



# West Sussex Safeguarding Adults Board

## Safeguarding Adults Review in respect of Tom

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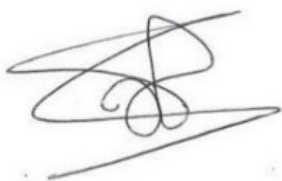
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# 1. Foreword

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- 1.1. This Safeguarding Adults Review in relation to Tom follows a Safeguarding Adults Review referral to the West Sussex Safeguarding Adults Board by West Sussex County Council in August 2023. At this time, the Board acknowledged that there were missed opportunities, and that there is learning to take forward, including how services can be improved for those who use them, and for their families and carers with the purpose of minimising future risk.
- 1.2. The Board acknowledges and are very concerned and committed to learn from Tom's experience of abuse and neglect. We are exceptionally grateful for Tom's support and invaluable contributions throughout our review process. This includes meeting with the reviewer and Board support staff, participating in panel meetings, contributing to the production of this report, and meeting with the Board in person.
- 1.3. Tom is an articulate 41-year-old man who refuses to be defined by his disabilities. Tom has a diagnosis of cerebral palsy, complex postural needs, and is significantly sight impaired. Tom requires a carer to be available 24 hours a day and uses a motorised wheelchair at all times.
- 1.4. From 2016, Tom began to experience neglect and emotional/psychological abuse by his then wife and paid carer, which worsened over time and isolated Tom from his family and friends. In 2020, Tom's circumstances came to light, prompting a safeguarding referral by his mother. The safeguarding process identified concerns about serious neglect, coercive control, and intimidation. Tom was also underweight and not being supported with his personal care or to get out of bed.
- 1.5. The concern led to a robust and coordinated response by Adult Social Care, to support Tom to safely move into temporary residential accommodation in August 2020. Tom's ex-wife and paid carer were arrested in the first case of its kind in the United Kingdom. On 12 May 2023, both were found guilty of holding a person in slavery or servitude and were jailed for eight years and a further three on license.

- 1.6. The review has made recommendations in relation to person-centred practice, information-sharing, and monitoring and oversight arrangements regarding adults with complex and high-risk needs. Although agencies have not waited for the outcome of this Safeguarding Adults Review to consider their own learning, we will ensure that they are fully engaged in taking forward, together, the review recommendations.
- 1.7. The Board will also ensure that learning from this review is widely shared and that the outcomes of the learning will lead to improved services in West Sussex.
- 1.8. We wish Tom and his family the very best moving forwards.



Annie Callanan, Independent Chair

## 2. Introduction

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- 2.1. The Care Act 2014, Section 44, requires that Safeguarding Adults Boards must arrange a Safeguarding Adults Review when certain criteria are met. These are:
  - When an adult has died because of abuse or neglect, or has not died but experienced serious abuse or neglect, whether known or suspected, and;
  - There is a concern that partner agencies could have worked more effectively to protect the adult.
- 2.2. Safeguarding Adults Reviews are required to reflect the six safeguarding adults' principles, as defined in the Care Act. These are empowerment, prevention, proportionality, protection, partnership, and accountability.
- 2.3. The aims of the Safeguarding Adults Review are to contribute to the improved safety and wellbeing of adults with care and support needs and, if possible, to provide a legacy and support family and friends.
- 2.4. There are clear review objectives which have been addressed to achieve these aims. Through a shared commitment to openness and reflective learning, involved agencies have sought to reach an understanding of the facts (what happened), an analysis and findings (what went wrong and what went right), the recommendations to improve services and to reduce the risk of repeat circumstances, and a shared action plan to implement these recommendations. It is not the purpose of the review to re-investigate the suspected abuse or neglect, or to apportion blame to any party.
- 2.5. The review process to meet these aims and objectives has followed a clear path. The Independent Reviewer has chaired an initial panel meeting to agree the review terms of reference; conducted research by critically analysing Individual Management Reports, chronologies and relevant records held by involved agencies, and by interviewing Tom; culminating in a planned Safeguarding Adults Review Outcome panel meeting and presentation to the West Sussex Safeguarding Adults Board.

### 3. Overview of the case and circumstances leading to the review

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- 3.1. Tom is 41 years old and has a diagnosis of cerebral palsy, complex postural needs, and is severely sight impaired. Tom requires a carer to be available 24-hours a day and uses a motorised wheelchair, at all times.
  - 3.2. At the time of Tom's referral to the West Sussex Safeguarding Adults Board, he was living in an emergency place of safety, a residential care service in Bognor Regis, where he had lived since August 2020. Shortly after the referral for Tom, he moved into his own accommodation in Chichester. Prior to his move into residential care, Tom lived in the community with his ex-wife, ST, and his live in carer, CH. CH was paid to support Tom with all his care and support needs and was sourced from a care agency, NursePlus.
  - 3.3. Over time, beginning in around 2016, CH and ST began to abuse and neglect Tom. In 2016, a concern was anonymously raised to the police that CH was under the influence of cannabis, alcohol and cocaine while caring for Tom. The referrer also alleged that CH and ST were having an affair.
  - 3.4. The abuse and neglect worsened over time and Tom became isolated from family and friends, and all contact with people outside of his home was controlled or overseen by CH and ST. In 2020, Tom contacted a friend, who, in reading between the lines of the information Tom shared, had concerns about Tom's circumstances. This led to Tom's friend calling Tom's mother and subsequently, a safeguarding concern being raised to West Sussex County Council by Tom's mother.
  - 3.5. There were concerns about serious neglect, coercive control, and intimidation by CH and ST. Tom was also underweight, not supported with his personal care and not supported to get out of bed. ST and CH were also having an affair and would leave Tom alone in the house for long periods of time.
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- 3.6. At this time, Tom spoke with his family for the first time in several months and requested help, expressing concerns for his safety. Tom was concerned that ST and CH were monitoring every phone call, misusing his finances, and limiting his contact with the outside world. Tom expressed that he was totally under their control and vulnerable, and that he wanted help in changing this. He required sensitive and planned support to be safe due to fear of repercussions and his safety.
- 3.7. When contacting West Sussex County Council on 3 August 2020, Tom's mother raised concerns that her son was being controlled by his wife and the live-in carer. Tom's mother stated that Tom informed her that he was being put on the toilet every other day and had lost 25lbs in weight. ST had control of his finances and all aspects of his life, and he felt that the carer had no interest in him or his needs. Tom felt he had no choice or control over his life and needed support to address the issues he was facing. Tom's mother was concerned that there could be repercussions if services investigate the situation, and needed reassurance that this would be treated with great sensitivity.
- 3.8. The concern being raised led to a robust and coordinated response arranged by Adult Social Care to support Tom to safely move into temporary residential accommodation on 19 August 2020.
- 3.9. ST and CH were subsequently arrested in the first case of its kind in the UK. On 12 May 2023, both were found guilty of holding a person in slavery or servitude and jailed for eight years and a further three years on licence.
- 3.10. In August 2023, a referral was made to the Safeguarding Adults Board by West Sussex County Council.
- 3.11. The Safeguarding Adults Review subgroup acknowledged the evidence of good practice from this case as a result of the safeguarding process. However, it was discussed that Tom has high and complex needs, and there should have been reviews and checks that his health and social care needs were being met due to Tom being cared for mostly in isolation. The group also discussed that there seemed to be no escalation from the anonymously reported drug use incident in 2016, and this perhaps could have been an indicator of future perpetrator behaviour. It appeared that there were missed opportunities in the four years that passed between the drug concerns and Tom's urgent circumstances coming to light; this was a significant period of time for the situation to become abusive and neglectful, and there is learning which could be taken forward from this to other similar cases.

- 3.12. The Safeguarding Adults Review subgroup acknowledged that Tom's involvement in the Safeguarding Adults Review process and personal insights would be beneficial and powerful. Modern slavery is also a theme that is not prevalent in any of our Safeguarding Adults Reviews, so there is a good opportunity for learning in this area. Due to not having full details of the support and involvement with Tom, the Safeguarding Adults Review subgroup agreed to request Summaries of Involvement and Individual Management Reviews from agencies known/suspected to be involved.
- 3.13. Summaries of Involvement/Individual Management Reviews were requested on 7 August 2023 from the following agencies:
- West Sussex County Council (return received on 27 September 2023)
  - Integrated Care Board (return received on 21 September 2023)
  - Sussex Police (return received on 4 September 2023)
  - Sussex Community Foundation Trust (return received on 30 August 2023)
  - University Hospital Sussex (return received on 25 August 2023)
  - NursePlus (return received on 13 September 2023)
  - Cathedral Medical Group (return received on 31 August 2023)
- 3.14. The timeframe for this review is 1 January 2015 to 19 August 2020, when Tom moved into emergency temporary residential care.



## 4. Literature review

# referencing local and national learning

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- 4.1. After a thorough internet search, only two Safeguarding Adult Reviews in relation to Modern Slavery could be found. However, these were not comparable to the circumstances that Tom experienced. The first review related to suspected labour exploitation by an organised crime group<sup>1</sup>, and the second concerning a female with learning disabilities who had been kept as a slave<sup>2</sup>.
- 4.2. In attempting to find similar themes to that of the findings identified in Tom's situation, only the sharing of information was identified.
- 4.3. The lack of comparable Safeguarding Adults Reviews is of no surprise given that the circumstances experienced by Tom led to the first legal case of its kind. Tom's case resulted in a judicial review challenge which led to the Home Secretary agreeing to withdraw, reconsider and revise parts of the Modern Slavery Guidance.

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<sup>1</sup> Lincolnshire Safeguarding Adults Board (2019) [Learning from the Experience of Large-Scale Modern Slavery in Lincolnshire Overview Report](#)

<sup>2</sup> Barking and Dagenham Safeguarding Adults Board (no date) [Safeguarding Adults Review Overview Report 'Drina'](#)

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## 5. Key themes identified for this review

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5.1. The following key themes have been identified:

- Mental Capacity, paternalistic practice, personalised and strength-based approaches.
- Sharing of Information, multi-agency working and professional curiosity
- Case note recording
- Strength-based annual reviews
- Monitoring and oversight of direct payments and personal assistants (PAs)
- Safeguarding concerns and thresholds, concerns about persons in a position of trust and, evidence of professional urgency, ownership, and accountability.
- Equality and diversity
- Robust safeguarding intervention and Making Safeguarding Personal

## 6. About Tom

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- 6.1. Tom is an extremely articulate forty-one-year-old male who refuses to be defined by his disabilities (Cerebral Palsy with complex postural needs; kyphosis, scoliosis, titanium spinal rods and is unable to stand or walk, and is registered as severely sight impaired), or the four years of trauma he experienced between 2016 and 2020.
- 6.2. Tom explained that his parents live locally and that he has a twin sister and a brother. Tom stated that he and ST married in 2012 but had been dating for a number of years before they married.
- 6.3. Prior to 2016, Tom had enjoyed a full and varied life, such as socialising with friends and having them over to his house. Before Tom's eyesight deteriorated, he enjoyed playing computer games with his friends and using the Internet. He was also the Chairperson for the local members group meetings and assisted in compiling computer information for the group. After six months in this role, Tom also started to attend the local SCOPE as a member.
- 6.4. Tom emphatically declared that "he does not require rescuing", and that his primary objective going forward is to prevent others from experiencing what he went through. Tom is eager to exchange experiences and assist Adult Social Care and police in implementing steps to guarantee that individuals in situations similar to his, can receive support without encountering additional risks.

## 7. Engagement with Tom

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- 7.1. The Reviewer met with Tom, along with the Safeguarding Adults Board Senior Data and Support Officer, on 4 December 2023 at his new home. From the onset of the review, Tom was adamant that this was his lived experience and his story to tell. As such, Tom's family members were not interviewed as part of the review process.
- 7.2. Tom clarified that before CH, he had previous live-in carers and encountered no issues whatsoever. Tom explained that the carer before CH, referred to as R in this review report, offered a good level of care and support to Tom and that they got on well. However, over time, ST grew increasingly convinced that R was not fulfilling his duties adequately, leading to R's departure.
- 7.3. Tom explained that for the first month of CH being employed as his live in personal assistant, things went well; CH took him into town and supported Tom in carrying out his usual routine. However, from April 2016 he started to notice that "things were not quite right". For example, CH no longer supported Tom in doing his hand exercises and would not take him out. Tom explained that he would always watch new Marvel films with his friend at the local cinema, however, when Tom asked CH if he could go to the cinema with his friend, CH said no. Tom also used to like his friend visiting his home, but CH would often prevent this from happening, stating his (CH's) "anxiety was too bad".
- 7.4. Tom gave an account of an average day during the four-year period from 2016 to mid-2020. "At 6am ST would come into my room to get changed ready for work. I would then have to wait for CH to wake up and bring me my cereal in a tupperware box, or he would put toast on my chest, I would have to lay flat in my bed and try to eat it as the bed didn't rise, he would also empty my urine bottle. Initially I used to text him (CH) at 7am to say good morning but he made it clear he didn't want any more texts or alarm calls, so I stopped texting and would have to just wait for him to wake up. He usually woke up around 9am, but sometimes it was later.

- 7.5. For the first few months he would shower me every three days and then put me back to my bed, but then it got longer and longer and one time I went five weeks without a shower. CH would only put me on the loo sometimes as he said to ST "I ain't fucking doing this twice a day". Sometimes I would soil myself as he wouldn't put me on the loo. He (CH) would bring me lunch in a tupperware box. At about 6pm, ST would pop into the bedroom and see me when she got back from work, and they (CH and ST) would microwave me a meal and put it in a tupperware box".
- 7.6. Tom explained that most weekends he was alone in bed as CH was a DJ and ST would go with him. Tom said "they would leave me every Saturday and Sunday and be gone for eight hours each day. They would leave a bottle of juice and a few sandwiches and crisps in a tupperware box which I had to make last the entire day, they would normally get back about 5pm and would sometimes do me a microwave meal".
- 7.7. With regard to CH's drug taking Tom said, "CH was honest with us (him and ST) and told us at the beginning that he smoked weed but would only smoke outside. I also asked CH not to smoke whilst he was at work or to smoke it in the house, but that didn't last". When asked if drug dealers ever came into the house Tom said, "because of his anxiety (CH's) he wouldn't let them in but would take the stuff from them at the door or ST would go and get it".
- 7.8. Tom explained that during the first eighteen months of CH being his personal assistant he wanted to save his relationship with ST. Tom explained that he did hear fights and arguments between CH and ST. He said that "I think she (ST) was in a bad situation as well, she used to say that he's (CH) got us over a barrel and that we didn't have any options, even though I literally begged her to do something about it. I told her (ST) that even if she wanted to leave me afterwards that was fine, but we had to get out of the situation we were in. I had suspicions that they were having an affair, but I shut myself down as that would've destroyed me at that time. In the end I stopped trying with her after about eighteen months as could see nothing was going to change. ST told me she was noting everything down but, in the end, I knew that wasn't true. There were moments that he (CH) was as bad to ST as he was to me, but she never admitted to the affair".

- 7.9. Tom said that from 2016 to mid-2020, until his mother raised the safeguarding concern, he was totally isolated. "They (CH and ST) stopped all my friends and family coming round, and rarely let professionals in the house, only for annual reviews and sometimes CH's agency, they never let in the hoist people. They used to lie to professionals, my friends and family and say I was ill so that I couldn't speak to anyone. The only time they got me up and washed and showered me was for my annual reviews or visits from CH's agency, all the other times I was in bed... One year they did take me to Mum and Dad's for Christmas to keep up appearances".
- 7.10. Tom explained that during 2016 to mid-2020, ST took out £23,000 in loans in his name as she had total control of his finances.
- 7.11. Tom recounted an abusive and volatile living environment where he was constantly fearful for his life and where he was living in total isolation. Tom stated that "those four years of being isolated has made time just blend into one. If I hadn't of had an iPhone and iPad, I wouldn't have even of known what day it was. I just wanted a normal life with a carer, but basically, I was left to rot. I used to vent online and on texts but then delete everything as CH would go through my phone. I just stopped asking him (CH) to do things for me as he had such a bad reaction... one time he threw his football boot in my face. Friends were asking if they could get social services or police involved but I wouldn't let them, I wanted the resolution but couldn't cope with what may happen, the outcome... I was under duress, no one can understand, he (CH) was a ticking timebomb, anything could set him (CH) off... He used to threaten to kill me, for those four years I was fearful for my life, every day I regretted waking up..."

## 8. Summarised chronology

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- 8.1. The subsequent timeline primarily spans five years, from 2015 to 2020. Incidents from 2009 to 2014 have been incorporated despite falling outside the agreed-upon period for the review, as this information is significant for the review.
- 8.2. The chronology can be found in Appendix (A) of this report.

## 9. Key findings

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- **Mental Capacity, paternalistic practice and lack of personalised and strength-based approach:** evidence of paternalistic behaviour/approach from professionals and limited evidence of strength-based and personalised approach from 2015 through to mid-2020.
  - **Sharing of information, multi-agency working and professional curiosity:** limited evidence of information sharing and effective multi-agency working from 2015 through to mid-2020 with a lack of professional curiosity.
  - **Case note recording:** limited evidence of robust record keeping from 2015 through to mid-2020 (Adult Social Care).
  - **Strength-based annual reviews:** limited evidence of a person-centred and strength-based approach to care and support planning in relation to annual reviews.
  - **Monitoring and oversight of direct payments and personal assistants:** limited evidence of robust monitoring of direct payments.
  - **Safeguarding concerns and thresholds and persons in a position of trust:** lack of professional clarity and understanding of what constitutes a safeguarding concern, in relation to the 2016 anonymous allegations and consideration of a person in position of trust.
  - **Professional urgency, ownership, and accountability:** from 2015 through to mid-2020, there was limited evidence of professional urgency, ownership and accountability.
  - **Equality and diversity:** for the purpose of this review, disability and gender have been considered.
  - **Impact of coercion and control:** the impact of coercion and control on a person's mental capacity and executive functioning has been considered as part of this review, given it took Tom four years before he disclosed the neglect and emotional abuse he was suffering.
  - **Robust safeguarding intervention, making safeguarding personal and the voice of families:** in response to allegations raised by Tom's mother in 2020.
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# 10. Analysis of findings

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## **Mental capacity, paternalistic practice and lack of personalised and strength-based approach**

- 10.1. From 2015 to early 2020, despite Tom having mental capacity, agencies involved in his care deferred to Tom's wife for decisions regarding his care and support needs/services. Tom's wife, rather than Tom himself, was requested to comment on the quality of care provided by CH, the live-in carer. Furthermore, during this timeframe, no professional's visiting the home requested to speak with Tom alone. Tom's wife and/or CH were always in attendance, including NursePlus monitoring visits, Adult Social Care reviews, welfare benefit assessments and Occupational Therapy interventions.
  - 10.2. The following are examples of agencies' paternalistic approach, rather than a strength-based and person-centred approach:
    - On 16 November 2015, a Continuing Health Care checklist is sent to Tom's wife for approval.
    - On 24 February 2016, a Rehabilitation Officer from the Visual Impairment Service contacted Tom's wife to discuss Tom's need for better lighting and IT equipment. During this call Tom's wife asks that Tom be put on the waiting list for counselling services. On 16 May 2016, the Rehabilitation Officer calls Tom's home to speak with Tom, however Tom's wife states he is not in and that no further assistance was required from the visual impairment service as Tom's issues had been taken care of. No further attempts were made to speak with Tom and gain his views.
    - From 4 March 2016 to 28 May 2017, NursePlus undertook 13 visits to Tom's home. During all these visits, Tom was always seen in the presence of his wife and on most occasions, CH was also present. In addition, there are a number of emails between NursePlus and Tom's wife that took place within the above-mentioned timeframe but no phone calls or emails to Tom from NursePlus.
    - On 28 March 2016, Tom's wife emails NursePlus requesting that CH be Tom's personal assistant "for the foreseeable future". NursePlus did not gain Tom's views regarding this request.
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- On 25 October 2016, Tom's wife emails NursePlus stating "we have never had a carer who has gone above and beyond to help Tom and me" regarding CH. NursePlus did not inquire if Tom agreed with his wife's opinions.
- On 17 and 29 November 2016, NursePlus emails Tom's wife to arrange a visit and Tom's annual review as only one visit had been undertaken in October 2016, "I had a thought and was wondering as you would prefer to be there when I pop over if we could complete Tom's review". No thought appears to have been given to whether Tom would want to be seen alone with NursePlus.
- On 10 January 2017, NursePlus emails Tom's wife asking for feedback on CH.
- On 15 February 2017, NursePlus emails Tom's wife asking for feedback on CH, with Tom's wife responding on 17 February 2017 stating that CH "goes above and beyond."
- On 14 February 2017, Tom was assessed by an Occupational Therapist as his sling and shower chair needed replacing. On 27 February 2017, a further and final home visit was made by the Occupational Therapist where they raised concerns about the lack of a sling being used. Tom was not seen alone during either of these visits as his wife and CH were also present. On 7 March 2017, Tom's wife emailed Adult Social Care reporting that "they" are happy with a sling not being used. At no time did Adult Social Care or Occupational Therapy seek Tom's views.
- From May 2017, Tom's wife became the legal employer of CH. No one from Independent Lives or Adult Social Care spoke with Tom directly to ensure he was happy with the arrangement.
- On 8 May 2017, Tom's wife contacted the Continuing Health Team cancelling Tom's assessment, stating that they had already had a social work assessment. There is no record to state whether the Social Worker was contacted by the Continuing Healthcare Team to corroborate the information shared by Tom's wife with the Continuing Healthcare Integrated Care Board Team.
- On 9 May 2017, a meeting is held at Tom's home, where it is agreed that Tom's wife will be the legal employer of CH. No one from Independent Lives or Adult Social Care spoke with Tom alone to ensure he was happy with the arrangement.

- With regards to Adult Social Care, two annual reviews are recorded (18 January 2017 and 17 April 2019), whereby Tom was seen at home in the presence of his wife and CH. Tom was not seen alone during either review.
- 10.3. From 2015 to late 2019, professionals attempted to speak directly with Tom and not his wife on only three separate occasions over a four-year period. This paternalistic stance adopted by agencies created a significant power imbalance, allowing Tom's wife substantial control over his care and every aspect of his life, while leaving Tom with little to no power and without a voice which ultimately exacerbated the control Tom's wife and CH had over him.
- 10.4. The approach by professionals, from a range of agencies, failed to adopt key elements of a personalised and strengths-based approach during this timeframe. The strength-based approach is about reducing dependency, protecting, and promoting a person's independence and control over their lives, resilience, choice, and wellbeing. It is about recognising and responding to people as unique and as experts in their lives. As professionals working within Adult Social Care and Health Services, we need to listen hard, with no assumptions or judgement to ensure we understand what matters to the person. During this four-year time frame, it appears that most professionals involved in Tom's care unconsciously took a deficit-based and transactional care management approach with a focus on problems and labels and tick boxes with a "doing to" rather than a "doing with" approach. Within the main, professionals sought information regarding Tom's care and support needs and what mattered to Tom to improve his overall wellbeing from Tom's wife and/or CH, rather than seeing Tom, a capacitated adult, as the expert in his own life.

## **Sharing of information, multi-agency working and professional curiosity**

- 10.5. From 2015 through to mid-2020, the review found limited evidence of appropriate information sharing, which resulted in significant information not being known by all professionals involved in the care and support of Tom which may have changed decision making and outcomes. For example:
- NursePlus did not share with Adult Social Care that Tom's wife had requested that spot checks be reduced (7 June 2016).

- NursePlus was not informed about the anonymous allegation reported to the police on 4 November 2016 that was shared with Adult Social Care on 7 November 2016. The allegation involved CH's drug and alcohol use, drug dealers visiting the residence, Tom's wife driving out to collect drugs, an alleged affair between Tom's wife and CH, Tom being left alone in bed all day, and plans for Tom's wife and CH to go away for a few days, leaving an unqualified individual to occasionally check on Tom and deliver him food and drink.
  - Adult Social Care was not aware of the difficulties NursePlus was experiencing in arranging field supervision checks/visits, neither were they aware that Tom's wife had requested to be present at spot checks and reviews (17 and 29 November 2016).
  - Adult Social Care was not aware that Tom had missed two consecutive ophthalmology appointments (23 March 2019 and 14 May 2019). Although the University Hospital Sussex NHS Foundation Trust sent a letter to Tom's GP, neither the GP practice nor University Hospital Sussex shared this information with Adult Social Care. It should, however, be noted that GPs would not have capacity to share this information with Adult Social Care for every person who misses an appointment. GPs should, however, consider contacting those people who miss appointments that are on their "vulnerable patient list". GPs may then be able to also consider any action required, including referring to other agencies as appropriate. However, this would be on a case-by-case basis and not a blanket approach for every missed appointment for every patient.
- 10.6. Without the sharing of information between agencies involved in the care and support of an adult, patterns of concern cannot be identified and appropriately acted upon, which sadly appears to have been the case during this four-year period. Agencies seemed very much to be working in isolation of each other rather than collaboratively as one multi-disciplinary team wrapped around Tom. One has to consider that if an Adult Social Care chronology with a time line of significant events had been in place and all information shared with Adult Social Care (and recorded), a pattern of concern would have arisen earlier which may have led to much needed intervention to ensure the safety and wellbeing of Tom.
- 10.7. In addition to the lack of appropriate information sharing, there was also limited evidence of professional curiosity from all agencies involved with Tom during this timeframe. For example:

- The request from Tom's wife to reduce the number of NursePlus spot checks and the difficulty NursePlus had during November 2017 in attempting to arrange the spot checks/reviews warranted further investigation, which could have been supported by Adult Social Care.
- In 2016, neither the police nor Adult Social Care spoke with Tom alone regarding the allegations concerning the alleged treatment he was receiving from his wife and CH, neither were further enquiries carried out under Section 42 (2) of the Care Act 2014. Adult Social Care casefile notes at this time state that Adult Social Care management advice was for Tom's practitioner to speak with Tom's wife alone regarding the allegations, as it was believed that the alleged drug taking also related to her and along with the alleged affair, would not constitute a safeguarding response. It remains unclear as to why Adult Social Care believed that Tom's wife may have been purportedly consuming drugs. The anonymous call to the police indicates that Tom's carer was consuming drugs, and it does not mention Tom's wife. The casefile note suggests that safeguarding was considered but, this was not acted on; that is, in relation to the allegations of Tom being left alone in his bed for days with limited food and drink and the implications for both his mental and physical wellbeing and safety.
- From September 2019 to February 2020, Adult Social Care had not received monthly bank statements to evidence Tom's direct payments (as required by the Direct Payment Policy revision 1.5, 16 January 2017). Although Adult Social Care did telephone and email Tom directly (and not his wife), no further investigations were undertaken as to why Adult Social Care had not heard back from Tom. Furthermore, on 22 May 2020, Adult Social Care has recorded in Tom's case notes "Tom continues to use 100 hours direct payment. No change, no concerns and all well." However, Adult Social Care had not seen or spoken to Tom since 17 April 2019, some thirteen months earlier.

10.8. Professional curiosity is the capacity and communication skill to explore and understand what is happening with an individual and/or their family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at face value. Professional curiosity means not taking a single source of information and accepting it at face value and triangulating information from different sources to gain a better understanding.

- 10.9. Professional curiosity is required to support professionals to question and challenge the information they receive, identify concerns, and make connections to enable a greater understanding of a person's situation. For example:
- identify and take action to explore more deeply what is happening for an individual using proactive questioning.
  - make connections and have the confidence to respectfully challenge when appropriate.
  - identify potential abuse or neglect, or potentially abusive and/or neglectful situations.
  - intervene early and take preventative approaches before a situation deteriorates.
  - make and record defensible decisions.
  - work in a person-centred way.
- 10.10. There are, however, often barriers that professionals will face, for example, 'disguised compliance' from a family member and/or carer. This is where a family member or carer gives the appearance of cooperating with professionals to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. As professionals, we need to establish the facts about what is actually happening, whether there are patterns of concern, such as missed health appointments, reports to police concerning the behaviour of a family member and/or carer, family and carers not wanting professionals to see the adult alone and/or difficulty in arranging assessments, visits, and reviews. Disguised compliance by Tom's wife and CH was indeed a significant component identified in this review.

## **Case note recording**

- 10.11. From 2015 to mid-2020 (prior to the 2020 safeguarding interventions), the review found limited evidence of robust case note recording and defensible decision making in regard to Adult Social Care's case notes. For example, case note recordings regarding the 2016 allegation to Police were vague, disjointed, showed little evidence of professional curiosity and/or defensible decision making. They also lacked a person-centred approach and did not appear to have considered Tom and the implications the allegations may have had on him directly. For example, being left alone in his bed, the quality of care and support he was receiving, or his psychological wellbeing given the allegations of the affair between his wife and CH the carer.

- 10.12. Additionally, a case note recorded on 22 May 2020 stated that “still using full DP 100 hours per week. No change – wife working full time. No change in circumstances. No current concerns – all well.” At the time of this case note recording, Tom had not been seen or spoken to by Adult Social Care for some thirteen months, therefore one has to question the evidence, validity and/or accuracy of this case note recording.
- 10.13. The Social Care Institute for Excellence (SCIE)<sup>3</sup> state that recording is vital as it:
- supports good care and support.
  - is a legal requirement and part of staff’s professional duty.
  - promotes continuity of care and communication with other agencies.
  - is a tool to help identify themes and challenges in a person’s life.
  - is key to accountability to people who use services, to managers, to inspections and audits.
  - is evidence for court, complaints and investigations.
  - will enhance your practice and the support you can offer people if you can make good recording a central part of your work.

## Strength-based annual reviews

- 10.14. Annual reviews of an adult’s care and support plans are a legal requirement of the Care Act 2014 under Section 27<sup>4</sup>. Reviews are a fundamental part of delivering high quality, lasting social care. They should be timely and proportionate to a person’s situation and desired outcomes. The Local Authority has a statutory duty under Section 27 of the Care Act to keep care and support/support plans under general review. The importance of robust person-centred annual reviews that are based on the outcomes the adults want to achieve, that are legally literate, has been cited in a number of Judicial Reviews, for example *JF versus London Borough of Merton* (2017)<sup>5</sup>.

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<sup>3</sup> Social Care Institute for Excellence (SCIE) (accessed 24/09/2024) [Social work recording](#)

<sup>4</sup> Legislation.gov.uk (2014) [Section 27 Care Act \(2014\)](#)

<sup>5</sup> Bailli, England and Wales High Court (Administrative Court) Decisions (2017) *JF, R (on the application of) v The London Borough of Merton*

- 10.15. Although the 2017 annual review appears to be extremely strength-based with the outcomes Tom wanted to achieve fully recorded, Tom was not seen alone during this review as his wife was present, which supports the previously raised issue regarding professionals taking a paternalistic approach. With regards to the 2019 annual review this appears to have been a tick box exercise rather than a robust, person centred, holistic review of Tom's wants, needs and wishes. A statement recorded in the review in the 'professional view' section states "This is a paperwork transfer exercise, not a change in eligible outcomes." In addition, both Tom's wife and CH were present, and Tom was not seen alone.

## Monitoring and oversight of direct payments and personal assistants

- 10.16. The review found there to be limited evidence of robust monitoring of direct payments or of Tom's personal assistant, CH. Contractually, NursePlus as a registered provider were expected to undertake three field supervision checks per month. From 4 March 2016 to 28 May 2017 NursePlus should have undertaken 39 field supervision checks, however only 13 could be identified in the information shared with the Reviewer (supported by NursePlus 'Summary of Involvement and Individual Management Review questions'). Please see summary of visits undertaken per month in the table below.

**Table 1 Summary of field supervision checks undertaken per month between March 2016 and May 2017.**

| Month/year     | Number of field supervision checks  |
|----------------|---|
| March 2016     | 2   |
| April 2016     | 0   |
| May 2016       | 3   |
| June 2016      | 1   |
| July 2016      | 0   |
| August 2016    | 2   |
| September 2016 | 0   |
| October 2016   | 1   |
| November 2016  | 0: NursePlus sends 3 emails to Tom's wife in an attempt to arrange review and field supervision checks. |
| December 2016  | 1   |
| January 2017   | 1: NursePlus emails Tom's wife asking how "CH is getting on"  |
| February 2017  | 0: NursePlus emails Tom's wife in an attempt to arrange field supervision checks.                       |
| March 2017     | 1   |
| April 2017     | 1   |



| Month/year   |           |
|--------------|-----------|
| May 2017     | 0         |
| <b>Total</b> | <b>13</b> |

- 10.17. Despite the obvious challenges NursePlus was having in arranging their field supervision checks, no escalation was ever made to Adult Social Care.
- 10.18. Whilst NursePlus encountered difficulties organising field supervision visits, Adult Social Care also experienced issues in receiving bank statements used to monitor the direct payments to employ CH as Tom's live in carer. The West Sussex County Councils Direct Payments Practice Guidance (version 1.5, 16/01/2017) paragraph 9.19 states "Customers and appointed suitable people must send a copy of their direct payment bank or building society account statement to the council every month and keep a copy for themselves. This requirement may be reduced at the discretion of the Direct Payment Contract Manager."
- 10.19. The Direct Payment Practice Guidance States West Sussex County Council may withdraw its agreement to make direct payments if:
- The customer does not keep to the terms of the agreement: for example, by failing to use the funds lawfully, **or by failing to send in the required returns.**
- 10.20. Bank statements were not received between 9 February 2019 and 20 February 2020, as well as in September, October, and November 2018. Nevertheless, no escalation procedures were put into effect.
- 10.21. With regards to Tom's annual review on 17 April 2019, Section 7.2 of the guidance states "Before carrying out a review for a customer receiving a direct payment the social care worker should liaise with the direct payment finance monitoring team to enquire as to whether the bank statements have been being sent in on time, the bank balance hasn't run into surplus or overdraft and that there haven't been any questionable purchases made". However, it appears that the practitioner undertaking Tom's annual review in 2019 had not contacted the direct payment finance monitoring team, as per the guidance, as they had recorded in Tom's annual review "Direct payment working well ...". There is no mention in the annual review paperwork or case notes of missed bank statements in 2018 or that at the time of review (17 April 2019) no bank statements had been received for twelve months. Furthermore, it is recorded in Tom's annual review that CH was 'undertaking 100 hours of care to Tom every week and that CH was with Tom constantly when Tom's wife was at work'. Please see extract taken from Tom's 2019 annual review:

- 10.22. "This is a paperwork transfer exercise, not a change in eligible outcomes. Direct payment working well would appreciate transfers over to prepayment card. PA lives in and in total gives over the 100 hours per week. Tom PA is with him constantly all the time Tom's wife is working and not able to be at home. This is an on-going case. Team manager fully aware of cost etc."
- 10.23. It is unclear how the practitioner came to this viewpoint given Tom had not been seen or spoken to by Adult Social Care or any other professional for some fourteen months at the time of his review (26 January 2018 to 16 April 2019). Tom reported to the reviewer that his wife and CH would ensure Tom was not seen alone for reviews and that they would always speak on his behalf even though he was in the room. As Tom stated "he (CH) would always find a way to skirt around the issues, that's how they managed to get away with all the reviews". Tom also said that "the only time they let professionals in was during reviews or visits from the agency, they would wash and dress and me and make out everything was ok, and no one ever checked any further..."
- 10.24. It is evident that Tom's wife and CH exerted control over Tom and the environment during professional visits, and their seeming acquiescence was actually disguised compliance. During the time of the review, Adult Social Care was unaware that Tom had not been taken to his ophthalmology appointment on 23 March 2019. They were also unaware of NursePlus's ongoing challenges in organising field supervision checks before CH departed from the agency. Additionally, they did not know that Tom's wife and CH were not permitting professionals to enter the house and inspect the hoist. The absence of information sharing, and the paternalistic approach taken by agencies, where they allowed Tom's wife and CH to speak for Tom, exacerbated their controlling and coercive behaviour and left their disguised compliance unchallenged.

## **Safeguarding concerns and thresholds and persons in a position of trust**

10.25. The recordings of Adult Social Care case file notes suggest a lack of clear and professional understanding about what constituted a safeguarding concern in relation to the anonymous allegations reported to the police in 2016 and subsequently disclosed to Adult Social Care. Additionally, it appears that there was some degree of uncertainty regarding the individuals who were purportedly alleged to be consuming drugs. The Adult Social Care case notes suggest that Tom's wife was purportedly using drugs, whereas the police report states it was Tom's carer. It was concluded that safeguarding intervention was unnecessary.

10.26. The allegation stated that:

- Tom's live in personal assistant, CH, was under the influence of alcohol and occasionally cocaine whilst caring for Tom.
- that drug dealers were attending the property.
- Tom's wife was allegedly going out in her car to collect drugs.
- that an alleged affair was occurring between CH and wife.
- that Tom was being left in bed all day and that Tom's wife and CH were going away for a few days and going to leave an unqualified person to call in occasionally to give Tom food and drink.

10.27. The potential risks to Tom were seemingly overlooked, such as the impact on the quality and safety of his care if his wife and CH were purportedly under the influence of drugs and/or alcohol, as well as the effect on Tom's physical and mental wellbeing from being left alone in bed all day, and the potential safety concerns if his wife and CH were to leave him alone in bed whilst they went away on holiday. Section 42 (1) and (2) of the Care Act 2014 state:

(1) where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

10.28. At this time, Tom clearly had care and support needs, it had been reported that he was allegedly experiencing significant neglect and could not, as a result of his care and support needs, protect himself against the alleged neglect. It remains unclear why further information gathering under Section 42 (1) was not undertaken to determine whether there was any truth in the allegations. One has to consider that if the allegation had have been deemed to meet the statutory criteria for an enquiry, the neglect, physical and emotional abuse suffered at the hands of his wife and CH may have come to light sooner and Tom could have been removed from the situation, with his wife and CH duly reported to the police, as was the case some four years later.

10.29. Although both CH and his wife were clearly in a position of trust, the Sussex Safeguarding Adults Policy and Procedures, Person in a Position of Trust procedures were not implemented<sup>6</sup>. The Care Act 2014 requires the local authority, relevant partners and those providing care and support services to have clear policies in place for dealing with allegations against anyone working in a position of trust. A position of trust can be either a paid or unpaid role when working with adults with care and support needs.

10.30. Examples would include allegations that a person in a position of trust has:

- behaved in a way that has abused or may have abused an adult or child.
- possibly committed a criminal offence against, or related to, an adult or child.
- behaved towards an adult, or child, in a way that indicates they may pose a risk of harm to adults with care and support needs.

## **Professional urgency, ownership, and accountability**

10.31. From 2015 through to mid-2020 there was limited evidence of professional urgency, ownership, and accountability from a range of agencies involved in the care and support of Tom. For example:

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<sup>6</sup> Sussex Safeguarding Adults Boards (2024) [Sussex Safeguarding Adults Policy and Procedures](#)

- Police categorised the 2016 allegation as drugs intelligence and welfare concern for Tom. A decision was made that the allegation did not warrant further investigation and was not a Police matter resulting in the case being closed by Police and passed to Adult Social Care. This was despite in 2009 CH being found in possession of cannabis and in 2012 and 2014 reported domestic abuse incidents with CH cited as the disputant.
- Despite Adult Social Care receiving information from the Police on 7 November 2016 regarding the 2016 allegation, Tom was not seen or spoken to until 68 days later, at his annual review on 18 January 2017, and Tom was not seen alone.
- Despite the difficulties NursePlus encountered in arranging field supervision checks, resulting in only 13 of 39 checks being undertaken, no escalation or investigation was undertaken as to the reasons behind this, or escalation made to Adult Social Care.
- Although Tom's wife and CH would not allow professionals into the house to undertake checks to the hoists, no escalation was ever made to Adult Social Care.

## Equality and diversity

- 10.32. Of the protected characteristics, gender and disability are potentially relevant and have been considered where appropriate during the review process. Disability is relevant in respect that Tom has cerebral palsy, complex postural needs, is severely sight impaired and requires a carer to be available 24-hours a day, as well as having to use a motorised wheelchair at all times.
- 10.33. With regards gender, Tom is male, and it is generally accepted that male victims of abuse in comparison with female victims often face additional barriers to reporting abuse and seeking help for a range of possible reasons, such as the 'shame' of being abused as a man. A report by the ManKind Initiative in 2017<sup>7</sup> found that men as victims of partner abuse are over three times less likely than women to not tell anyone about the partner abuse they are suffering. Tom himself, spent four years suffering emotional abuse and neglect from his wife and CH before he disclosed the truth to his family.

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<sup>7</sup> Mankind Initiative (2017) [Male victims of domestic and partner abuse: 30 key facts \(PDF, 313KB\)](#)

## Mental capacity and executive functioning

- 10.34. Research has found that a person's mental capacity and executive functioning are profoundly and adversely impacted upon when living in an environment of coercion and control. These impacts can manifest in various ways, including cognitive impairment, emotional instability, and difficulties with decision-making and problem-solving. Given that Tom endured living in an environment of coercion and control for approximately four to five years, it is reasonable to suggest that his ability to think clearly and rationalise events to enable him to disclose the neglect and emotional abuse he was experiencing, was clearly impacted upon.

## Cognitive impairment

- 10.35. Coercive and controlling behaviours can lead to cognitive impairment, affecting memory, attention, and overall mental capacity. Victims of coercion and control often experience difficulties with both short-term and long-term memory. This is because the constant stress and anxiety can disrupt normal cognitive processes. According to Golding (1999)<sup>8</sup>, exposure to intimate partner violence can lead to significant memory impairments.
- 10.36. Chronic stress from coercion and control can lead to difficulties in maintaining attention and concentration. This is due to the body's prolonged stress response, which can impair the brain's ability to focus and process information efficiently (Gibb et al., 2001)<sup>9</sup>.

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<sup>8</sup> Golding, J.M. (1999) *Intimate partner violence as a risk factor for mental disorders: A meta-analysis*. *Journal of Family Violence*, 14(2), 99-132

<sup>9</sup> Gibb, B.E., Alloy, L.B., Abramson, L.Y., & Marx, B.P. (2001) *Childhood maltreatment and maltreatment-specific inferences: A test of Rose and Abramson's (1992) extension of the hopelessness theory of depression*. *Cognitive Therapy and Research*, 25(5), 607-619

## Emotional and psychological effects

- 10.37. Coercion and control can lead to a range of emotional and psychological issues, including anxiety, depression, and low self-esteem, which can in turn affect executive functioning. Persistent exposure to controlling behaviours can cause chronic anxiety and depression, which negatively impact executive functions such as planning, decision-making, and impulse control (Campbell, 2002)<sup>10</sup>. In addition, continuous coercion undermines self-esteem and self-efficacy, making it difficult for individuals to trust their own judgment and decisions. This can severely impact their ability to make autonomous decisions and take initiative (Bandura, 1997)<sup>11</sup>.

## Decision-making and problem-solving

- 10.38. Victims of coercion and control often struggle with decision-making and problem-solving due to the constant undermining of their autonomy and confidence. The fear of repercussions from making "wrong" decisions as perceived by the controller can lead to chronic indecisiveness. This is often a direct result of the learned helplessness phenomenon, where the individual feels they have no control over their situation (Seligman, 1972)<sup>12</sup>. Furthermore, continuous 'manipulation' and 'gaslighting' can distort an individual's perception of reality, leading to impaired judgment and difficulty in evaluating situations accurately (Stark, 2007)<sup>13</sup>.

## Executive functioning

- 10.39. Executive functions, including planning, decision making, organising, and executing tasks, are often compromised in victims of coercion and control. The impact of dealing with coercion can overwhelm the brain's executive functions, leading to difficulties in decision making, planning, and executing tasks. This is compounded by the stress and anxiety that come with living in a coercive environment (Diamond, 2013)<sup>14</sup>.

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<sup>10</sup> Campbell, J.C. (2002) *Health consequences of intimate partner violence*. The Lancet, 359(9314), 1331-1336

<sup>11</sup> Bandura, A. (1997) *Self-efficacy. The exercise of control*. W.H. Freeman

<sup>12</sup> Seligman, M.E.P. (1972). *Learned helplessness*. Annual Review of Medicine, 23(1), 407-412

<sup>13</sup> Stark, E. (2007). *Coercive control: The entrapment of women in personal life*. Oxford University Press

<sup>14</sup> Diamond, A. (2013). *Executive functions*. Annual Review of Psychology, 64, 135-168

## **Robust safeguarding intervention, making safeguarding personal and the voice of families**

10.40. On 4 August 2020, Tom's mother officially raised a safeguarding concern to Adult Social Care, after Tom confided in her about the emotional abuse, severe neglect, and coercion and control he was enduring from his wife and CH. The same day, the Adult Safeguarding Hub Team triaged the safeguarding concern as meeting the statutory criteria for a safeguarding enquiry, and implementation of safety planning began in earnest. Both the request for a safeguarding enquiry and allocation of an enquiry lead was undertaken the same day. The allocated practitioner leading the enquiry was an experienced Social Worker within the Lifelong Services (Western) Team. In addition, an urgent case discussion was held, and a referral made to the Occupational Therapy service. During the case discussion, a robust plan of action was developed with risk mitigation actions to a range of issues the team may face in the safeguarding of Tom. From 5 August to 19 August 2020, the allocated enquiry lead and Lifelong Services Team:

- Liaised closely throughout with Tom's mother and family.
- Spoke with Tom to hear his lived experience and gain his views and wishes.
- Sourced a new home for Tom with a local provider.
- Arranged for a medical review as soon as Tom arrived at his new home.
- Worked closely with occupational therapists who ordered relevant equipment.
- Completed all relevant Covid due diligent assessments.
- Gave notice to Independent Lives to end the direct payment.
- Booked transport to take Tom from his home to his new home.
- Disclosed safeguarding concerns to police and put police on alert in case support was required during moving Tom.
- Finalised plans with Tom's family, new provider of Tom's accommodation and occupational therapists all who were supporting with moving Tom.

10.41. On the 20 August 2020, Tom was safely and successfully removed from his home and taken to his new accommodation.



- 10.42. To conclude, the review has found that from the date the safeguarding concern was raised to 20 August 2020, Adult Social Care worked tirelessly to ensure Tom was relocated safely into his new home. Furthermore, the review found significant evidence that the voice of Tom and Tom's family was listened to and proactively acted upon during this timeframe, which led to the outcomes Tom wanted to achieve as a result of the safeguarding enquiry successfully being achieved.



# 11. Recommendations

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## Recommendation 1

- 11.1. The Safeguarding Adults Board to develop a range of learning tools around key themes of the Safeguarding Adult Review: Paternalistic practice and working with men with care and support needs who experience domestic abuse and/or neglect, and how coercion and control might influence a capacitated adult's decision making, in terms of their executive functioning.

## Recommendation 2

- 11.2. The Safeguarding Adults Board to satisfy themselves that all partners, providers and voluntary, community and social enterprises (VCSE) organisations are familiar with the Safeguarding Adult Board's Information Sharing Protocol. Safeguarding Adults Board partners should disseminate this learning across their workforce and ensure that all commissioned providers and local VCSE receive the learning tools.

## Recommendation 3

- 11.3. The Safeguarding Adults Board and its partners to re-publicise contact details and information to ensure adults with care and support needs can alert services of abuse and/or neglect.

## Recommendation 4

- 11.4. The Safeguarding Adults Board to seek assurance from safeguarding partners that where possible, adults with care and support needs are given the opportunity to be seen alone by the professionals/providers for reviews, assessments, visits and field supervision checks.

## Recommendation 5

- 11.5. The Safeguarding Adults Board should develop a lesson learned briefing on 'disguised compliance' with real life case examples used.

## Recommendation 6

- 11.6. The Safeguarding Adults Board should seek assurance from Adult Social Care that there are robust monitoring and oversight arrangements in place regarding those adults who have complex and high risk needs and are reliant on their Personal Assistant via self-directed support, such as direct payments.



# 12. Appendix A

**Table 2 Chronology Part 1: Pre 2016 Context information**

| Date                     | Organisation  | Concern, activity and outcome  |
|--------------------------|---|--|
| 2009–2014                | Sussex Police   | CH (Tom's live in carer) first came to the notice of Sussex Police on 27/06/2009 for possession of cannabis. During 2012 and one in 2014, CH was recorded as the disputant in three non-crime domestic incidents.  |
| 27/05/2015 to 08/01/2016 | Integrated Care Board   | R, Tom's live in carer from NursePlus provides care & support for Tom.   |
| 03/06/2015 to 11/06/2015 | West Sussex County Council and related services (Benefits, Independent Lives) | Welfare benefit assessment at Tom's home. Tom's wife says they can't afford care costs, both parties want to see a Social Worker. Email sent to who is believed to be Tom's allocated Adult Social Care worker, asking if care assessment is being completed on 1 July 2015, and references the concerns reported by wife about not being able to afford the care.   |
| 23/09/2015 to 30/11/2015 | West Sussex County Council and related services (Benefits, Independent Lives) | 23/09/2015 Adult Social Care case recording. Reassessment completed and passed for approval. 30/11/2015 Adult Social Care case recording. Update assessment completed and signed off. Assessment states that Tom wishes to remain living at home and enjoys seeing friends (both at home and going out). Tom used to enjoy playing computer games and using the internet, but this has become very limited due to deterioration of sight. Tom used to attend Scope in Chichester 3 days a week and in the past, he was the Chairperson for the member's group meetings and assisted in compiling computer-based information. However, he was no longer able to carry out this role due to reduced eyesight caused by both retinas of his eyes becoming detached and reducing vision. Tom continued to use an electric wheelchair but was no longer able to go out independently. Tom was registered as blind and needed support to read correspondence/TV/computer etc. Currently supported by live in carer "R". Described as a positive carer. |

| Date                     | Organisation  | Concern, activity and outcome   |
|--------------------------|---|---|
| 26/10/2015               | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case recording. Telephone call to wife. Discussed reducing attendance at SCOPE. Advised that worker would need to complete Continuing healthcare (CHC) checklist.   |
| 02/11/2015               | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case recording. Visit took place to Tom, his wife and father as national ILF funding ended, and all councils required to re-assess packages of care as only Adult Social Care funding available. They feel only reduction would be reducing attendance at SCOPE to two days a week. Wife is frustrated re. cost of the PA from Nurse Plus. They had considered directly employing PA but concerned about not having a contingency plan if PA sick or on leave. Other agencies have high management fee. |
| 11/11/2015 to 16/11/2015 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case recording. Discussion with management re. weekly budget for care. CHC checklist completed and sent to Tom's wife for approval.   |

**Table 3 Chronology Part 2: 2016 to 2020**

| Date          | Organisation  | Concern, activity and outcome   |
|---------------|---|---|
| February 2016 | NursePlus   | Unclear if CH is in employment as Tom's live in carer, as no field supervision or domiciliary spot checks carried out by NursePlus during February 2016.  |
| 24/02/2016    | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case recording summary. Rehabilitation Officer Visual Impairment (ROVI) from Worthing Hospital called wife. She discussed issues such as magnification, lighting, and IT. Also requested info on counselling services for Tom. Put on wait list for ROVI. |
| 02/03/2016    | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case note. Call made to Tom, was being supported to get up, so agreed to call back later. Spoke with wife, who was concerned about low bank balance in relation to their direct payments. Worker sends email to finance re low bank balance.              |
| 04/03/2016    | NursePlus   | Domiciliary spot check by NursePlus (visit 1).  |
| 28/03/2016    | NursePlus   | Tom's wife emails NursePlus asking if CH can be personal assistant for 'foreseeable future'.  |
| 30/03/2016    | NursePlus   | NursePlus undertake service user care review (visit 2). In review report, service username section left blank and in 'representative name' Tom's name has been written despite Tom being service user.  |

| Date           | Organisation  | Concern, activity and outcome  |
|----------------|---|--|
| 01/04/2016     | NursePlus   | No evidence of monitoring by NursePlus takes place during April 2016. Supported by NursePlus 'Summary of Involvement and Individual Management Review questions'.  |
| 05/05/2016     | NursePlus   | Field supervision visit by NursePlus (visit 3): Tom's wife emails NursePlus giving positive feedback re CH and his care for Tom but also states "on a personal note the support he (CH) gave me during my surgery and aftercare has been amazing". |
| 12/05/2016     | NursePlus   | NursePlus domiciliary service monitoring visit, form signed by Tom's wife (visit 4).   |
| 16/05/2016     | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case recording. ROVI contacted Tom but not in. Spoke with wife who said input not required as issues had been taken care of.   |
| 18/05/2016     | NursePlus   | NursePlus service user care review, present NursePlus, Tom, Tom's wife and CH (visit 5).   |
| 07/06/2016     | NursePlus   | NursePlus domiciliary spot check (visit 6): Tom's wife asks for field supervision visits/spot checks to be reduced, NursePlus refuse given they are regulated provider and have to undertake 3 monthly field supervision checks.                   |
| July 2016      | NursePlus   | No evidence of monitoring by NursePlus takes place during July 2016. Supported by NursePlus 'Summary of Involvement and Individual Management Review questions'.   |
| 17/08/2016     | NursePlus   | Field supervision visit by NursePlus (visit 7): Service user feedback section on monitoring form is blank.   |
| 22/08/2016     | NursePlus   | Domiciliary spot check by NursePlus (visit 8): Monitoring form signed by Tom's wife.   |
| September 2016 | NursePlus   | No evidence of monitoring by NursePlus takes place during September 2016. Supported by NursePlus 'Summary of Involvement and Individual Management Review questions'.  |
| 25/10/2016     | NursePlus   | Domiciliary spot check undertaken by NursePlus (visit 9). Tom's wife emails NursePlus saying "we have never had a carer who has gone above and beyond to help Tom and me".   |
| November 2016  | NursePlus   | No evidence of monitoring by NursePlus takes place during November 2016. Supported by NursePlus 'Summary of Involvement and Individual Management Review questions'.   |

| Date       | Organisation  | Concern, activity and outcome  |
|------------|---|--|
| 04/11/2016 | Sussex Police   | <p>An anonymous online report was made to Sussex Police, a mobile telephone number was included. The report named Tom, his wife and CH. The caller referred to CH taking drugs and drinking alcohol, drug dealers attending the address and Tom's wife going out in her car to collect drugs. The address provided was Tom's home address. The information also alleged that Tom's wife and CH were having an affair which resulted in Tom being left in bed all day. The informant believed Tom's wife and CH were going away for a few days and were going to leave an unqualified person to call in occasionally to give Tom food and drink. The informant stated CH was employed by "NursePlus" in Chichester. The informant recorded they were willing for Police to ring them.</p> <p>The information was categorised by Police as drugs intelligence and welfare concern for Tom. Police called the number provided by the informant which went to voicemail, a message was left asking them to contact Sussex Police. There was no record the informant contacted Police in response to the voicemail. Decision made by police that it was an Adult Social Care issue and not a Police matter. Police shared CAD report with West Sussex's Care Point, and the CAD closed under "other agency deal".</p> |
| 07/11/2016 | West Sussex County Council and related services (Benefits, Independent Lives) | <p>Adult Social Care recording. Anonymous concerns submitted to Sussex Police. Sussex Police forwarded to Adult Social Care, and this was uploaded to system on this date. Details as follows: 03/11/2016 a webform was submitted to Sussex Police. Concerns were that the reporter had reason to believe that the live in carer (CH), was under the influence of alcohol, cannabis and occasionally cocaine whilst caring for Tom. Alleged an affair was occurring between CH and wife and that Tom was being left in bed all day. Drug dealers visiting property or wife going to collect drugs. Sussex Police state logged this under CAD 0072 04/11/2016 just for info at this time, pending further instruction from Adult Social Care.</p>   |

| Date                      | Organisation  | Concern, activity and outcome   |
|---------------------------|---|---|
| 16/11/2016                | Sussex Police   | Police case recording. At 16:31hrs on 16 November 2016, the CAD was endorsed "...from social services asking if police were taking any other actions". Advised matter closed. Adult social services caller advises they "will be looking into this and may contact police should they require further assistance".  |
| 17/11/2016                | NursePlus   | Email from NursePlus to Tom's wife asking when would be convenient for NursePlus to undertake their field supervision of CH and goes on to say, "I had a thought and was wondering as you would prefer to be there when I pop over if we could complete Tom's review while I am there".   |
| 22/11/2016                | NursePlus   | Email from NursePlus to Tom's wife asking if she had received previous email as needed to arrange review and field supervision.   |
| 24/11/2016                | Integrated Care Board   | A Continuing Health Care (CHC) Checklist dated 11/11/2015 (? typing error but mentioned throughout) was submitted to the CHC Team. Confirmation received from CHC. Tom eligible for FNC.  |
| 29/11/2016                | NursePlus   | Email from NursePlus to Tom's wife asking for convenient date to undertake review and field supervision.  |
| 07/12/2016                | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care recording. "Manager's Comment: Advice from ... Re: Best Way Forward on Concerns and Review As per title, see uploaded copy". SAR chronology provided by Adult Social Care provides clearer information and states the following "Case discussion with manager regarding allegations and how to approach review. Initially it was noted that male noted as NG may relate to the same person a danger statement was issued in relation to by Sussex Police. Recommendation was to speak openly to both Tom and his wife re. allegations and see if they are forthcoming with any information". Adult Social Care practitioner has case discussion regarding anonymous allegations shared by Police with their manager, some 30 days later - manager advises to arrange planned review and "discuss openly to both Tom and his wife regarding allegations and see if they are forthcoming with any information". |
| 12/12/2016 and 19/12/2016 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care practitioner makes calls to anonymous referrer - does not leave message.  |



| Date                 | Organisation  | Concern, activity and outcome  |
|----------------------|---|--|
| 20/12/2016           | NursePlus   | NursePlus visits Tom's home to undertake annual review (visit 10): In NursePlus SAR chronology states service user review on 13/12/16.   |
| 10/01/2017           | NursePlus   | Email from NursePlus to ST asking for feedback on CH. Email from Tom's wife (ST) to NursePlus praising CH and asking they pass her thanks onto him.  |
| 10/01/2017,<br>10:53 | West Sussex County Council and related services (Benefits, Independent Lives) | Recorded in Adult Social Care case notes that practitioner has further case discussion with their manager following telephone contact with Tom's wife when review was booked, as during this call Tom's wife confirms her intentions to pursue employing the live in carer, who is at the centre of the anonymous allegations through a Direct Payment. Manager advises allocated worker to first complete review and get clarity on how much support Tom's wife is providing in addition to the live in carer and how much she is working each week etc. Manager advises that practitioner should then ask about the alleged "concerns in a succinct manner". Case notes go on to say that Tom and his wife "may then need some time to digest and respond to the concerns and a formal safeguarding episode may need to be opened, as the agency may need to be informed and take disciplinary action and a DBS referral may be required etc. Also, even if no truth in allegations, Mr and Mrs will need to notify existing agency of their intentions to recruit and employ the existing live in carer". |
| 10/01/2017,<br>17:01 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care practitioner's manager discusses allegations with their manager. Advice given that allocated worker should discuss concerns with wife after review as the alleged drug taking was in relation to her and alleged affair wouldn't be safeguarding.  |
| 11/01/2017           | NursePlus   | Domiciliary spot check by NursePlus (visit 11): Tom recalls not being seeing alone.  |
| 12/01/2017           | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care case notes, review cancelled by Tom's wife as allegedly her and Tom unwell.  |

| Date       | Organisation  | Concern, activity and outcome   |
|------------|---|---|
| 18/01/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | Tom's Adult Social Care annual review: Recorded in Adult Social Care case notes that Tom's wife would like carers assessment as never offered one and can no longer work from home one day week as now needs to be office based 5 days week. Recorded that Tom's wife is on medication for depression. With regards to review, it is recorded that Tom's care and support needs have not changed from last review in November 2015, and that Tom and his wife wish to employ CH (live in carer) privately via direct payments and no longer through the registered provider. Recorded that CHC checklist in process which should lead to full nursing care decision letter. |
| 19/01/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care practitioner makes referral for carers assessment submitted and referral to Occupational Therapy service.   |
| 01/02/2017 | NursePlus   | No evidence of monitoring by NursePlus takes place during February 2017. Supported by NursePlus 'Summary of Involvement and Individual Management Review questions'.  |
| 14/02/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | Occupational therapy assessment took place. Sling and shower chair needed replacing.  |
| 15/02/2017 | NursePlus   | NursePlus send email to Tom's wife as tried to call but no answer, wanting to know how CH getting on.   |
| 17/02/2017 | NursePlus   | Email from Tom's wife to NursePlus stating CH "goes above and beyond".  |
| 27/02/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | OT visit, specification for shower chair agreed. OT concerned about sling being used, but recorded in case records that Tom and wife say they are happy with this option.   |
| 07/03/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | Tom's wife emailed and confirmed to Adult Social Care they are happy with sling being used.   |
| 07/03/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | Contact from Independent Lives to Adult Social Care as they had contact from Tom's wife. Case to be passed to brokerage and note that package likely to be decreased as PA is more cost effective than agency.  |
| 27/03/2017 | NursePlus   | NursePlus domiciliary service monitoring visit, monitoring form signed by Tom's wife stating everything excellent and good (visit 12).  |

| Date                      | Organisation  | Concern, activity and outcome  |
|---------------------------|---|--|
| 13/04/2017                | NursePlus   | NursePlus domiciliary spot check undertaken (visit 13).  |
| 05/05/2017 to 08/05/2017  | Integrated Care Board   | CHC assessment meeting booked for 25/05/2017 at 11am. Invitation to assessment letters sent to patient, next of kin, GP, and Social Services.<br>Telephone call from Tom's wife to say that she had received a telephone call from a Social Worker asking if they wanted the CHC assessment to go ahead, as a social work assessment had recently been carried out. CHC meeting cancelled.   |
| 09/05/2017 and 10/05/2017 | West Sussex County Council and related services (Benefits, Independent Lives) | A meeting is held at Tom's home with Independent Lives where it is agreed that from May 2017, Tom's wife will be the legal employer of CH. Email from Independent Lives was sent the next day. Confirmation that wife will be employer. Advice given regarding risks, some decisions in relation to reducing the National Insurance costs and, monies to cover for the personal assistant, holiday cover etc. Waiting for advice regarding working time regulations. |
| 28/05/2017                | Integrated Care Board   | CH leaves NursePlus and Tom's wife employs him as Tom's live in carer via a direct payment (Tom's wife was the employer, not Tom).   |
| 03/07/2017                | West Sussex County Council and related services (Benefits, Independent Lives) | Occupational Therapy intervention ends.  |
| 09/10/2017                | West Sussex County Council and related services (Benefits, Independent Lives) | Welfare Benefits Advisor visit took place. Tom remains nil cost and is not eligible to apply for benefits.   |
| 25/01/2018                | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care review meeting held with Tom, Tom's wife and CH (live in carer). Tom is reported to have said he was pleased with support from PA. It is noted that it was reported that PA works additional hours to support with special events etc i.e., attending a football match at Manchester United stadium. Tom currently in process of getting new wheelchair and current wheelchair recently fitted with dual controls.                                 |
| July 2019                 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care Safeguarding Hub became operational with change to safeguarding operational practice.  |

| Date                     | Organisation  | Concern, activity and outcome  |
|--------------------------|---|--|
| 26/01/2018 to 17/04/2019 | West Sussex County Council and related services (Benefits, Independent Lives) | Tom has no contact with Adult Social Care services.  |
| 23/03/2019               | GP, Hospital and Health   | Tom was not brought to his follow up ophthalmology appointment.  |
| 01/03/2019 to 17/04/2019 | West Sussex County Council and related services (Benefits, Independent Lives) | Telephone call from Tom's wife on the 01/03/2019 stating the earliest they would available would be from the 23/03/2019. Review therefore rearranged to the 23/01/19.<br>Case notes state that Tom's wife phones on the 12/04/2019 to cancel review as Tom and her unwell, review rebooked for 17/04/2019.<br>Annual review takes place on the 17/04/2019 with Tom, Tom's wife and CH (live in carer). |
| 14/05/2019               | GP, Hospital and Health   | Tom was not brought to his follow up ophthalmology appointment.  |
| 14/05/2019               | GP, Hospital and Health   | Letter sent to GP informing that Tom 'failed to attend follow up appointments in Ophthalmology 23rd March and 14th May 2019' "Should an appointment still be required please refer the patient back to us. "   |
| 29/07/2019               | Sussex Police   | A member of the public reported to police a male was trying to pull a woman out of a car. The male was being abusive shouting offensive language. Police later attended the female's address where she admitted being involved in the argument with CH. A SCARF with a standard risk DASH was submitted but not shared with other agencies.  |
| 17/09/2019               | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care phone call to Tom (message left) following up on email sent on 17/09/2019 regarding no bank statements being sent from 09/02/2019 to date and also missing from 10/09/2018 – 08/11/2018.   |
| 17/10/2019               | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care call to Tom's wife (responding to email). Mould from bathroom had spread to shower chair and needs to be discarded. They would like a replacement. New chair ordered the following day.  |
| 20/02/2020               | West Sussex County Council and related services (Benefits, Independent Lives) | Bank statements still not received regarding direct payments, email and telephone made to Tom via Social Worker.   |
| 22/05/2020               | West Sussex County Council and related services (Benefits, Independent Lives) | Case note states Tom continues to use 100 hours direct payment. No change, no concerns and all well.   |

| Date       | Organisation  | Concern, activity and outcome   |
|------------|---|---|
| 03/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Taken from Safeguarding Adults Review Referral Form (24/07/2023). Tom's mother telephones Lifelong Services, raising concerns that Tom was being controlled by his wife and the live-in carer CH. Tom's mother stated that Tom informed her that he is being put on the toilet every other day and has lost 25lbs in weight. Reports that Tom's wife has control of his finances and all aspects of his life, and he feels that the carer has no interest in him or his needs. Tom's mother states that Tom feels he has no choice or control over his life and needs support to address the issues he is facing. Tom's mother shared that she is concerned that there could be repercussions if services investigate the situation, and needed reassurance that this will be treated with great sensitivity. The duty worker advised Tom's mother to contact the Safeguarding Hub and raise a safeguarding concern which Tom's mother agreed to do. The duty worker requested an urgent review of Tom's care. Tom's mother requested that any intervention is done unannounced. She expressed that Tom wished to file for divorce and for his care needs to be met in a different way. |
| 04/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Tom's mother raises safeguarding concern. Criteria met for safeguarding enquiry; Safeguarding Hub Team pass safeguarding enquiry to Tom's allocated team to progress. Case discussion had and plan agreed covering gaining Tom's views and wishes, consideration of temporary accommodation if Tom's wants to leave his home and necessary support/adaptations that may be needed, his current tenancy, stopping of DPSP which pays for present PA and his finances.  |
| 06/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Telephone call from Tom's sister to Adult Social Care. Reports Tom is frightened and wants to leave but frightened to tell them. Family is concerned if they try and extract him, they will be stopped. Adult Social Care provide reassurance to Tom's sister.  |
| 09/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care telephones Tom's mother. Email from Tom's mother to Safeguarding Hub, with a voice file. Information in voice recording of alleged drug use, neglect and financial abuse, voice file shared with Lifelong Services. Advise that they will be in contact with family over weekend. Advise given that a safe extraction would be required with support from ASC and Police (if required).   |

| Date       | Organisation  | Concern, activity and outcome   |
|------------|---|---|
| 10/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care phone call with Tom's mother. Voice recording file discussed, and that spare key family have may not work as locks may have been changed and that Tom is in bed all the time so is unable to open the door himself. Options of dates to move Tom discussed, Saturday 15th/Sunday 16th August her extended family are away, and she would prefer that any action is left to week commencing Monday 17th August 2020.   |
| 11/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care contacts Liveability regarding possible interim support options. Phone call with Tom's mother as team need to speak with Tom. Tom's mother explains that calls are sporadic so cannot be planned.   |
| 12/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Phone call with Tom's mother. Confirmed that either the worker or out of hours manager would be available to speak with Tom anytime he is able to take a call, as important Tom can voice what he wants to happen and how it happens.   |
| 15/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Tom said he wanted to be moved from house when wife and carer not present and was open to idea of going to a residential placement as a short-term option. Discussed concerns and benefits of being supported to leave during the week rather than at weekend. Tom said he would leave during the week and wanted Police involvement during the extraction and afterwards. Tom talked about what had been occurring and gave consent for any agencies to be contacted to provide him support. |
| 15/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Telephone call to Tom's mother, updated on plan to look at Tom being extracted from property next week. Family would be present. Tom's mother reported that their key to property works. They are concerned about possible health input being needed, due to how Tom has been living.   |
| 16/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Call from Tom's mother to Adult Social Care. Tom's mother reports concern that Tom is not eating for prolonged periods.   |

| Date       | Organisation  | Concern, activity and outcome   |
|------------|---|---|
| 17/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Call to 101 requesting Police support with Tom's extraction. Reference number given. 101 felt unlikely they would be able to attend, advised to call if situation escalates. Information sent to Liveability regarding emergency admission. Discussion with provider. Discussed need for medical review due to health concerns, and discussion had regarding covid test. Discussion with OT. Advised that equipment needed could be ordered as an emergency but would need to be done midday the day before its needed.   |
| 18/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care and OT teams agree equipment to be ordered and liaison needed with NRS (a community equipment provider) regarding when they deliver, so OT, SW and family are present so extraction can happen.<br>Adult Social Care contacts wheelchair service. Power wheelchair was handed back earlier in the year. Manual wheelchair is in place and safe for vehicular use. OT order placed.<br>Adult Social Care call Tom's mother. Covid due diligence assessment completed. Plan to extract Tom on 20/08/2020. Notice given to end DP contract with Independent Lives.   |
| 19/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Adult Social Care forwards email to all parties regarding planned extraction. Plan as follows: All involved in extraction of Tom to meet community centre carpark near Tom's home at 10am as Tom's transport booked for 10.15am. OT x 2 support to transfer Tom into his wheelchair and out of the property. Worker from Liveability also to be present to be available to provide emotional support to Tom. Two social workers to ensure safe extraction of Tom from home address to temporary address. Medical professional to be at temporary address so Tom can have health check on arrival. Some of Tom's family also to be present to support with moving Tom to his temporary address. Noted that Personal Protective Equipment (PPE) will be required throughout duration. |
| 20/08/2020 | West Sussex County Council and related services (Benefits, Independent Lives) | Tom successfully moved to temporary accommodation.  |

