adult Social Care ‘as she needs to keep on top of the cleanliness of her new flat’ with which Anne was documented to have agreed. Over the following days the engagement worker struggled to obtain any reply to phone calls and texts to Anne.

3.61 On 14th December 2021 the engagement worker referred Anne to Adult Social Care for extra support as she had moved into a new tenancy with Jigsaw Homes and the engagement worker felt that Anne would need more support when Great Lives finished supporting her in February 2022 (Great Lives support continued for three months after the move out of the supported flat). In the referral she said that Anne was drinking a lot more, caused injury to herself by falling when intoxicated, her hygiene had worsened and the supported flat she had left was ‘such a mess’. She added that Anne was close to her adoptive sister (sister 1) but now had limited contact with her and had no contact with other family members. She added that she ‘knew’ Anne would not be able to manage when she stopped supporting her.

3.62 The following day an Adult Social Care assessor rang the engagement worker who confirmed that Anne was aware of the referral and was willing to engage. She said that she had twice referred Anne to Mind and SilverCloud but Anne had not responded within the stipulated 7 days to arrange an assessment. She said that Anne’s GP was ‘aware’ and that Anne was ‘in denial’ about her drinking.

3.63 On 16th December 2021 the engagement worker texted Anne to ask how she was and she replied that she was fine and trying to do things by herself which was why she hadn’t been in touch.

3.64 On 22nd December 2021 Jigsaw opened a safeguarding case following a call from Anne’s neighbour at address 2 who reported that there were never any lights on at the property, there were no curtains and ‘food parcels’ were being left. The Jigsaw Neighbourhood Safety Team (NST) struggled to contact Anne.

3.65 During December 2021 Adult Social Care phoned sister 1 who said that she and Anne had had a ‘fall out’ and they hadn’t spoken recently. Adult Social Care encouraged contact between sister 1 and Anne. Adult Social Care also contacted Anne’s GP who advised that she hadn’t received any medication from the GP Practice since 2020.

3.66 After experiencing some difficulty in contacting Anne, an Adult Social Care advanced practitioner spoke to her by phone on 24th December 2021 when Anne said that she was able to complete personal hygiene and utilised the microwave for meals. She added that the engagement worker was helping her to access a cooker and a fridge – which Adult Social Care emailed the engagement worker about. The issue of rubbish removal was discussed and the advanced practitioner agreed to ‘look at this further’. Anne agreed that information could be shared with her sister who Adult Social Care contacted again the same day. Sister 1 advised Adult Social Care that Anne had responded to a text message she sent her and so was ‘alive and well’. Adult Social Care encouraged contact between sister 1 and Anne. When she read a late draft of the SAR report, sister 1 stated that her interpretation of this contact from Adult Social Care is that she was led to believe that Anne had ‘gone missing again’ and that she (sister 1) offered to go and search for Anne and requested her new address in order to do this but this request was declined. Sister 1 says that she asked how she could help Adult Social Care if they would not tell her where Anne was living.

3.67 On 29th December 2021 Anne’s case was allocated to social worker 3 for a Care Act assessment and a Community Care Officer for help with rubbish removal. Social worker 3 planned to conduct a joint visit to Anne with her engagement worker.

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3.68 On 4th January 2022 Anne replied to an earlier text from her engagement worker saying that she wouldn’t be able to see her the following week as she hadn’t been well recently and she went on to say that what she really needed was an update on her cooker and fridge freezer as she hadn’t heard anything. The engagement worker replied that she hadn’t been able to update her as she (Anne) didn’t answer any of her calls and texts. She said that she had provided Anne with the contact number to chase up the cooker and fridge freezer on 19th November 2021 and it had been agreed that it would be best for Anne to ring as a delivery date would be required from Anne. The engagement worker offered to ring the supplier of the cooker and fridge freezer but said that Anne would need to answer her text so that she could advise which days are best for the items to be delivered.

3.69 On the same date the engagement worker emailed social worker 3 to advise of Anne’s current unavailability for a joint visit. She observed that she felt that Anne no longer wanted to engage with her (the engagement worker) ‘for some reason’.

3.70 The Jigsaw Neighbourhood Safety Team (NST) had struggled to contact Anne in respect of the safeguarding case opened on 22nd December 2021. On 6th January 2022 they closed the safeguarding case after contacting her Great Lives engagement worker who confirmed that Anne remained open to them and was planning to visit her. The engagement worker planned to chase up the curtains and social worker 3.

3.71 On 17th January 2022 Anne's engagement worker contacted her by text. Anne said that she wasn't well (Covid-19) and was 'forcing herself to eat' and had spoken to the GP who had advised her that she was at high risk of complications and so would need to isolate for at least another week (There is no indication that Anne had contacted her GP or the Out of Hours GP service).

3.72 On 26th January 2022 social worker 3 made a 'cold call' to Anne who 'wouldn't let her into the property' but said that she would accept a visit from the social worker and the Great Lives engagement worker the following week. Anne went onto say that she was waiting for a call from her GP and so could not speak with social worker 3 for long. Anne advised that she needed support only with moving her bins as she had agoraphobia. She declined support from carers to assist her in daily living activities. She appeared kempt.

3.73 On 31st January 2022 the engagement worker received a text from Anne stating 'I cannot under any circumstances see anyone on Tuesday. I am too upset right now. Please do not test this'. The engagement worker replied to ask what had happened but there is no indication that Anne replied at that time. The planned joint visit involving social worker 3 and the engagement worker did not go ahead. When the engagement worker updated social worker 3 the following day, the social worker advised referring Anne to her GP for support with wellbeing and that a Microsoft Teams meeting should be completed with Housing and other involved agencies (There is no indication that Anne's GP was contacted or a Teams meeting arranged).

3.74 On 17th February 2022 social worker 3 emailed Anne's engagement worker to advise that Anne was unfortunately not engaging with Adult Social Care and if she has 'capacity into her current circumstances', social worker 3 was only able to provide her with information and advice in respect of risks she faces if she did not engage. The social worker went on to say that she had arranged a cold call with the community care officer for 21st of February 2022, when it was planned to provide her with information around cleaning services as this was not something carers commissioned by the local authority would support with. She added that if Anne did not require carer support, the social worker may signpost her to other agencies as Adult Social Care was not the only agency able to provide support.

3.75 When social worker 3 and the community care officer visited Anne on 21st February 2022, they were unable to obtain a reply.

3.76 On 23rd February 2022 social worker 3 referred Anne to Change Grow Live who, two days later, wrote to Anne to advise that the service was experiencing a high number of referrals and staffing difficulties due to the Omicron variant of Covid and so there may be a delay in an assessment taking place. Harm minimisation advice was given and Anne was advised to contact the service should her circumstances change and was provided with emergency contact numbers.

3.77 On 24th February 2022 social worker 3 texted Anne to encourage her to accept a visit to which Anne replied 4 days later requesting that the referral was closed and that information about 'cleaning and bin support' be posted to her. She stated that her main issue was 'not being able to leave to take out my rubbish due to agoraphobia'.

3.78 The following day Anne spoke to her engagement worker by phone and said that she had been unable to answer the door the previous day as she had been in the bath. She said that she (Anne) had phoned social worker 3 and arranged to speak to her the following week (There is no indication that she rang social worker 3). Anne said that she had 'sorted her new cooker out' and it was due to be delivered on 4th March 2022 but said that her new fridge freezer wasn't working and was a 'table top' version and was not large enough for her. Anne asked if the engagement worker could find out when her blinds were going to be fitted. The engagement worker contacted the supplier of the fridge freezer and blinds who was going to look into the matter and ring her (the engagement worker) when they had the correct information and possible dates to deliver the items to Anne. The engagement worker updated Anne. The SAR has been advised that the blinds were later delivered.

3.79 On 1st March 2022 social worker 3 emailed the engagement worker to advise that Anne had declined an assessment 'which we cannot do against her wishes'. The referral would be closed and should Anne's circumstances change, she could be referred back to Adult Social Care. On the same date information about the wheelie bin pull out and return service and cleaning agency leaflets were posted to Anne.

3.80 On 3rd March 2022 social worker 3 completed a contact assessment, documenting that there were no social care needs identified apart from 'maintaining home environment'. The case was closed to Adult Social Care.

3.81 On 21st April 2022 a Change Grow Live (CGL) engagement worker attempted to complete a triage with Anne by phone but the phone number on the referral appeared to no longer be in use. Social worker 3 was notified by email. After a further unsuccessful attempt to phone Anne, on 25th April 2022 CGL wrote to her asking Anne to contact them within 7 days if she still required a service. Social worker 3 was again notified. CGL received no reply from Anne and discharged her on 10th May 2022.

3.82 On 7th May 2022 a neighbour of Anne phoned Jigsaw to express concern about 'the condition' of Anne's flat and said they had noticed that her bins were always empty. The neighbour added that they had put the previous tenant's bins out and had been going to offer to do the same for Anne – which is how they noticed that the bins were empty. The neighbour also reported that Anne received 'ready made' meals and opened her door only wide enough to receive the meal.

3.83 On 27th June 2022 a neighbour of Anne called Jigsaw Homes to raise concerns about her, specifically that she had food delivered 'every morning' but never had any rubbish in her bin. The neighbour was concerned that all the food waste was still in the property which was unhygienic. The neighbour added that her husband puts the bins out each week but Anne's bins were always empty. A 'concern card' was logged. The 'concern card' is an electronic system by which an operative can raise a concern via their personal digital assistant (PDA) device which generates an email to the Jigsaw Safeguarding inbox which would result in a case being opened by the NST.

3.84 After the Jigsaw neighbourhood safety officer (NSO) had made unsuccessful attempts to contact Anne by phone and email, he wrote to Anne on 5th July 2022 to advise that a concern for her wellbeing had been received and to check whether she might benefit from any additional support. The letter went on to state that as HSO 1 had been unable to contact Anne by phone or email, he had arranged to visit her at her property between 2 and 4pm on 14th July 2022. Anne replied by email two days later to apologise for missing his email as she had been receiving a lot of emails recently. Anne went on to say that the proposed visit was unnecessary as she was 'getting by OK'. She finished her email by thanking the NSO for 'checking in' which she said was much appreciated.

3.85 On 14th July 2022 the NSO emailed Anne's Great Lives engagement worker to check whether she was still supporting Anne and whether she had any concerns. The engagement worker replied the following day to say that she had supported Anne when she was in 'temporary/supported' accommodation but had stopped supporting her in February 2022. She added that Anne had mental health issues, binge drank, was agoraphobic and was a 'vulnerable adult'. She added that she had tried referring Anne to Adult Social Care 'but somehow she didn't meet their criteria'. The engagement worker asked if 'everything was OK?' The NSO informed the engagement worker about the neighbour's concerns that as her bins were always empty, she must be keeping her rubbish in her flat but that he (the NSO) was not 'overly concerned' as he had contacted Anne and she had said that she was 'OK' and did not need any support. He said that he planned to discuss with his manager whether he needed to insist on gaining access to the property. The engagement worker shared the 14th December 2021 referral she made to Adult Social Care with the NSO (Paragraph 3.61).

3.86 After speaking to the engagement worker, the NSO wrote to Anne again on 17th July 2022 to advise that he would be visiting her on 26th July 2022 given the past concerns about rubbish accumulating in her property. The visit was stated to be necessary to ensure that Anne was maintaining her property to an adequate standard and that the condition of the property did not pose a risk to her neighbours. Two days later (19th July 2022) Anne phoned the NSO and acknowledged that she had allowed rubbish to build up inside her property in the past but that this had occurred because she had been suffering from depression. She went on to say that she had recently been diagnosed with cancer and was not feeling very well. She agreed to the NSO's suggestion that she took photographs of each room to avoid him having to pursue access to check the property for condition. She agreed to send the photographs by WhatsApp as soon as possible. On 27th July 2022 Anne emailed the NSO to say that she would be purchasing a new phone that week as her existing phone's screen was damaged. She said that she would send the images as soon as her new phone arrived.

3.87 On 22nd July 2022 a neighbour of Anne contacted Jigsaw Homes to complain about rats getting into her (the neighbour's) property which she attributed to the overgrown rubbish filled garden of Anne – whose flat was situated above the neighbour's property. This prompted a visit to Anne's property by the Jigsaw neighbourhood safety team on 27th July 2022. No access was gained to Anne's flat but the area of garden allocated to Anne's flat was found to be overgrown with a collapsed wood structure.

3.88 On 9th August 2022 the NSO wrote to Anne to advise that he would be visiting the property on 17th August 2022 as no photographs of the interior of her flat had been received and there was rubbish in her garden area which needed to be disposed of. Anne replied by email on the same day to say that her phone purchase had been delayed as the price had increased but that she would be ordering her new phone on 10th August 2022. She went on to say that she had not set foot in the garden and that she was responsible for neither the rubbish nor the collapsed wooden structure. She said that no visit was required as she already had enough going on with her health and 'being bombarded with letters due to the cost-of-living crisis. Jigsaw Homes' Income Team had been trying to contact Anne to offer support around welfare benefits and debt referrals, whilst attempting to agree a payment arrangement for rent arrears (£346) which were accruing.

3.89 On 15th August 2022 the NSO wrote to Anne to advise her that she was considered to be in breach of her tenancy agreement by not providing access to her property and because of the condition of her garden. Anne was warned that legal action could be taken if she did not allow access to her property or provide photographs of each room within 28 days and cut back and clear her garden. Two days later Anne emailed to say that she was dealing with cancer treatments but that Jigsaw Homes may have access to her flat late next month. She stated that she did not accept responsibility for the state of the garden as she was agoraphobic and

therefore did not step outside her flat. The NSO emailed Anne the same day to ask if she was receiving support from her GP for her agoraphobia and whether she needed support in respect of health and wellbeing. The NSO went on to suggest she arrange for someone to help her clear her garden.

3.90 On 18th August 2022 the NSO wrote to Anne again to request that she provide access to her property by 30th September 2022 and attend to her garden by 14th September 2022. On the same date the NSO checked for next of kin on the Jigsaw system and established that no details were documented. Also, on the same day he contacted Adult Social Care who confirmed that Anne was not open to services. He explained the situation and was advised that a referral based on the current circumstances was likely to be rejected. Adult Social Care suggested the NSO request the police conduct a welfare check and they (the police) could then make a referral if concerns were identified. Adult Social Care has advised the SAR that they have no record of receiving this call from the Jigsaw Homes NSO in their Community Gateway – which is where the call would have been handled.

3.91 On 25th August 2022 Anne emailed the NSO to advise that she would be able to send pictures to him within the next two weeks as she needed to obtain a new sim card to unlock her new phone which she could not afford until 10th September 2022 – when her next Universal Credit was due. She added that she couldn't even afford food at that time. The NSO emailed Anne the following day with advice about support in managing her finances and advice on how to obtain a food bank voucher or attend a food pantry.

3.92 On 30th August 2022 Anne emailed Jigsaw Homes' Income Team to advise that she could not afford the proposed £20 per month towards her rent arrears. She said that she was currently 'broke' and could not even afford food (Anne's sisters have shared her bank statements with the SAR. They show that her current account was very low on funds at this time and she was awaiting her Universal Credit and PIP payments on 8th September 2022)

3.93 On 28th September 2022 the NSO emailed Anne to warn that legal proceedings may be taken against her given that she had not allowed access to her property or sent photographs nor had she cut back and cleared her garden. Anne emailed back on the same date to say that she was 'very sick' and would send pictures the following month.

3.94 From the bank statements shared with this SAR, Anne's financial situation was becoming increasingly perilous by this time. From September 2022 onwards there were periods each month when she had no funds in her account and during these periods, she did not have takeaway food and drink delivered. Once her benefits were paid into her account, she would re-commence ordering takeaway food and drink again at the same frequency as previously. The periods when she had no funds in her

account and therefore appeared to be unable to order food and drink were from 30th September to 6th October 2022 (7 days), 27th October to 3rd November 2022 (8 days) and 24th November to 1st December 2022 (8 days). Whilst living in address 2 Anne appears to have had only two supermarket home deliveries – on 17th January and 12th September 2022. Assuming her Bank statements reflect the entirety of her economic activity, almost all her food and drink needs were met by home deliveries – primarily by Uber Eats and Deliveroo. (Letters were sent to the Head Offices of both companies to ask if their delivery drivers noted any concerns in respect of Anne and to ask what their policy is in respect of customers who appear vulnerable. At the time of writing, replies had not yet been received from either company. Tameside Adults Safeguarding Partnership Board may, or may not, wish to follow up responses to these letters as part of their action planning process).

3.95 On 5th October 2022 the NSO contacted Jigsaw Gas Servicing. He said he was aware that Anne's gas service was due in October 2022 and so he requested that the engineer advise of any concerns relating to the property. Gas Servicing replied the same day to advise that they had been unable to gain access to Anne's flat on 9th September and 4th October 2022 as Anne advised them that she was in hospital on both occasions. A third visit was booked for 19th October 2022 but Gas Servicing had been unable to contact Anne and so they thought that she may still be in hospital. The NSO replied that Anne had not told him that she was in hospital although he said that she had said that she was receiving treatment for cancer and so may have been in hospital because of this. It was agreed that the gas engineer would report back any concerns.

3.96 On the same date the NSO arranged for Jigsaw's Grounds Maintenance to cut back Anne's garden which had been accomplished by 3rd November 2022 and a plan of the garden area for which she was responsible sent to Anne.

3.97 On 19th October 2022 Anne emailed Gas Servicing to advise that she was currently in hospital and so would not be available for the 19th October 2022 appointment but could be available before the end of October. On 24th October 2022 Anne emailed again to say that she was still in hospital and so the next available period for the gas safety check would be early November 2022.

3.98 On 27th October 2022 the NSO emailed Gas Servicing to check whether the engineer had gained access and was advised that access had not been gained, the gas safety certificate had now expired and they were due to attend on 10th November 2022 which Anne had assured them was a 'confirmed' appointment.

3.99 On 18th November 2022 Jigsaw arranged for automated calls to be made to Anne's mobile phone by the Housing Contact Company. The automated calls requested urgent contact. If not answered, the Housing Contact Company would

attempt three calls followed by a text message requesting contact. If answered, the tenant can choose an option which enables a free call to Jigsaw Homes.

3.100 On 25th November 2022 the Jigsaw arrears recovery officer emailed Anne to request contact and to offer a money advice/debt referral. A further arrears letter was sent to Anne on 5th December 2022.

3.101 Anne was unavailable for Gas Servicing visits on 10th and 22nd November 2022 due to 'hospital attendances'. A visit for 1st December 2022 was booked but on 28th November 2022 Anne emailed to advise that she would be unavailable on 1st December 2022 as she had tested positive for Covid-19. Jigsaw Homes appear to have received no further contact from Anne after that date.

3.102 According to Anne's bank statements the final home delivery to Anne was made by Uber Eats on 11th or 12th December 2022 for which the cost was £58. At that point in the monthly financial cycle her bank account contained over £600 and so lack of funds would not have been a reason for not ordering food after that date.

3.103 On 19th December 2022 Jigsaw's arrears recovery texted Anne to request contact.

3.104 The Inquest was advised that analysis of Anne's phone and computer by the Coroner's Officer found that Anne emailed cleaning and pest control companies in late December 2022 to request a 'deep clean' of her flat and for help to deal with rodents. It is not known whether these emails were received by the companies or responded to.

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3.105 The Inquest was advised that analysis of Anne's phone and computer by the Coroner's Office found that Anne emailed cleaning and pest control companies in late December 2022 to request a 'deep clean' of her flat and for help to deal with rodents. It is not known whether these emails were received by the companies or responded to.

3.106 A Gas Injunction Order was obtained to force entry to Anne's property for the gas safety check. The SAR has been advised that Anne would have been sent written notification in respect of the Gas Injunction Order.

3.107 On Tuesday 10th January 2023 the NSO emailed Gas Servicing to ask them to raise a concern card if they had any concerns in respect of Anne once they had gained access.

3.108 At around 2pm on Friday 19th January 2023 Jigsaw Homes went to Anne's address. They received no reply and the only door allowing access was locked and secured. Entry was forced and Anne was found deceased in the living room surrounded by thousands of empty bottles of beer and spirits to such an extent that access was extremely difficult. The condition of the flat – which was also cluttered with empty food packaging - was described as 'squalid. An ambulance was called and a paramedic declared life extinct. GMP also attended and carried out a special procedures investigation which found no evidence of third-party involvement or other suspicious circumstances.

4.0 Views of Anne's family

4.1 Three of Anne's adoptive sisters contributed to the SAR, including the sister with whom Anne lived following her return to Tameside from London in January 2019 (sister 1). Anne's former partner also said he wished to contribute to the SAR. However, he did not answer his phone when the independent reviewer contacted him to obtain his account as arranged and has not answered subsequent phone calls. It is assumed that he has changed his mind about contributing to the SAR. Further contact was attempted with Anne's former partner as the SAR was nearing completion. He was offered the opportunity to read and comment on the final report but did not reply.

4.2 Anne's sisters said that she was placed with their parents when she was three weeks old. The sisters recalled that Anne was 'quite poorly' when she was placed with their parents as she had a heart defect they described as a 'hole in the heart' which later 'self-corrected'. They said that Anne was also affected by the medication her birth mother had been taking for schizophrenia.

4.3 The sisters said that their parents were long term foster carers but that Anne was the only child they adopted. Her sisters said that Manchester Children's Services eventually concluded that Anne's birth mother would never be able to care for her but felt that their parents were 'too old' to adopt Anne. Her sisters said that their parents disagreed with this view which they challenged in court and were subsequently allowed to adopt her. Very sadly, their mother – and Anne's adoptive mother - died suddenly when Anne was seven years old. The sisters said that Anne was particularly close to their mother and that her death was a 'massive loss' for her.

4.4 The sisters said that Anne always wanted to know who her birth mother was but when her adoptive father made enquiries on her behalf, he was told that Anne's birth mother was 'too poorly' and that contact with Anne would be detrimental to her birth mother's health.

4.5 The sisters said that Anne went on many family holidays which she seemed to enjoy. Their parents owned a static caravan in Yorkshire, and they would travel there most weekends. Their father was heavily involved in a Pentecostal Church in North Yorkshire and they attended as a family each Sunday. Their father retired from employment on ill health grounds after a heart attack when Anne was still young. Therefore, both their mother and father were at home to support Anne and the other foster children. After their mother died, one of the sisters became a registered carer and helped their father, spending most days and some nights helping with the two other foster children who had complex needs. The sisters added that although they had all moved out of the family home and started their own lives, they were a close family unit and all of the sisters would help out with the care of Anne and the foster children.

4.6 As far as the family are aware, Anne enjoyed school although they said she struggled with physical education. She struggled to make friendships with her peers and preferred to spend time on her own – although she did engage with peers through social media. The family said that Anne spent a lot of her time in her bedroom and isolated herself even when they had family gatherings. Throughout her teenage years, their father struggled with Anne's hygiene and cleanliness. The sisters said that they would often help their father clean her room as he was getting very stressed about how dirty it was. The sisters said that they would find food and cakes sandwiched in between CD's and used sanitary towels still attached to underwear in drawers, behind radiators and in cupboards. Plates of leftover food would be in drawers and cupboards. Coke bottles were found in drawers and under her bed.

4.7 The sisters said that Anne had a good relationship with an older male child that her parents fostered. They said that Anne 'took to' this child who had a diagnosis of cerebral palsy and lived in the family home until the age of 21 when he transferred to a residential home. Anne would have been around 16 when he left. As stated, there was also another child with disabilities being fostered by their parents. Following her return to Tameside, Anne had discussed her childhood with her sisters and implied that she was neglected by her adoptive parents although the sisters state that this was not witnessed by her extended family.

4.8 The sisters said that Anne left school at 16 and obtained a part time job in a large store but this lasted for just a couple of weeks and, as far as they are aware, she was never in employment thereafter.

4.9 They said that Anne met her former partner on-line following which he moved from London to Manchester where they lived together in a flat. After a relatively short time Anne moved to London with her partner where he was employed as a security officer. The sisters said that Anne and her partner initially lived in a house share before renting a flat. They said that they visited Anne and her partner in London and Anne returned to Tameside for her adoptive father's funeral but eventually the family completely lost touch with her. They added that Anne blocked everybody in her adoptive family which they felt was due to her fear that they would try and interfere in her life, adding that Anne wasn't 'open to taking advice'. The sisters said that they assumed that Anne and her partner had settled in their life together in London. Before she blocked them, she shared photographs with her adoptive family of piercings, new clothes and concerts she attended.

4.10 In December 2018 Anne's partner contacted her adoptive family to say that he 'couldn't cope anymore' and 'needed a break from Anne'. He said that she didn't wash herself, never left their flat, didn't do any work around the flat – and he would prepare their evening meal when he returned home from work. He also said that she was drinking alcohol excessively. He went on to tell the family that Anne had once been

able to leave the flat and go to concerts etc. with him but was no longer able to do this. As previously stated, one of Anne's sister states that Anne's partner only said that he needed a break for a few weeks and didn't fully disclose what the situation was when he initially contacted Anne's adoptive family.

4.11 The sisters said that Anne travelled back to Tameside by train. They said that she appeared to believe that this was a temporary separation and that she would return to London and marry her partner and have children for whom they said she had already chosen names. The sisters said that they felt that Anne loved her partner but following her return to Tameside she began to say that her adoptive family 'had no idea' of what happened in London without enlarging on this.

4.12 The sister with whom Anne moved in (sister 1) said that it was a 'massive challenge' supporting her to engage with a GP and obtaining benefits for her – which she had never previously claimed. Sister 1 said that she had to fight to get Anne on Universal Credit because they (the DWP) wanted her to seek employment and 'sign on' weekly which Sister 1 said was unrealistic as it was a 'massive battle' to support her to leave the house. Sister 1 said that applying for PIP was a 'nightmare'. After filling in the forms Anne was required to go for an interview – to which Sister 1 accompanied her - only to be told by the assessor that Anne was well presented and had managed to attend the interview and therefore questioned whether she needed PIP – which was refused at that time.

4.13 Sister 1 said that all the GP wanted to do was 'throw pills at her' – which she said Anne 'never took' because they made her feel unwell. Sister 1 said that Anne wasn't motivated to engage with Healthy Minds. The Integrated Care Board (ICB) notes that, whilst this perception by Anne's family is respected, the ICB feels Anne's GP Practice followed guidance and operated in accordance with expected practice. Medication is part of the support offer alongside referrals to Talking Therapy services. The GP Practice also made a referral to Adult Social Care and wrote letters to partner agencies. The independent reviewer also feels that Anne's GP practice engaged well with her when she returned to Tameside.

4.14 Sister 1 went on to describe how Anne presented after she moved in with her and her husband. She said that Anne hardly ever came out of her bedroom which was on the upper floor of the property. There was no toilet upstairs. Sister 1 said that she used her bedroom as a toilet, adding that Anne would urinate in bottles which she kept in her room. She said that Anne 'wouldn't' shower, never brushed her teeth and wore the same unwashed clothes.

4.15 Sister 1 went on to say that she had to replace Anne's mattress on four occasions and replace all the floorboards in her bedroom. She said that Anne's room 'stank' and there were flies and maggots. Sister 1 said that she never saw Anne for 'weeks on end' and that she would come out of her bedroom at night when the rest of the

household had gone to bed. Sister 1 said that Anne only left the house to buy food and drink from the local off-licence and pizza restaurant (which are 8 and 7 minutes' walk away respectively). She said that Anne also drank heavily – mainly spirits - and the bottles would accumulate in her room. She said that she would deep clean Anne's bedroom every three months.

4.16 Sister 1 said that she found trying to support Anne in her family home to be increasingly stressful and that the situation became unbearable to the extent that it began to affect her mental health and put her relationship with her husband under great strain.

4.17 Sister 1 said that Anne wanted to have her own place and said that she would 'get better' if she was on her own. She added that Anne said that she felt guilty about living with her adoptive sister.

4.18 Sister 1 said things improved marginally when her son moved back into the family home. He was closer in age to Anne and she would come out of her bedroom and stay up to the early hours drinking and chatting with him. Sister 1 said that Anne also interacted with people online and on one occasion said she had met someone from Canada who she said planned to visit her in the UK and take her back to Canada to get married.

4.19 The sisters said that Anne could be very literal in her thinking and gave as an example her response to a member of staff at the local off-licence remarking that Anne was there so often it was as if she worked there. The sisters said that although the comment was made in fun, Anne initially treated it as a genuine job offer.

4.20 Sister 1 went on to discuss the support Anne received to find her somewhere to stay. She said that she visited accommodation in Stockport with Anne which Anne 'really liked'. The fact that no alcohol was allowed did not appear to be a problem for Anne. Sister 1 said that Anne would be taught life skills such as cooking meals for herself and would receive individual and group counselling. However, she said that ultimately Anne was not considered suitable for this placement as she was assessed as not having nighttime care needs. Sister 1 said that she couldn't understand this decision as she felt that Anne was seriously self-neglecting which she felt put her at risk for 24 hours each day.

4.21 Sister 1 said that when Anne was accepted for the flat at Address 1, her family helped her move in and ensured that she had everything she needed. The sisters said that Anne was also in a good position financially as she had been willed £16,000 by her adoptive father of which £8,000 remained when she left sister 1's home in 2020 (Her bank statements indicate that in January 2021 the balance was almost £4000). Additionally, she was in receipt of Universal Credit and sister 1 was aware that her engagement worker managed to help her obtain PIP. Sister 1 said that when she met

Anne's engagement worker, she (sister 1) emphasised how vulnerable Anne was as she had 'never had to do anything' such as manage money or contact energy suppliers for example.

4.22 Sister 1 said that the family were very worried about Anne after she visited address 1 on 23rd February 2021 to find the doors open and her passport and debit card visible. She reported Anne as a missing person to the police (Paragraph 3.39). When Anne later returned safe and well sister 1 said that Anne told her that she was 'sick of her interfering in her life'. Following this incident sister 1 said she visited address 1 a few times but was unable to get any reply.

4.23 Sister 1 said that she was contacted again by Anne when she needed £30 for a gas bill but when she visited Anne at address 1, she couldn't get any reply although she was sure that Anne was at home. Sister 1 said that the next time she went to address 1 she discovered that Anne was no longer living there. Sister 1 said that she rang social worker 2 who told her that Anne didn't want her family to know where she was living. Sister 1 said that the family were able to text Anne but she replied that she didn't want any help from them.

4.24 The family said that Anne was missing from home on one further occasion after she moved into address 2 and a social worker contacted her (sister 1) but wouldn't tell her where Anne was living. Sister 1 wondered what the point of contacting her was if the social worker wouldn't disclose Anne's new address. (There is no record of a missing from home report when Anne was living at address 2. Sister 1 is referring to the phone contact she had with the Adult Social Care advanced practitioner in December 2021 when Adult Social Care were assessing the referral received from Anne's engagement worker (Paragraph 3.66)). Sister 1 said that this contact was the last the family heard about Anne from professionals prior to her death.

4.25 Thereafter there was text contact from Anne at Christmas 2021 when she had a 'long chat' with one of sister 2's daughters who offered to go and pick her up. Anne appeared to have been drinking on this occasion. The family also contacted Anne to advise her of sister 1's illness during 2022 which prompted Anne to phone sister 2 to enquire about sister 1's health. During this call Anne disclosed that she had been in a 'horrible' relationship but was now out of it and was fine.

4.26 Following Anne's death the family were advised of her address and sister 2 visited. She said that her bed had not been bolted together, adding that Anne would not have known how to re-assemble it. The sister said that there was a washing machine in the middle of the kitchen floor which had clearly not been used as it was still wrapped in cellophane. Sister 2 said that there was also a 'brand new' fridge which had never been used. She also noticed a 'brand new' knife and fork set which appeared 'untouched'.

4.27 The family said that they had been advised that a video had been found on her mobile phone 'pleading for help'. The SAR has requested further details of this video but at the time of writing had not received them.

4.28 Reflecting on Anne and her family's contact with agencies, the family raised the following concerns:

- When Anne's neighbour complained about rats was this fully investigated by Jigsaw Homes. If the rats were found to be coming from Anne's flat – what did Jigsaw Homes do about it?
- The family said that they understood that the 'boiler man' made a safeguarding referral and wondered what happened to that. (The gas operative who found Anne's body when entry was gained to her flat, advised GMP that he had previously made an internal safeguarding referral in respect of Anne. It has been established that the gas operative was mistaken and that he had made an internal safeguarding referral in respect of the previous resident of Anne's flat).
- The family were also concerned that Anne may have been financially exploited by the takeaway delivery drivers given the large amounts she was spending on takeaways disclosed by looking at her bank statements.
- The family felt that Anne was 'very good' at giving professionals the 'right answers' to their questions. The family felt that the way she was living in address 2 was not her choice and that her capacity to make decisions should have received greater attention.
- The family felt that there was an over reliance on prescribing Anne anti-depressant medication and that this form of treatment was not followed up properly. They felt that too often Anne was directed to websites rather than receiving a thorough assessment.
- They felt that Anne should have been offered supported accommodation when she left sister 1's home. They wondered whether financial constraints had been a factor in the rejection of housing options with greater support which were considered and rejected before she moved into address 1.
- The family felt that Anne related really well to her engagement worker and she may have perceived the ending of the engagement worker's support as 'another loss' in her life.

- When Anne moved into address 2, the family asked what made professionals think she would be 'OK' without the support of her family. The family added that as far as they were aware she was being supported by Adult Social Care after she moved into address 2. The family also said that they assumed that when Anne moved from address 1 to address 2, the care and support went with her. The family also felt that if professionals had no contingency plan if things were to go wrong for Anne in address 2, then the family should have been advised of her new address.

4.29 The family also reflected on the losses that Anne had suffered. She never knew her birth mother and was unable to connect with her as an adult, her adoptive mother died when Anne was 5, her adoptive father died when she was 19, her 'foster brother' died in 2016 and her long-term relationship with her partner ended leaving her reliant on an adoptive family with whom she had lost contact for several years. The family felt that her lack of contact with her birth mother was a 'massive' unresolved issue for her and that, as a result, she didn't feel she belonged.

4.30 The family wondered if 'something happened' to Anne whilst she was living in London.

5.0 Analysis

The extent to which self-neglect was identified as a concern.

5.1 The Care Act 2014 statutory guidance defines self-neglect as ‘where someone demonstrates lack of care for themselves or their environment and refuses assistance or services. It can be long-standing or recent’ (1). When professionals first came into contact with Anne following her return to Tameside in January 2019, she was documented to be struggling with some activities of daily living such as being unable to use a washing machine and to ‘lack life skills’ (Paragraph 3.5) a state of affairs which, at that time, was attributed to her ex-partner having exercised control over her life. She was said to be able to wash and dress herself and sister 1 was said to be supporting her to become more independent. Supporting Anne to address mental health issues relating to anxiety – including her agoraphobia symptoms - and depression was seen as the priority at that time.

5.2 The first reported indications of self-neglect arose during sister 1’s contact with the Community Gateway in June 2019 when she reported that Anne was not washing herself or her clothes and her bedroom was smelling (Paragraph 3.12). Sister 1 was provided with contact details for Change Grow Live at that time which suggests that what her sister reported as Anne’s ‘heavy drinking’ was the primary focus of professional attention at that time.

5.3 Anne’s sister again sought help for Anne just over a year later (June 2020) when she contacted Adult Social Care to make a referral without Anne’s consent as she was self-neglecting. Sister 1 described Anne’s lack of self-care and care for the bedroom in which she was reported to spend almost all her time (Paragraph 3.18). Social worker 1 visited Anne and concluded that she was self-neglecting but was able to complete basic living tasks without support but lacked the motivation to do so and that her low mood was a factor which was affecting her motivation (Paragraph 3.19). The social worker felt that Anne had an urgent need for alternative accommodation as her relationship with her sister had broken down and the current situation appeared to be adversely affecting the mental health of both women. However, it was clear that the social worker did not feel that finding alternative accommodation for Anne would be complete solution, noting that Anne believed that ‘everything was going to fall into place’ when she found her own home (Paragraph 3.20). The social worker supported Anne to engage with Tameside Council Homeless Team and closed her case once it was confirmed that Anne had an allocated housing worker.

5.4 Anne’s involvement with Tameside Council Homelessness Team did not yield a rapid solution to her accommodation needs and so sister 1 contacted the Community Gateway two months later (September 2020) to make an urgent referral in respect of Anne’s continuing self-neglecting behaviour (Paragraph 3.24) adding that she (sister 1) was ‘at breaking point’ and feeling ‘abandoned by services’. Social worker 2 became

involved and formed a similar view to the previous social worker in noting a lack of motivation on Anne's part but went further than her colleague in concluding that because of this lack of motivation, Anne was unable to meet her basic care and support needs independently and needed supported living accommodation or independent accommodation accompanied by a small package of care. Social worker 2 observed that, without support, Anne would self-neglect which could cause significant impact on her wellbeing and also potentially lead to the loss of her tenancy (Paragraph 3.29).

5.5 Additionally, Anne's GP identified 'long term' self-neglect as one of the risks to Anne in the GP referral to the Mental Health Access Team at the end of November 2020 (Paragraph 3.33).

5.6 It is unclear what weight was given to self-neglect in the telephone assessment Jigsaw Homes carried out at the time that Anne was accepted into the Great Lives service (Paragraph 3.34) but when a Great Lives senior engagement worker completed a risk assessment after Anne's tenancy with Great Lives began, the senior engagement worker noted that Anne minimised some risks including self-neglect (Paragraph 3.38).

5.7 Thereafter the term 'self-neglect' is conspicuous by its absence. In her referral to Adult Social Care shortly after Anne had moved into address 2, the engagement worker stated that Anne's hygiene had worsened and that she had left address 1 in 'such a mess' (Paragraph 3.61). When this referral was closed by social worker 3 on 3rd March 2022, she documented that there were no social care needs identified apart from 'maintaining home environment' (Paragraph 3.80). It is unclear how significant the apparent absence of the naming of 'self-neglect' was during Anne's tenancies in address 1 and address 2 and it is accepted that 'self-neglect' may be referred to in documents not seen by the SAR.

5.8 In order to draw out further learning from the extent to which self-neglect was identified as a concern in respect of Anne, the SAR has considered insights derived from the body of research on self-neglect conducted over the past decade by Braye, Preston-Shoot and Orr (2) (3) (4).

5.9 The self-neglect research recognises that tensions exist between 'respect for autonomy and self-determination' on the one hand and 'duty to protect and promote dignity' on the other. Anne's family take the view that the way she was living in address 2 was not her choice and that action should have been taken to preserve her safety and dignity even if she resisted this. Professionals tended to emphasise the need to respect Anne's autonomy. For example, social worker 3 responded to Anne's decision not to accept support from Adult Social Care then they were only able to provide her with information and advice in respect of the risks she faced if she did not engage (Paragraph 3.74).

5.10 The self-neglect research finds that whilst there is no single overarching explanatory model for self-neglect, causation is associated with physical health issues, mental health issues, substance misuse and psycho-social factors. In Anne's case 'mental health issues' – anxiety, depression and agoraphobia – were prominent but it was not possible for Healthy Minds to explore Anne's mental health beyond two initial assessments. 'Substance misuse' – increasingly excessive alcohol consumption was a prominent issue as were 'psycho-social factors'.

5.11 Exploring 'psycho-social factors' further, the self-neglect research draws attention to 'diminished social networks' (Anne had become almost completely isolated by March 2022), 'limited economic resources' (her agoraphobia was a key factor in her over-reliance on takeaway meals which put a strain on her finances to the point where she may not have been able to afford food and drink for several days each month) and 'personality traits including 'traumatic histories/life-changing events' (Anne experienced a great deal of bereavement and loss and trauma from a sexual assault in her teenage years and possibly her disclosure of sexual assault as an adult) and 'perceived self-efficacy' (one of the Healthy Minds assessments noted that Anne was able to advocate for herself and through her articulate and plausible responses to the neighbourhood safety officer, Anne was able to keep Jigsaw Homes at 'arm's length').

5.12 The self-neglect research also found that it is often difficult to distinguish between 'unwillingness' and 'inability'. This was certainly a challenge for professionals seeking to assess Anne. Lack of motivation was often cited and evidenced but professionals were unable to ascertain what lay behind this apparent lack of motivation other than low mood. (Could motivational interviewing²¹ have been considered?)

5.14 The self-neglect research also emphasised the importance of a relational approach in order to help professionals 'find the person'. Was Anne ever 'found'? The engagement worker probably got closest to understanding Anne when she asked her why she drank which led to the disclosure of sexual abuse as a teenager. Anne also made disclosures to her GP and during the two initial assessments completed by Healthy Minds. With the benefit of hindsight it seems that Anne's widowed adoptive father may have struggled to parent Anne as she moved into adolescence meet her needs after the death of his wife and may have defaulted to quite a controlling style which may have limited Anne's ability to develop life skills around independence and her efforts to make progress in this area may have been adversely affected by the sexual assault she disclosed as a teenager. (When she read a late draft of the SAR report, sister 2 said that she was angered by the characterisation of her father as 'controlling'. She acknowledged that he did struggle to bring up Anne and the two

²¹ Motivational interviewing is a counselling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behaviour. It is a practical, empathetic and short-term process that takes into consideration how difficult it is to make life changes.

foster children – who both had additional needs – after the death of his wife but sister 2 said that he had ‘begged’ Anne to get involved in activities outside the house). It is not known whether Anne was able to access appropriate support following this incident. She appeared to perceive and present her subsequent relationships – with her partner in London and then with her sister in Tameside for example – as controlling and interfering. She may not have had the opportunity to learn the balance between independence/self-reliance and acceptance of support and advice in her key relationships.

5.15 The self-neglect research also emphasises the importance of paying attention to key transition points. In Anne’s case her transition from her sister’s home to address 1 where she was supported by the Great Lives engagement worker and her subsequent move to the general needs flat at address 2 were key transition points.

5.16 Considerable attention was paid to the first transition from Anne’s sister’s home to address 1. She received support from both her sister and the Great Lives engagement worker and for a time Anne appeared to flourish. The transition from address 1 to address 2 was less successful. Anne no longer had the support of her family from whom she appeared to have become largely estranged. Her engagement worker expected Anne to exercise greater responsibility for establishing herself in address 2 although she was available for continued support for a further three months following the move. Furniture and white goods were supplied by the Tameside Resettlement Scheme. Anne appeared willing to accept responsibility for managing the move into address 2 and making a success of her new tenancy. She told her engagement worker that wanted to start ‘pushing herself’ (Paragraph 3.58) and wanted to do things by herself (Paragraph 3.63). However, Anne had begun disengaging from her engagement worker in address 1 and this continued following her move into address 2. Anne’s family were very upset when sister 2 visited address 2 after her death and found a washing machine in the middle of the kitchen floor and a fridge which had clearly not been used by Anne (Paragraph 4.26). However, paragraph 3.68 gives an indication of the difficulties the engagement worker experienced in helping Anne to arrange for appliances to be delivered. The engagement worker advised Anne that she had provided her with the telephone numbers to chase up her cooker and fridge freezer as it had been agreed that it would be best for Anne to ring up as she would be expected to suggest a delivery date. The engagement worker then offered to ring the supplier of the cooker and fridge freezer but said that Anne would need to answer her texts – which she had not been doing - so that the engagement worker could advise the supplier which days were best for the items to be delivered.

5.17 The self-neglect research also highlights the need to ‘think flexibly about how family members and community resources can contribute to interventions, building on relationships and networks’. Early in her tenancy in address 1 Anne requested that her sister’s details be removed from her housing account (Paragraph 3.40). Her wishes

were complied with. Thus, when the Jigsaw Homes NSO checked for next of kin details on the Jigsaw's information system in August 2022, he found that no information was documented (Paragraph 3.90). Adult Social Care contacted sister 1 in response to the referral from Anne's engagement worker in December 2021 and encouraged a resumption of contact between sister 1 and Anne, although Anne's new address was not disclosed to the sister (Paragraph 3.66). In their contribution to this SAR, Anne's family felt that if professionals had no contingency plan to address 'things going wrong' for Anne in address 2, then her family should have been advised of her. New address (Paragraph 4.28). The question of whether Anne's wishes that her family should not be informed of her new address could have been overridden was discussed by the SAR Panel. The view of the SAR Panel was that Adult Social Care would share address details with professionals from partner agencies in the event of a Safeguarding Enquiry but would not share the person's address with their family against the person's wishes unless the family was at risk. Looking back, Anne appeared quite determined not to share her address with her family following her move to address 2. She had telephone contact with her family after this time when she chose not to share her address with them. Additionally, Anne initially expressed an interest in remaining in address 1 under the STAY programme (Paragraph 3.38), but this was not subsequently pursued. It seems possible that Anne may have wanted to make a 'fresh start' in address 2 and that this 'fresh start' would not involve what she often portrayed as control or interference from her family.

5.18 The self-neglect research also emphasises the importance of supervision and support and managerial oversight of key case decisions. The level of support and oversight Anne's Great Lives engagement worker received is unclear. She advised the independent reviewer that she managed a caseload of 12 clients including Anne. Not all the intended contacts and referrals in respect of Anne were actioned such as the referral to St Mary's Hospital following Anne's disclosure of sexual assault (Paragraph 3.47) the MASH referral (Paragraph 3.39) and the GP consultation (Paragraph 3.47). From the pattern of the engagement worker's contacts with Anne it is clear that plans to make referrals or support Anne to make referrals were sometimes frustrated by Anne's cancellation of appointments. However, it is unclear why these missed referrals were not picked up by managerial oversight of the risk assessment and other plans in relation to Anne. Additionally, there seemed to be a long delay in replacing Anne's black bin in which she would place her bottles and cans. As a result, this may have been a factor which prevented Anne getting into the routine of placing her bottles and cans in the black bin and may have contributed to her inability and/or reluctance to take her rubbish out to the bins after she moved to address 2.

5.19 The final point to highlight from the self-neglect research is concern about time limited case management models and workflow management which provides limited opportunity for repeat visits and longer-term engagement. Social worker 3 remained involved with Anne for over two months and made diligent efforts to engage with her and to work in partnership with Anne's engagement worker, but at the practitioner

learning event arranged to inform this SAR social worker 3 said that she became a little concerned about Anne's case 'lingering in her in-tray'. Adult Social Care have advised the SAR that the integrated urgent care team – of which social worker 3 was a member - often work with people for longer periods of time although cases which require lengthier involvement can also be passed over to the neighbourhood teams.

5.20 TASPb published a Multi-Agency Self-Neglect Strategy in December 2021 – which was just over a year prior to the discovery of Anne's body. The Strategy seeks to clearly define self-neglect; framing it within the legal context and setting out the responsibilities of the Local Authority and its partners who come into contact with people who are self-neglecting.

5.21 The Self-Neglect strategy's definition of neglect may be a little narrow in that it largely focusses on lack of self-care. The self-neglect research emphasises the importance of including the refusal of services that would mitigate the risk of harm within the definition of self-neglect. Whilst the Tameside strategy does state that self-neglect is 'dependent on the person refusing assistance from others' this could be expressed a little more unambiguously. Anne increasingly began to refuse services which could have mitigated the risks she was exposed to by her self-neglecting behaviour. It is important that professionals include refusal of services within their assessment of self-neglect.

5.22 There is much important learning about self-neglect and how to respond to it which arises from the analysis of the professional response to Anne's self-neglecting behaviours. In particular the importance of taking opportunities to 'find the person'; to consider options for supporting people to improve their motivation; to pay particular attention to transitions; to ensure that professionals working with people who are self-neglecting receive supervision and support; and to give appropriate attention to the refusal of services that would mitigate the risk of harm.

Recommendation 1

*That Tameside Adults Safeguarding Partnership Board review the multi-agency approach to self-neglect in the light of the learning from this SAR, particularly the importance of taking opportunities to 'find the person';
to consider options for supporting people to improve their motivation;
to pay particular attention to transitions;
to ensure that professionals working with people who are self-neglecting receive supervision and support;
and to give appropriate attention to the refusal of services that would mitigate the risk of harm.*

Recommendation 2

That Tameside Adults Safeguarding Partnership obtains assurance from Jigsaw Homes where tenants are being supported through action planning, Jigsaw Homes ensures that all identified actions are completed in a timely manner.

5.23 The TASP Self-Neglect strategy recommends team around the adult (TAA) multi-agency meetings for more complex higher risk cases – which the strategy states should be considered in cases where a single agency approach has been exhausted and a substantial risk still remains. A striking feature of Anne’s case was the absence of multi-agency discussions. There was much effective joint working – particularly between Anne’s GP practice and Adult Social Care and between Anne’s Great Lives engagement worker and Adult Social Care social worker 2 and social worker 3, no multi-agency discussions or meetings took place. Social worker 3 recommended that a Teams meeting involving Jigsaw Homes, the GP and any other relevant partner agency should take place in February 2022 (Paragraph 3.73) but this was not followed up. GMP anticipated that Anne’s engagement worker would refer her to the MASH in February 2021 but there is no indication that this happened (Paragraph 3.39). Jigsaw Homes have advised the SAR that they were under the impression that GMP would refer Anne to the MASH.

5.24 The independent reviewer has over a decade’s experience of completing Safeguarding Adults Review and Child Safeguarding Practice Reviews. Unlike the safeguarding children system – where multi-agency strategy meetings and discussions are an integral part of the way in which things are done – the independent author has found that the option of holding a multi-agency meeting or discussion appears to be much less strongly embedded in the adult safeguarding whole system. This needs to change. The SAR has been advised that Tameside Adult Safeguarding Partnership Board will shortly be implementing a Tiered Risk Assessment and Management (TRAM) protocol. Central to the protocol is the aforementioned Team Around the Adult (TAA) process which will form the basis of Multi-Disciplinary and Multi-Agency Team working across all levels of risk in Tameside. The TAA approach aims to bring together a range of different practitioners from across the Tameside Safeguarding Partnership to provide holistic support for an individual and their family. This approach is welcomed by this Safeguarding Adults Review.

How agencies responded to Anne’s agoraphobia symptoms

5.25 Anne presented with symptoms of agoraphobia with which some aspects of her self-neglecting behaviours appeared to be inextricably linked. During the latter months of her tenancy in Address 1 and during the entirety of her tenancy in Address 2, Anne did not take her waste out to her bins, meaning that it mounted up inside her flat which created very unhygienic and unsafe home conditions. Anne began attributing her

reluctance or inability to take her waste out of her flat and place it in her bins to agoraphobia.

5.26 There is no indication that Anne had ever been formally diagnosed with agoraphobia which is defined in the 'Health A-Z' section of the NHS website as 'a fear of being in situations where escape might be difficult or that help wouldn't be available if things go wrong' (5). The NHS website goes on to state that agoraphobia is a more complex condition than a fear of open spaces and that someone with agoraphobia may be scared of travelling on public transport, visiting a shopping centre or leaving home. If someone with agoraphobia finds themselves in a stressful situation, the NHS website states that they will usually experience the symptoms of a panic attack such as a rapid heartbeat, rapid breathing (hyperventilating), feeling hot and sweaty and feeling sick (6). They will avoid situations that cause anxiety and may only leave the house with a friend or partner. They would order groceries online rather than going to the supermarket. The NHS website states that this change in behaviour is known as avoidance (7).

5.27 In Anne's case she appeared generally reluctant to leave the house whilst living with her sister and when living in address 1 and address 2. This reluctance appeared to be very pronounced indeed whilst living in address 2. Whilst living with her sister Anne attended in-person appointments with her GP, and DWP – although this generally happened when accompanied by her sister. She regularly walked to a nearby off-licence and pizza takeaway whilst living with her sister although in a letter to the local MP, the sister wrote that this caused Anne a 'great deal of anxiety and stress'. Whilst living in address 1 Anne regularly visited and stayed with her partner in Manchester - and accompanied him to Manchester Airport on one occasion - and also used taxis for other journeys. Looking back on this period, living semi-independently for the first time in her life, being in an intimate relationship for a time and benefitting from the support of her engagement worker – with whom Anne developed a positive relationship – appear to have been factors which may have temporarily lessened the impact of agoraphobia on Anne's life.

5.28 The NHS website also provides information in relation to the causes of agoraphobia – which it states can develop as a complication of panic disorder which is an anxiety disorder involving panic attacks and moments of intense fear. It can also arise by associating panic attacks with the places or situations where they occurred and then avoiding them. However, not all people with agoraphobia have a history of panic attacks. In these cases, their fear may be related to issues like a fear of crime, terrorism, illness or being in an accident (8). When discussing the causes of her agoraphobia symptoms, Anne frequently identified a specific traumatic experience in which she appears to have been sexually and physically assaulted as a teenager. She disclosed that her adoptive father discouraged her from leaving the family home alone and the assault appears to have taken place on one of the few occasions she left home alone as a teenager which she said resulted in a discussion with her adoptive

father in which he appears to have told her his reluctance to allow her to leave home alone had been vindicated by the assault on Anne.

5.29 The NHS website advises people who think that they may be affected by agoraphobia to speak to their GP, who 'needs to know as much as possible about (their) symptoms to make the correct diagnosis and recommend the most appropriate treatment' (9). There is no indication that Anne initiated this type of conversation with her GP practice in London as there is no record of agoraphobia in her London GP notes. Anne first discussed agoraphobia with her Tameside GP in March 2019.

5.30 The NHS website advises on treatment for agoraphobia, stating that lifestyle changes may help, including taking regular exercise, eating more healthily and avoiding alcohol, drugs and drinks that contain caffeine. The NHS website goes on to state that self-help techniques may help during a panic attack include staying where you are, focusing on something that's non-threatening and visible, and slow, deep breathing. The NHS website advises if a person's agoraphobia fails to respond to these treatment methods, they should see their GP. The NHS website adds that people can also refer themselves directly for talking therapies, including cognitive behavioural therapy (CBT) and that medication used to treat anxiety and depression may be prescribed. In severe cases of agoraphobia, medication can be used in combination with other types of treatment, such as CBT and relaxation therapy (10).

5.31 In Anne's case her GP prescribed antidepressants and encouraged her to self-refer to Healthy Minds – which Anne eventually did. Agoraphobia was one of the presenting problems identified during the Healthy Minds opt-in assessment and Anne was offered CBT (Paragraph 3.10) which she subsequently declined. Additionally, Anne tended to minimise her use of alcohol – which, as stated, the NHS advises should be avoided by people presenting with agoraphobia symptoms. Agoraphobia was recognised by her GP and Healthy Minds and potential causes were explored with her. However, neither primary care nor Healthy Minds, or any of the other agencies who became aware of Anne's agoraphobia symptoms were able to support Anne to fully engage with the range of support available to her which could have helped her to manage her agoraphobia symptoms. It is therefore recommended that when the learning from this SAR is disseminated, agoraphobia is highlighted as a potential contributing factor to self-neglect and hoarding as is the importance of encouraging people with agoraphobia symptoms to engage with support and to recognise when people with agoraphobia symptoms are not engaging with support so that further encouragement, including making any necessary reasonable adjustments, can be offered.

Recommendation 3

That when Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review, agoraphobia is highlighted as a potential contributing factor to self-neglect and hoarding.

Recommendation 4

That when Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review, also highlighted is the importance of professionals encouraging people with agoraphobia symptoms to engage with support and also to recognise when people with agoraphobia symptoms are not engaging with support so that further encouragement, including any necessary reasonable adjustments, can be offered.

Mental Capacity

5.32 One of the most challenging areas of self-neglect work are situations of high risk in which someone with mental capacity refuses services. Professionals assumed Anne had mental capacity. For example when she assessed Anne's care and support needs social worker 1 had no reason to doubt Anne's capacity to make decisions in respect of those care and support needs - although she noted that her family thought otherwise (Paragraph 3.20). In their contribution to this SAR, Anne's family felt that Anne was 'very good' at giving professionals the 'right answers' to their questions (Paragraph 4.28).

5.33 Professionals could have considered whether there was any reason to doubt whether Anne had executive capacity. The Mental Capacity Act Code of Practice (Para 4.21) notes: 'For someone to have capacity, they must have the ability to weigh up information and use it to arrive at a decision. A person must accept the information and take it into account. A person may appear to be able to weigh facts while sitting in an interview setting but if they do not transfer those facts to real life situations in everyday life (executing the plan) they may lack mental capacity' (11).

5.34 Assessing Anne's executive capacity would have required professional observation of Anne over a period of time which Anne may have felt was too intrusive. Additionally, she may have had undiagnosed mental health needs which would have made assessing executive capacity more challenging. The professional who had the strongest opportunity to assess Anne's executive capacity – assuming she had received the training necessary to help her accomplish the task – was Anne's engagement worker. In her contribution to the SAR, the engagement worker felt that Anne had demonstrated executive capacity during her early months in address 1 when she was able to care for herself and her home environment.

The extent to which Anne's GP practice was involved in her care.

5.35 The Tameside GP practice engaged with Anne and her sister positively following Anne's registration with them in January 2019. There was quite significant contact between Anne and the GP practice throughout the early months of 2019 as the practice sought to understand her needs and make appropriate referrals.

5.36 The GP practice became involved with Anne again in the second half of 2020 and referred her to the Mental Health Access team. When the latter service was unable to engage with Anne and discharged her back into the care of her GP, the GP practice made quite determined efforts to follow up with Anne in December 2020 which were unsuccessful (Paragraph 3.33).

5.37 Thereafter the GP practice had hardly any contact with Anne. Her Great Lives engagement worker notified Anne's GP of her move to address 1 (Paragraph 3.46) although this did not appear to be a standard action to be completed at the commencement of a Great Lives supported tenancy. There is no indication that the GP practice became aware of Anne's move to address 2 in December 2021 although Adult Social Care contacted the GP practice when gathering information to inform their response to the referral from Anne's engagement worker (Paragraph 3.65). It seems very unfortunate that Anne had such limited contact with her GP practice whilst living in address 1 and address 2.

The extent to which professionals adopted a trauma-informed response.

5.38 Anne experienced a number of bereavements and losses. Her lack of contact with her birth mother was an issue she was unable to resolve. The death of her adoptive mother at the age of seven appears to have been a very significant event in her young life which was followed by further bereavements – her adoptive father and one of the young people with additional needs with whom she was brought up – and the ending of her long term relationship with the partner with whom she lived in London for well over a decade.

5.39 Anne also disclosed a physical assault during her teenage years to Healthy Minds (Paragraph 3.10) and appeared to be referring to the same incident which was documented to be a physical and sexual assault by her GP (Paragraph 3.11). She disclosed what appears to have been the same incident to her engagement worker who documented it to be a rape (Paragraph 3.44). There is no indication that the incident was reported to the Police but it appears to have had a significant impact on Anne's life as an adult as she disclosed that the incident had contributed to her agoraphobia symptoms and told her engagement worker that this incident was why she drank alcohol to excess.

5.40 During her relationship with her partner Anne also disclosed a serious sexual assault by her partner to a UK Police Force. The Police arrested her partner. Within a relatively short time Anne said that she did not wish to pursue the matter and that she no longer felt that she had been sexually assaulted and added that she had not been thinking clearly at the time the incident took place. It is difficult to gauge the significance of Anne's disclosure of this serious sexual assault. Whilst she subsequently disclosed the sexual assault in Tameside during her teenage years to several professionals following her return to Tameside, she doesn't appear to have referred to this additional disclosure of a serious sexual assault by her partner during conversations with professionals after initially disclosing, then quickly withdrawing the assault to the UK Police Force.

5.41 Returning to Anne's disclosure of a sexual assault during her teenage years, the Independent Inquiry into Child Sexual Abuse (IICSA) commissioned a rapid evidence assessment to summarise the evidence base for the impacts of child sexual assault (CSA) on victims throughout their life course (12). Two hundred studies were included. The rapid evidence assessment found that being a victim of CSA is associated with an increased risk of adverse outcomes in all areas of a victim's life – which can endure over a victim's lifetime. The areas of a victim's life were categorised as follows:

- Physical Health – CSA has been linked to a range of illnesses and disabilities.
- Emotional wellbeing, mental health and internalising behaviours – victims may experience a detrimental effect on general emotional wellbeing, leading to low self-esteem and a loss of confidence. Internalising behaviours included depression, anxiety disorders, PTSD, self-harm and suicide. The quality of interpersonal relationships has been shown to be instrumental in mitigating or compounding the impacts of CSA on mental health conditions.
- Externalising behaviours – victims may exhibit a range of externalising behaviours in response to the abuse which are often maladaptive coping strategies, adopted as a way of dealing with or gaining temporary relief from the distress of the abuse - including substance misuse.
- Interpersonal relationships – only 17% of victims were said to have a secure attachment style.
- Socioeconomic outcomes – a possible link between CSA and homelessness was found.
- Religious and spiritual belief.
- Vulnerability to revictimisation.

5.42 The rapid evidence assessment identified agoraphobia as a potential adverse outcome of CSA although the report makes no reference to self-neglect.

5.43 Anne's presenting problems were documented to be complex post-traumatic stress disorder (CPTSD), anxiety, attachment issues, agoraphobia, low mood and panic disorder during the opt-in telephone assessment by the Healthy Minds

practitioner in April 2019 (Paragraph 3.10). Unfortunately, by the time the proposed CBT was available, seven months had elapsed, and Anne declined this support (Paragraph 3.14).

Working with people who misuse alcohol.

5.44 Throughout the period on which the SAR focusses there is evidence of Anne's excessive alcohol consumption. When professionals discussed this issue with her, she tended to under-report her level of alcohol use and minimise the impact of alcohol on her life. She consented to a referral to specialist alcohol support on only one occasion but following social worker 3's referral to Change Grow Live, she did not engage with that service. However, there was a delay in Change Grow Live offering a service to Anne and so it is possible that whilst she may have been ready to engage with the service when the referral was made, this motivation to engage may have diminished by the time the service was able to offer her a service.

5.45 However, there may have been an opportunity to encourage Anne's sister to refer herself to CGL to receive support in her own right as a family member of someone whose use of alcohol was problematic. This could have been beneficial for Anne's sister and may have helped her to talk to Anne about her drinking. The SAR Panel felt that there was insufficient professional awareness of the option of referral of a family member of someone with problematic alcohol use.

Recommendation 5

That Tameside Adults Safeguarding Partnership Board should request Change Grow Live to promote professional awareness amongst key partners of the availability of an offer of a referral for support to family members of people with problematic alcohol or substance use.

How Anne's eligible needs were met.

5.46 Anne was assessed by social worker 1 and social worker 2. Social worker 1 completed a 'contact assessment' in July 2019 (Paragraphs 3.19 and 3.20). Although the social worker's assessment of Anne was thorough and insightful it may have been appropriate for her to have completed a full assessment of her care and support needs. Four months later Anne was assessed by social worker 2 who completed a fuller assessment of her care and support needs which identified that identified risks - self-neglect, exploitation and becoming homeless - could be managed if Anne moved to supported living accommodation or to a flat where she would need a small package of care (Paragraph 3.29).

5.47 It would have been helpful to understand how the option of a flat supported by a Great Lives engagement worker became the preferred way forward for Anne. The

assessment completed by social worker 2 envisage Anne moving into either supported living accommodation where there were staff on site who could prompt her with self-care or accommodation with a small package of care. Two supported living options – with on-site staff support – were considered for Anne but apparently rejected because her needs were not considered high enough to meet eligibility criteria (Paragraphs 3.31 and 3.36). However, the SAR has been advised that there is only limited documentation of the rationale for decisions made in relation to how Anne's accommodation and support needs would be met after she moved out of her sister's home.

5.48 Anne's needs were also assessed by Jigsaw Homes before deciding to accept her into their Great Lives scheme. If her needs had been assessed as being too complex for them to be able to meet they would have advised Tameside Council Housing Advice to consider alternative options. On reflection, Jigsaw Homes take the view that the referral they received contained limited information to which the telephone assessment carried out with Anne did not add a great deal.

5.49 That Anne was not yet ready for an independent tenancy at the time she moved into address 2 is evidenced by the concerns the engagement worker expressed in her referral to Adult Social Care in December 2021 (Paragraph 3.61). In the referral the engagement worker stated that Anne was drinking a lot more, caused injury to herself by falling when intoxicated, her hygiene had worsened and the supported flat she had left was 'such a mess'. She added that Anne was close to her adoptive sister but now had limited contact with her and had no contact with other family members. She added that she 'knew' Anne would not be able to manage when she stopped supporting her. Additionally, Anne had gradually disengaged from the support provided by the engagement worker during her tenancy in address 1. Jigsaw Homes appear to have anticipated that Anne would be assessed as having eligible care and support needs and would consent to a package of care to support her in address 2. When this outcome did not happen, there appeared to be no consideration of any 'Plan B' by Jigsaw Homes and once the support of Anne's engagement worker ceased three months after Anne's tenancy in address 2, Anne was treated as a general needs tenant. Anne's family have questioned why there was no contingency plan put in place should 'things go wrong' for Anne in address 2 (Paragraph 4.28). In their contribution to the SAR, Jigsaw Homes have observed it is not uncommon for tenants who are assessed a 'tenancy ready' to subsequently experience problems after transferring from tenancies in which they have been receiving support. Whilst Jigsaw Homes rely upon their internal safeguarding protocols and their neighbourhood safety team to address any concerns relating to general needs tenants, Tameside Adults Safeguarding Partnership Board may wish to explore with local supported housing providers the extent to which safeguarding issues arise for people who move into general needs accommodation from supported accommodation and then struggle.

5.50 Social worker 3 attempted to assess Anne's needs following the referral from her engagement worker but despite her perseverance, the social worker was unable to engage with Anne. After completing a 'contact assessment' the social worker concluded that Anne had no social care needs identified apart from 'maintaining home environment' (Paragraph 3.80).

5.51 Anne was twice assessed by Healthy Minds. These appeared to be insightful assessments.

**How appropriate were agency decisions to close Anne's case?
How agencies addressed any challenges in engaging with Anne and responded to missed appointments.**

5.52 Social worker 1 completed a contact assessment visit in July 2021 and concluded that Anne had no social care needs as she was able to safely complete basic living tasks without support although she lacked motivation to do so. Case closure took place when the social worker had ensured that Anne had an allocated housing worker. (Paragraph 3.19). The fact that Anne was re-referred to Adult Social Care two months later may have indicated that her needs had not been fully considered prior to case closure.

5.53 Social worker 2 appeared to keep Anne's case open until after her move to address 1 had taken place as the engagement worker was able to invite the social worker to re-assess Anne in her new environment without having to make a formal re-referral (Paragraph 3.40).

5.54 Social worker 3's decision to close Anne's case will be further commented upon under the 'legal literacy' heading below. The ending of the Great Lives engagement worker's involvement with Anne has been commented on earlier in the report.

5.55 Healthy Minds closed Anne's case on three occasions. The fact that Anne had been referred or self-referred on three occasions and had not accessed a service does not appear to have been perceived to be a risk factor. The first case closure by Healthy Minds relied on a risk assessment completed at the time of the initial assessment several months before. At the time of the second Healthy Minds case closure they wrote to the GP to advise that the risks documented in the GP referral letter had not been addressed by Healthy Minds and requested the GP to continue to review Anne given the 'degree of risk'. At the learning event arranged to inform this SAR the point was made that we expect people to self-refer and make choices in respect of mental health support when they are struggling with their mental health. If they are unable to respond within a relatively short period of time their case is closed and they are discharged back into the care of their GP Practice. The learning event asked whether 'the system' could find better ways of supporting people to access mental health support.

5.56 CGL closed Anne's case after being unable to contact her. They felt that the phone number on the referral appeared to be no longer in use. They advised social worker 3 of the position but they might have considered speaking to Jigsaw Housing who had open lines of communication with Anne by phone and email. It is noted that Anne usually declined support in respect of her alcohol use. On this occasion she agreed to social worker 3's referral to CGL but there was then a delay in offering her an assessment because of workload pressures. The question is asked as to whether there is any way of highlighting a referral from someone it had been difficult to engage but who now appeared ready to engage in order that priority could be afforded to their referral?

5.57 Frequent contacts with agencies without the problem being addressed or resolved is sometimes referred to as 'failure demand' (13). Tameside Adults Safeguarding Partnership Board may wish to consider whether there was anything partner agencies could do to try and prevent this type of 'failure demand'?

The extent to which professionals demonstrated 'legal literacy'.

5.58 Tameside's multi-agency self-neglect policy states the following:

'Legal Framework

The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect

(i) Assessment- The Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support - and is experiencing, or is at risk of, self-neglect. This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(ii) Enquiry- The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when: The Local Authority has reasonable cause to suspect that an adult in its area- - has needs for care and support, - is experiencing, or is at risk of, self-neglect, and - as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it. Advocacy - If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry- the local authority must ensure that there is an appropriate person to help them. This may mean the appointment of an independent advocate'.

5.59 It is unclear whether social worker 3 was aware of the requirement to undertake an assessment where it appeared that an adult may have needs for care and support and is experiencing, or is at risk of, self-neglect. As previously stated professionals appeared to have stopped framing Anne's needs as 'self-neglect' by this stage. Social worker 3 concluded that Anne had no identified social care needs apart from

'maintaining home environment' (Paragraph 3.80). This appeared to be a narrower view of Anne's care and support needs than social worker 2 had previously arrived at – although social worker 2's assessment had been carried out when Anne was living with sister 1. It would have been challenging for social worker 3 to carry out an assessment of Anne's needs against her will but she could have drawn upon the previous assessments conducted by Adult Social Care and the detailed information documented by Anne's engagement worker during the year in which she had been supporting Anne.

5.60 This is a difficult area of practice for social workers and it may be helpful for further guidance in this area. Additionally, when the learning from this SAR is disseminated, the circumstances could be sensitively used to create a case study to inform future training in this area.

Recommendation 6

When Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review, the circumstances could be sensitively used to create a case study to inform future training in respect of lawfully conducting assessments when the person refuses.

The extent to which professionals recognised safeguarding concerns and took appropriate action.

5.61 No safeguarding referrals were made to Adult Social Care in respect of Anne. Looking back at the case there appear to have been some missed opportunities to consider safeguarding referrals.

5.62 There were grounds for making a safeguarding referral at the time Anne moved from address 1 to address 2 in December 2021 although Anne's engagement worker made an appropriate referral to Adult Social Care at that time which resulted in a fresh consideration of her needs by Adult Social Care.

5.63 There were also grounds for considering a safeguarding referral after concerns about Anne were reported to Jigsaw Homes by her neighbours which suggested that she was not using her bins to remove the rubbish likely to have been generated by the 'ready meals' delivered to her flat which could result in unhygienic conditions – a risk reinforced by the concerns expressed by another neighbour that rats in her property may have emanated from Anne's flat which was located immediately above hers.

5.64 However, the Jigsaw Homes neighbourhood safety officer found himself in a difficult position. Anne's responses to his letters and emails persuasively suggested that she was experiencing significant health problems and therefore it was important to proceed sensitively. Additionally, when he sought advice from Adult Social Care he

documented that he was advised that a referral based on the circumstances he described would likely be rejected (Paragraph 3.90). Adult Social Care's advice to the NSO that he consider requesting a police welfare check was not apparently pursued but this may have been because Jigsaw Homes had legal routes open to them to obtain access to Anne's flat.

5.65 As previously stated Adult Social Care has advised the SAR that they have no record of receiving the above call from the Jigsaw Homes NSO in their Community Gateway – which is where the call would have been handled. The Tameside Community Gateway is a team of non-clinical staff who are the first point of contact – often referred to as the 'front door' - for members of the public, referrers and agencies for district nursing and Adult Social Care matters. The Community Gateway is jointly funded by the local authority and 'health' and 'health' manages the service. Whilst the customer care professionals who answer calls are trained to be able to resolve some of the issues reported to them, the enquiry made by the Jigsaw Homes NSO in August 2022 needed to be passed through to a professional who was qualified to address the matter and who, unlike the customer care professionals, would have access to the records held in respect of prior contact with Anne. The SAR has been advised that this issue – which did not become apparent until quite a late stage in the SAR process - will be fully explored by Adult Social Care and Tameside and Glossop Integrated Care NHS Foundation Trust and a report prepared for Tameside Adults Safeguarding Partnership Board.

Recommendation 7

That Tameside Adults Safeguarding Partnership Board obtains assurance from Adult Social Care and Tameside and Glossop Integrated Care NHS Foundation Trust that all contacts received by Tameside Community Gateway are recorded and dealt with in accordance with Community Gateway policy and procedure and that contacts which require oversight from suitably qualified professionals are brought to the attention of such suitably qualified professionals.

5.66 One internal safeguarding case was opened by Jigsaw Homes when Anne's neighbour reported that there were never any lights on in Anne's property, there were no curtains and that 'food parcels' were left (Paragraph 3.64). The Jigsaw Homes NST subsequently closed the safeguarding after contacting her Great Lives engagement worker who confirmed that Anne remained open to her (Paragraph 3.70). Jigsaw Homes have advised the SAR that this was an appropriate decision as the NST had established that Anne was receiving the support she needed from the engagement worker. However, by this time Anne had largely disengaged from the engagement worker and the so the concern which appeared to underly the neighbour's concern – that Anne may have quickly become quite isolated – was not addressed. It might have been better for the NST to have asked the engagement worker for an update before deciding whether it was appropriate to close the safeguarding case. Jigsaw Homes

has advised the SAR that at the time they closed the safeguarding case the NST was aware that the engagement worker was working with Anne and liaising with Adult Social Care and that a home visit was imminent. However, on the day before the NST confirmed that Anne remained open to the engagement worker, she (the engagement worker) had documented that Anne 'no longer wanted to engage with her' (Paragraph 3.69).

5.67 It is not clear why Jigsaw did not open further internal safeguarding cases when Anne's neighbours raised later concerns (Paragraphs 3.82 and 3.83). In general, the Jigsaw Homes NSO who responded to these later concerns appeared to view these subsequent neighbour concerns about Anne primarily from a tenancy breach perspective rather than from a safeguarding/self-neglect perspective, although it is accepted that the tenancy breach route could have enabled to take legal action to gain access to Anne's flat in due course. There is a reference to the NSO planning to have a discussion with his manager (Paragraph 3.85) and so there appears to have been an opportunity for the manager to have adopted a safeguarding perspective.

5.68 The following recommendation (Recommendation 8) initially focussed on Jigsaw Homes staff receiving the necessary training and support to enable them to recognise and act upon adult safeguarding concerns. However, following discussion by the SAR Panel it was agreed that the recommendation should apply to all relevant adult safeguarding partner agencies involved in the case.

Recommendation 8

That Thameside Adults Safeguarding Partnership Board seeks assurance from all partner agencies which had contact with Anne, that their staff receive the necessary training and support to equip them to recognise and act upon adult safeguarding concerns and are fully aware of both internal and multi-agency adult safeguarding policies.

5.69 Overall, greater attention could have been paid to the prevention principle of adult safeguarding at this time. First introduced by the Department of Health in 2011 and subsequently embedded within the Care Act 2014, the prevention principle is one of six principles of adult safeguarding (14). The prevention principle simply states that 'it is better to take action before harm occurs'. Whilst it is important to avoid hindsight bias it would have been helpful for professionals to consider what the worst-case scenario might be for Anne. The worst case scenario may not have been perceived to be Anne's death, but given the neighbour reports that her bins were always empty, that Anne stated that her main issue was 'not being able to leave to take out my rubbish due to agoraphobia' (Paragraph 3.77), that taking her rubbish out to the bins had increasingly become an issue at address 1, and given neighbour reports that the only time Anne was seen was when receiving meals delivered to her door, a reasonable worst case scenario was that her flat could become dangerously inaccessible due to

the accumulation of food packaging, food waste, empty bottles etc, that the flat could become unhygienic which was a risk to Anne's health and that living in such conditions could adversely affect her emotional health and wellbeing.

Recommendation 9

That when Thameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review to professionals, the opportunity is taken to reinforce the importance of the prevention principle of adult safeguarding and that this tragic case is used as a case study for added emphasis.

The extent to which practitioners demonstrated professional curiosity.

5.70 Professional curiosity was demonstrated on several occasions, particularly during the Healthy Minds initial assessments, by the GP in the months after Anne first registered with them and by the Great Lives engagement worker.

5.71 However, there were key moments when greater professional curiosity could have been demonstrated, particularly after partner agencies were no longer involved with Anne from April 2021 onwards.

The extent to which Anne's 'avoidant behaviour'/'disguised compliance' was recognised and responded to.

5.72 This was a difficult issue for professionals to respond to. Anne not infrequently said she was unwell at times when professionals were attempting to engage with her. When this happened, professionals respected what Anne told them and rearranged appointments. It is much easier with hindsight to reflect on Anne's stated reasons for being unavailable for appointments and conclude that a pattern had been developing for some time of stating health issues as reasons why she could not engage with professionals and from July 2022 onwards this involved fabricating health problems to prevent access to her flat.

The extent to which professionals worked together effectively and shared information appropriately.

5.73 This question has been largely addressed earlier in this analysis section. The key area of learning from this SAR in relation to working together relates to the missed opportunities to consider holding a multi-agency/multi-disciplinary team meeting. Additionally, one of the points from the practitioner learning event was the need to better understand what the 'offer' is from the partner agencies to which professionals refer people for support.

The extent to which agencies recognised that Anne was becoming isolated and responded appropriately.

5.74 Anne appears to have distanced herself from her adoptive family after she moved into address 1. Her family appear to have been very involved in supporting Anne to move into the address but Anne appears to have been annoyed by sister 1's decision to report her missing to the police which seems to have led to a rift which limited her contact with her adoptive family thereafter.

5.75 Anne's engagement worker became concerned that she needed more interaction because she was very isolated (Paragraph 3.45). This prompted the engagement worker to request that social worker 2 resume her involvement with Anne but she (the engagement worker) was advised that as Anne's case had been closed and so she would need to be re-referred via the Community Gateway. However there is no indication that such a referral was made at that time. Nor is it clear whether other measures were considered to address concerns that Anne was becoming isolated. Professionals were aware that Anne spent a substantial amount of time online which may have mitigated against the risk of isolation whilst also increasing the risk of exploitation.

5.76 After very positive contact between Anne and her engagement worker during her initial months in address 1, the engagement worker felt that Anne began to disengage from her and this difficulty in engaging Anne then carried over into her transfer to address 2. It would have been very helpful if any professional had been able to explore with Anne the reasons why she appeared to be increasingly isolating herself from sources of support. Anne largely declined support from Adult Social Care and Change Grow Live were unable to make contact with her. She hadn't been in contact with her GP practice for over a year. Her adoptive family had been encouraged to resume contact by Adult Social Care but did not know where she lived. From March 2022 until her death Anne was effectively physically alone. Her only contact with services was with Jigsaw's neighbourhood support, gas servicing and income team, and with hindsight, her contact with Jigsaw appears to have been motivated by a wish to avoid them gaining access to her flat. As stated Jigsaw neighbourhood support and gas servicing understood Anne to be in touch with her GP and specialist healthcare services in respect of her stated cancer treatment which may have partly assuaged any concerns about her isolation. The SAR has not been able to gain any insight into Anne's wishes and feelings during the final months of her life. Based on her interaction with Jigsaw Homes, she wanted to be left alone. It is not known to what extent she had an appreciation of the risks to which she was increasingly exposed.

5.77 Loneliness and social isolation have increasingly become a focus of concern in recent years (15). In Tameside social prescribers and link workers work with adults to help connect them to activities and support services in their community. Additionally, researchers from the University of Oxford and Imperial College London recently published research which found an increasing number of people in England and Wales whose bodies had begun to decompose by the time they were discovered. The study

suggested that this was an indication of ‘wider societal breakdowns of both formal and informal social support networks.’ (16).

The impact of the Covid-19 pandemic.

5.78 The first phase of the pandemic and the associated lockdown may have exacerbated the difficult circumstances in sister 1’s family home.

5.79 It seems possible that the lockdowns may have affected Anne’s alcohol consumption. Research suggests that problem drinking may have become more entrenched for some people during the pandemic (17). As stated above, after Anne moved into address 1 during the third national lockdown, Anne’s engagement worker became concerned that she needed more interaction because she was very isolated (Paragraph 3.45).

5.80 The pandemic did not appear to affect the response of Adult Social Care to the June 2020 referral made in respect of Anne although there appeared to be a delayed response to the September 2020 referral. Anne told her GP that her New Charter housing application had been delayed by the pandemic in July 2020 but it is not known if this was the case or not.

The impact of the cost-of-living crisis

5.81 From the bank statements shared with this SAR, Anne’s financial situation was becoming increasingly perilous over the last months of her life and was not sustainable. From September 2022 onwards there were periods of 6 or 7 days each month when she had no funds in her account and during these periods, she did not have takeaway food and drink delivered. Once her benefits were paid into her account, she would re-commence ordering takeaway food and drink again at the same frequency as previously (Paragraph 3.93). Clearly her agoraphobia was a factor in her reliance on takeaway deliveries but she appeared to have almost completely moved away from supermarket deliveries, arranging only two such deliveries during the year or so she lived in address 2. Relying on takeaway deliveries and drinking so much alcohol clearly put a strain on her budget.

5.82 Anne shared her financial difficulties with Jigsaw on two occasions during August 2022 (Paragraphs 3.90 and 3.91) and the NSO responded by providing advice on how to obtain a foodbank voucher or attend a food pantry. Whilst this advice was helpful it did not seem to take account of her agoraphobia which would be a barrier to travelling to either the foodbank or the food pantry. Jigsaw Homes’ Income Team were also advised of Anne’s financial difficulties and offered her a money/advice/debt referral (Paragraph 3.98) although Jigsaw Homes arranged for Anne to begin receiving automated phone calls from 18th November 2022 (Paragraph 3.97). If these automated calls related to arrears, they may adversely affected her mental health and wellbeing

at a time when she had been claiming to be receiving treatment for cancer and been spending lengthy periods in hospital. Although this information appears to have been untrue and, with hindsight, appears to have been part of Anne's apparent wishes to keep professionals away from her flat and herself, this was the information which Jigsaw homes were in possession of at that time.

Carer needs of Anne's sister.

5.83 Anne stayed with her sister from January 2019 until December 2021. There may have been a missed opportunity to consider sister 1's needs as Anne's carer. Sister 1 sought help from a number of services and whilst there was eventually a strong focus on securing some form of supported accommodation for Anne, professionals became aware of the risk of carer breakdown but there is little indication that a carer's assessment or any other support or respite was offered or signposted.

5.84 It is not known why the sister's needs as a carer went unrecognised. Perhaps her occupation as a nurse may have led professionals to feel that she did not need support or the combination of a middle-aged woman caring for her much younger sister fell outside models of caring relationships which professionals were accustomed to. When Tameside Adults Safeguarding Partnership Board disseminates the learning from this SAR, they may wish to highlight the fact that caring relationships may take many forms.

Risk of exploitation

5.85 Anne began a relationship with a takeaway delivery driver quite soon after moving into address 1 which her engagement worker was concerned about. However, the engagement worker provided Anne with sound safeguarding advice. Having said that her relationship with the delivery driver largely coincided with a period in which her personal presentation and living conditions were generally very positive.

5.86 Anne's family have expressed concern that she may have been financially exploited by the food delivery companies with whom she spent the bulk of her monthly income. Whilst she did spend quite large amounts on individual takeaway orders, as Anne was clearly purchasing substantial amounts of alcohol as well as food, then this seems likely to have led to large bills. As previously stated, the independent reviewer has written to the two takeaway food delivery companies who had most contact with Anne (Paragraph 3.94) but at the time of writing no replies had been received.

Protected characteristics

5.87 Although Anne did not have a formal diagnosis of agoraphobia she clearly presented with some symptoms of agoraphobia and professionals generally treated her as if she had a diagnosis of agoraphobia. DWP do not appear to have made a reasonable adjustment for her agoraphobia symptoms in inviting her to attend their

office for a PIP assessment, Healthy Minds did not appear to offer CBT other than in-person when Anne was first referred to them in 2019, although they do now and the referral from Adult Social Care to CGL does not appear to have advised of Anne's agoraphobia meaning that CGL were not in an informed position to make a reasonable adjustment (The DWP were invited to comment on the reasonable adjustment issue but only shared information with the SAR that Anne had been assessed as having limited capability for work based on her agoraphobia, depression and anxiety and provided no information in respect of the PIP assessments. It is suggested that this specific issue could be addressed with the DWP through action planning in response to this SAR).

Good Practice

There was much solid practice in this case.

- Anne's GP Practice gained quite a sound understanding of her needs through substantial contact after her return to Tameside.
- Social worker 2 quickly re-engaged with Anne again when this was requested by Anne's Great Lives engagement worker.
- Anne's Great Lives engagement worker developed a positive relationship with Anne who felt able to make some disclosures to her.
- Anne's 'voice' was captured well at times, particularly during the two initial assessments conducted by Healthy Minds.

6.0 List of recommendations

Recommendation 1

*That Tameside Adults Safeguarding Partnership Board review the multi-agency approach to self-neglect in the light of the learning from this SAR, particularly the importance of taking opportunities to ‘find the person’;
to consider options for supporting people to improve their motivation;
to pay particular attention to transitions;
to ensure that professionals working with people who are self-neglecting receive supervision and support;
and to give appropriate attention to the refusal of services that would mitigate the risk of harm.*

Recommendation 2

That Tameside Adults Safeguarding Partnership obtains assurance from Jigsaw Homes where tenants are being supported through action planning, Jigsaw Homes ensures that all identified actions are completed in a timely manner.

Recommendation 3

That when Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review, agoraphobia is highlighted as a potential contributing factor to self-neglect and hoarding.

Recommendation 4

That when Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review, the importance for professionals to encourage people with agoraphobia symptoms to engage with support and also to recognise when people with agoraphobia symptoms are not engaging with support so that further encouragement, including any necessary reasonable adjustments, can be offered.

Recommendation 5

That Tameside Adults Safeguarding Partnership Board should request Change Grow Live to promote professional awareness amongst key partners of the availability of an offer of a referral for support to family members of people with problematic alcohol or substance use.

Recommendation 6

When Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review, the circumstances could be sensitively used to create a case study to inform future training in respect of lawfully conducting assessments when the person refuses.

Recommendation 7

That Tameside Adults Safeguarding Partnership Board obtains assurance from Adult Social Care and Tameside and Glossop Integrated Care NHS Foundation Trust that all contacts received by Tameside Community Gateway are recorded and dealt with in accordance with Community Gateway policy and procedure and that contacts which require oversight from suitably qualified professionals are brought to the attention of such suitably qualified professionals.

Recommendation 8

That Tameside Adults Safeguarding Partnership Board seeks assurance from all partner agencies which had contact with Anne, that their staff receive the necessary training and support to equip them to recognise and act upon adult safeguarding concerns and are fully aware of both internal and multi-agency adult safeguarding policies.

Recommendation 9

That when Tameside Adults Safeguarding Partnership Board disseminates the learning from this Safeguarding Adults Review to professionals, the opportunity is taken to reinforce the importance of the prevention principle of adult safeguarding and that this tragic case is used as a case study for added emphasis.

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