Executive Summary

SAFEGUARDING ADULT REVIEW
‘Zahra”

Report by Patrick Hopkinson
February 2024

Contents

SAFEGUARDING ADULT REVIEW ZAHRA EXECUTIVE SUMMARY

1. INTRODUCTION

1.1 Zahra was 55 years old when she died as a result of an accident in November 2020.

1.2 Zahra came to the UK from another country in 1999. English was not Zahra's first language, and she struggled to understand English and be understood by others. Zahra may have felt isolated. It appears that Zahra began to drink large quantities of alcohol as a result.

1.3 Zahra and her husband had two children in the UK. Both were taken into care in 2011 because of Zahra's alcohol dependency and concerns of neglect.

1.4 Zahra had a long relationship with alcohol and was possibly dependant since at least 2000. There were some attempts by agencies to engage with Zahra about her alcohol misuse, but Zahra refused to acknowledge that she relied on alcohol. Leading up to her death, Zahra was struggling to cope and her behaviour was becoming extreme, for example, she was found intoxicated and barely conscious lying in the road.

1.5 Zahra experienced domestic violence from her husband and their relationship ended at some point before 2010. At the time of her death Zahra had a partner and there was a history of mutual domestic abuse between them.

1.6 Zahra was described as leading a chaotic lifestyle and terrified of being left. She would go to extreme lengths to stop her partner(s) leaving her.

1.7 One of the children said that they had acted as Zahra's carer.

2. THE SAFEGUARDING ADULT REVIEW

2.1. Zahra's case was referred to the Safeguarding Adults Review (SAR) Sub-group of the Surrey Safeguarding Adults Board on 27 October 2021 and considered for a Safeguarding Adult Review at the meeting on 10 November 2021.

2.2. The SAR Sub-group recommended that the case met the criteria for a SAR and the Executive Group of the Partnership ratified this on 30 November 2021.

2.3. The Safeguarding Adults Review was led by Patrick Hopkinson who is an Independent Consultant in Adult Safeguarding and who had no previous involvement with this case and no connection to the Surrey Safeguarding Adults Board, or its partner agencies.

2.4. Organisations involved with Zahra provided Individual Management Reports and chronologies and took part in a series of review meetings. A practitioners' learning event was held to include the perspective of front-line staff who had worked with Zahra, made decisions about her or were familiar with their organisation's response to Zahra.

2.5. The aims of the Safeguarding Adults Review were to:

- To explore the effectiveness of inter-agency communication and joint and partnership working with Zahra.

- To consider how effective communication was between the different teams within Surrey County Council (for example, Adult Social Care and Children's Services).

- To explore the role of the Multi Agency Safeguarding Hub (MASH) team in Zahra's case and how effective it was in information sharing, ensuring referrals to specific agencies, and managing risk.

- To consider how well agencies recognised the pattern of domestic abuse in relation to Zahra and to identify any learning from this.

- To consider if and how services recognised Zahra was self-neglecting, and the interplay between this and her substance misuse and how they may have worked with Zahra to achieve better outcomes.

- To what extent were a range of legal options considered to facilitate interventions and to provide support to Zahra. In particular how well was the Mental Capacity Act understood and had practitioners considered assessing Zahra's mental capacity.

- To consider how effectively Surrey County Council discharged its duty to carry out assessments for care and support needs and to undertake safeguarding enquiries under S42 of the Care Act.

- How did services respond to Zahra's alcohol use and was there an over reliance on alcohol use to explain her presentation?

- How did Zahra's ethnicity and culture impact upon her contact with, and the response by, services?

2.6. **Contact with family and friends**

2.7. Zahra was represented in the final stages of the review by an advocate under s68 Care Act 2014 since condition 2 of s44 Care Act 2014 was met. The advocates comments have been responded to and incorporated in this report.

2.8. **Timeframe and organisations involved**

2.9. The following services were involved with Zahra during the time covered by the chronology, November 2018 – November 2020.

- Surrey Police
- South East Coast Ambulance Service
- Surrey GPs (Health)
- Royal Surrey NHS Foundation Trust (Royal Surrey County Hospital)
- Local Borough Council Housing Department
- Surrey County Council

- Surrey and Borders Partnership NHS Foundation Trust

Children's Services (Children, Families and Lifelong Learning, Surrey County Council) were involved with Zahra's youngest child during the time covered by the chronology.

3. GOOD PRACTICE

3.1. Following the UK government's introduction of restrictions in March 2020 in response to the Covid-19 pandemic, the Local Borough Council made "Welfare" telephone calls during April 2020. These calls were made to people living in the Borough who were over the age of 50 or who otherwise may have been vulnerable, for example, due to their health. Appropriate information was securely shared with Waverley Borough Council by the NHS for the purpose of identifying vulnerable people. The purpose of the telephone calls was to check on each resident's welfare, ensure they had access to food and the support of friends or family. Where necessary the Local Borough Council made referrals so that vulnerable people could access food boxes, prescriptions, and local support. Each person was listed for further calls on a monthly basis, unless the resident was confident that they had the support they needed.

3.2. A Housing Officer at the Local Borough Council added Zahra to the list of vulnerable people to contact during the Covid-19 pandemic and made "Welfare" telephone calls to her in April, May, and June of 2020.

4. AREAS FOR DEVELOPMENT

4.1. Zahra had a long history of excessive alcohol use, yet she denied drinking. Since 2012, apart from an offer of a review with an alcohol specialist nurse, which Zahra declined, there were no referrals to alcohol support or treatment services, and limited attempts were made to seek Zahra's consent to refer her. With no exploration of the triggers for Zahra's alcohol abuse it appears that there was an over-reliance on alcohol to explain Zahra's problems. There may have been other factors, such as isolation, fear, trauma and loss. (See Recommendation 1)

4.2. Zahra's mental capacity was not considered or assessed apart from in January and October 2019 by Royal Surrey County Hospital . Zahra's capacity could have been considered with particular reference to her executive capacity in the context of alcohol use and domestic abuse. (See Recommendation 1)

4.3. Practitioners did not appear to recognise Zahra's alcohol abuse as a form of self-neglect. (See Recommendation 1)

4.4. No consideration was given to providing translation services to help break down barriers to engaging with Zahra and to build up trust. (See Recommendation 2)

4.5. There was a long history of domestic abuse, some incidents appeared to be perpetrated by Zahra. None of the incidents were considered to meet the criteria to be presented at a Multi-Agency Risk Assessment Conference (MARAC). However, the pattern and history of abuse might have prompted a "professional judgement" decision to bring the case to a MARAC, but this did

not happen. As a result, opportunities to have considered co-ordinated interventions at a multi-agency level were not taken. (See Recommendation 3)

4.6. Despite Adult Social Care receiving reports of domestic abuse incidents from the police and having reason to suspect that Zahra had care and support needs, Adult Social Care did not initiate any safeguarding enquiries under Section 42 of the Care Act while Zahra was alive. (See Recommendation 4)

4.7. Responses to Zahra were reactive, rather than proactive, for example there was no assertive outreach, and her case was closed when Adult Social Care was unable to contact her. (See Recommendation 1)

4.8. When Zahra declined a care and support needs assessment this was an opportunity for ASC to have considered its duties under Section 11(2) of the Care Act 2014 and made the assessment despite Zahra maintaining that she did not have any needs. The assessment might have been made on the basis that Zahra lacked mental capacity to make decisions about her care and support needs (Section 11(2)(a), although this was never assessed, or because she was experiencing abuse and was self-neglecting (Section 11(2)(b). Adult Social Care has created guidance on this area of practice, which includes the Human Rights implications of acting without consent.

4.9. Engagement by services of Zahra's family was limited. There seems to have been no engagement of Zahra's partner by services to find mutually beneficial ways for Zahra and her partner to support each other or to work to support interventions. Despite one of Zahra's children saying that they were Zahra's carer, no carer's assessment was offered to them. In addition, there appeared to be little contact between Adult Social Care and Children's Services which may have contributed to the absence of a "Think Family" approach. (See Recommendation 5)

4.10. There does not appear to have been coordination of the activities of the different organisations working with Zahra. For example, there was little communication between Adult Social Care and Children's Services and interventions by the police, Zahra's GP and housing were made without reference to each other. (See Recommendation 3)

4.11. There was no monitoring of information about Zahra and consideration of patterns or themes in her presentation to services. Incidents were never considered serious enough to be discussed at a MARAC, and no other multi-agency meeting was convened to identify and explore interventions. An assertive, multi-agency approach, as advocated by Alcohol Change UK, was missing. (See Recommendation 1)

4.12. Some practitioners appear to be unaware that Surrey and Borders Partnership NHS Foundation Trust can provide support for co-existing mental health conditions and alcohol dependency. (See Recommendation 6)

5. RECOMMENDATIONS

5.1. **Recommendation 1**:
The Surrey Safeguarding Adults Board should promote the use of the Alcohol Change UK's guidance on How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales and the "Working with drinkers" checklist in cases involving self-neglect and alcohol and substance use.

5.2. **Recommendation 2:**
All agencies should offer translation support, including written communication, when working with people who do not have English as a first language and where there are concerns about their ability to understand English.

5.3. **Recommendation 3:**
All agencies involved in this case should consider context, history and patterns in domestic abuse or other forms of abuse or neglect and use professional judgement when assessing and mitigating risks, sharing information, using multi-agencies approaches and making referrals to the forums such as MARAC. These agencies should also ensure that referrals for individuals who appear to be perpetrators of abuse, as well as those who appear to be victims, are made to domestic abuse outreach services, and that practitioners themselves take advice from such services when involved in supporting or advising apparent victims and perpetrators of domestic abuse.

5.4. **Recommendation 4:**
Adult Social Care should ensure that when the criteria under Section 42 of the Care Act are met, enquiries are made.

5.5. **Recommendation 5:**
The Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adults Board should agree and promote a common understanding of what "Think Family" means to foster closer working between teams and services and wider family networks in cases of domestic abuse and self-neglect.

5.6. **Recommendation 6:**
All agencies should promote awareness amongst appropriate staff of Surrey and Borders Partnership NHS Foundation Trust's services for adults with dual diagnosis and ensure that referrals are made to community mental health services for clients in this category.