## **Background**

A Safeguarding Adult Review (SAR) is a multi-agency process that considers whether or not serious harm experienced by an adult at risk of abuse or neglect, could have been predicted or prevented. The purpose of the SAR is to promote learning and improvement action to prevent future deaths or serious harm occurring again. It was a unanimous decision of the Oldham Safeguarding Adults Board (OSAB) SAR Subgroup that the criteria for a SAR were met in relation to 'Robert'. The SAR Overview Report is available on the OSAB website.

- Historic records state that Robert had been known to 'psychiatric services' and Learning Disability services since aged 6 years.
- The records suggest historic professional involvement with Robert through many agencies.
- Robert's GP records include a diagnosis of Schizophrenia and reference to an 'inadequate personality disorder'. • Robert was taken by ambulance to A&E after being Impact of found unresponsive. He sadly died in hospital Covid aged 82.

neglect.

• It was found that Robert had multiple The SAR highlighted that a fractured ribs. He was found to be major problem for practitioners malnourished and unkempt with was that, in order to reduce the signs of selfrisk of transmission of the coronavirus, they were being prevented from visiting members of the community in their own homes and there was reduced access to people face-toface. Practitioners were understandably concerned for their own safety as well as the safety of those around them. No one could escape the emotional distraction that the pandemic introduced. Practitioners involved in the case agreed that the isolation the Covid pandemic brought to individuals, resulted in them being at higher risk of exploitation and cuckooing.

**Multi-Agency Work** 

A multi-agency response to adult exploitation needs to start with early identification. In Robert's case most of the flags for early identification were present. For example, anti-social behaviour in and around the property, support services inability to engage him, Robert's struggles to meet his personal self-care, and a risk of exploitation were all identified. However, there is no evidence of a co-ordinated approach to resolving the issues for Robert. When practitioners were unable to engage Robert, multi-agency meetings could have convened to review what was known by agencies about his circumstances and also to consider the wider community - had any other people in the locality of Robert been affected by similar exploitation circumstances? Practitioners could have then explored any emerging common themes and mapped patterns. The SAR recognised ongoing work in Oldham in relation to Complex Safeguarding and Exploitation and was assured of a better multi-agency response to financial abuse and exploitation in Oldham in the future. Feedback from practitioners as part of the SAR included that an enhanced understanding of each other's roles could eradicate a professed hierarchy which is preventing practitioners from acting as effectively as they could at the earliest opportunity. Addressing this could improve the frequency and confidence of practitioners setting up Team Around the Adult meetings in line with the Tiered Risk Assessment and

Management (TRAM) Protocol.

## What Was Happening?

The GP, hospital, ambulance service, Age UK Oldham, Greater Manchester Police, and a local councillor reported concerns regarding Robert's unkempt living environment and him presenting as malnourished. The Councillor reported that Robert looked frail, was a regular visitor to the Foodbank. There were concerns he was being financially exploited as someone else was always with him when he collected his benefits, many different people had been seen going in/ out of the flat and he reported his Post Office bank account was empty when he had gone to get money. A Salvation Army worker raised a safeguarding concern after witnessing someone taking money off him outside the Post Office. Records include details of several agencies being unable to engage Robert. He was the subject of continuous and sometimes very serious harassment from local youths and neighbours. Robert was hounded by bailiffs and 'lending' money and items (TVs and **Findings** bicycles) which were often not returned. There are numerous letters sent by local police to It was found that attempt to try to help Robert resolve there was uncertainty some of the disputes. He had been about what is deemed to be staying with a friend (David) cuckooing and exploitation, and since the midin some agencies, practitioners 1990s. reported that it was not covered in their safeguarding training. Practitioners were uncertain whether Robert had capacity or not however no capacity assessment was undertaken. Robert could have received Learning additional support around decision making if his was found to lack capacity. Practitioners from OSAB supporting Robert were working through the everchanging restrictions and challenges SARs: Robert

## Cuckooing

Increases in anti-social behaviour and crime around a property can be indicators of cuckooing. Being aware of and recognising the signs of cuckooing, and raising concerns about what may appear to be anti-social behaviour with the Council or the housing provider will help to tackle both issues. Take a look at the Oldham Practitioner Guidance concerning Cuckooing and 7-Minute Briefing for more

of the coronavirus pandemic.

information. There is no specific criminal offence of 'cuckooing'. The police are only able to consider offences on a case-by-case basis and consider the different legislation within the criminal conduct of those controlling the individual. Police Officers did recognise concerns. Those associated with Robert, David, and the address were known drug users who committed crime to fund their own drug addictions and there was evidence to suggest they were financially exploiting Robert and staying in the flat on a regular basis. Robert did not own the home or the tenancy, he was staying with David; therefore some practitioners questioned how the situation could be 'cuckooing' if he

was a guest at the address.

## **Mental Capacity**

**Under the Mental Capacity** Act 2005, Robert had to be presumed to have capacity in respect of the specific concerns associated with his circumstances. unless proved otherwise. Therefore, considering Robert's capacity rightly involved practitioners asking themselves whether there was any reason to doubt his capacity in the first instance. The SAR concluded that it was difficult to conclude whether a capacity assessment should have been undertaken with Robert because there was a lack of documentation regarding why Robert was 'assumed' to have capacity. Robert's GP recorded concerns about his limited understanding into his health needs, but no capacity test was undertaken. Best practice would have seen more professional curiosity If Robert did have the capacity to understand his situation, then practitioners needed to provide him with information to ensure that he understood what cuckooing, exploitation and/or financial abuse looked like, would be able to recognise it if it were happening to him, and know what to do.

