CITY OF YORK
Safeguarding Adults Board

7 Minute Briefing

Safeguarding Adults Review

MR Z

THE ADULT

Mr Z was 48 years old and was a resident in York. He had a close relationship with his parents who provided a lot of support to him on an almost daily basis and he also had two older brothers. The SAR had limited information about Mr Z's early life. He was diagnosed with schizophrenia as a young man and also suffered with anxiety and at times psychosis which was considered to be secondary to his use of cannabis. Mr Z was well-known to mental health services and drug and alcohol services and had received care and treatment from both for many years. He was on Methadone to help manage his drug addiction. Mr Z was also well-known to local police and was involved in criminal activity often through the groups of people he was associated with.

THE BACKGROUND TO THE REVIEW

In February 2019 Mr Z's mother sadly died and shortly afterwards his father moved into residential care. The grief for his mother and the loss of support from his family had a big impact on Mr Z. This increased his risk of self-harm, suicidal ideation and self-neglect, in addition he was at risk from others. Mr Z reported that his flat had been taken over by drug dealers, a practice known as 'cuckooing'. There were also concerns about activities suggestive of 'county lines' Mr Z was victim to physical attacks by people in his local area due to drug-related activity and anti-social behaviour. Safeguarding concerns were raised to City of York Council, but Mr Z either declined support and was deemed to have capacity to do this or was passed onto other services. The police and mental health services worked alongside each other to respond to multiple reports of concern for Mr Z's safety. The drug and alcohol service saw Mr Z on a regular basis but were unaware of the links with cuckooing and county lines. Mr Z requested a change of accommodation and was supported by his mental health support worker to make applications. Mr Z felt positive about the prospect of moving and saw it as potential for a fresh start.

WHAT HAPPENED

The application for re-housing was not an easy process for Mr Z to navigate even with the support of his mental health team. He lost out on opportunities, declining one property which he felt would not be a safe option, and missing out on a second whilst he was in hospital. Following mitigations made by his mental health team, Mr Z was offered a respite placement by the Council. The plan was for him to move to a short-term supported placement as a possible stepping-stone then to a longer-term move.

Mr Z moved into the new placement but unfortunately left within hours of arriving. It was then reported that he had been arrested by police, who arrived at the respite facility to search Mr Z's room for drugs. When Mr Z returned, he was told by the duty worker that his placement had been terminated due to him breaking the rules. His support worker was informed but by that time Mr Z had gone. Multiple services had contact with Mr Z in what were complex and often chaotic situations but none had the full picture of his needs, his vulnerabilities and the risks he faced. A multi-agency professionals meeting was being considered to discuss Mr Z and how to help him.

Sadly, in the following days Mr Z was reported as a missing person when he failed to collect his daily Methadone prescription. There were possible sightings of him, but he did not contact any services who knew him. In April 2019 a body was recovered from the river, which was identified as Mr Z. The Coroner recorded an open verdict with the cause of death as drowning.

KEY LEARNING

1: Services worked alongside each other but did not work together. By the time a joint meeting was suggested it was too late to help Mr Z. Multi-agency safeguarding processes are a mechanism to support sharing information to identify and record risk and support risk management for individuals who have complex needs and multiple vulnerabilities.

2: Presumption of capacity and the right to make unwise decisions are fundamental points of the Mental Capacity Act 2005. However, when a person is living with high risk and has a high level of vulnerability practitioners should consider situational capacity; although cognitively capacitated to make a specific decision, a person may be incapacitated by their situation.

"The inherent jurisdiction can be exercised in relation to a vulnerable adult who, even if not incapacitated by mental disorder or mental illness, is, or is reasonably believed to be, either (i) under constraint or (ii) subject to coercion or undue influence or (iii) for some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent."

QUESTIONS FOR YOU TO CONSIDER

- How informed is your practice in application of the Mental Capacity Act?
- Does the right to make unwise decisions include the level of risk to the person and the possibility of coercion and control?
- Does your safeguarding training include the signs and indicators for 'cuckooing' and 'county lines'?
- Does your service include how and when to escalate concerns to senior managers and does that happen?
- Does your service link with others to share relevant information and manage adults with significant vulnerabilities living complex, chaotic lives?

WHAT YOU CAN DO TO PREVENT A REOCCURANCE

1. Ensure delivery of Mental Capacity Act training includes its practical application using examples of cases where there are complexities
2. Ensure your safeguarding training includes the signs and indicators of 'cuckooing' and 'county lines' and what to do if you have concerns
3. Ensure practitioners are aware of how and when to escalate cases to senior managers. Case supervision and safeguarding supervision should be in place to support frontline practitioners in managing complex cases.
4. Use multi-agency safeguarding procedures to support joint management of high-risk complex cases. This can be done without the person's consent where the person is at risk of significant harm or death.