

**Safeguarding Adult Review Adult H Practitioner Learning Brief**

**Background**

* Adult H came to live in the United Kingdom from Zimbabwe in 2005, but a year later was refused Indefinite Leave to Remain. Following a prison sentence in 2012 for fraud offences committed in 2009, he was made subject of a deportation order but was offered voluntary deportation due to unrest in Zimbabwe.
* The voluntary deportation status caused Adult H not to be forcibly deported and able to apply for asylum. For reasons unknown, Adult H did not apply for asylum and was consequently left without recourse to public funds.
* In November 2020 Adult H was admitted into hospital under section 2 of the Mental Health Act. Staff at the hospital were unaware that Adult H lived with Human Immunodeficiency Virus and had stopped taking his prescribed medication for several weeks. Following Adult H’s detainment under section 2 exploring, and healthcare professionals deeming no evidence of enduring mental illness, Adult H was discharged from hospital. Professionals had been unable to successfully engage him with care or support.
* A week later Adult H was readmitted and deemed to require bilateral leg amputation and a blood transfusion. Adult H refused both.
* In January 2021 a Judge determined that Adult H lacked capacity to make decisions about his medical needs, and that surgery should go ahead in Adult H’s best interests. Sadly, post-surgery, Adult H’s health deteriorated, and he passed away.

**Engagement with Family**

The Board attempted contact with Adult H’s ex-partner and a sister but neither have chosen to engage with this review. The reviewer and the Board understand and respect their decision.

**Cultural Curiosity**

* This review found little reference to professionals working with Adult H, striving to understand his culture and background.
* It is not possible for every professional to learn of every culture, but all can practice generic skills such as cultural curiosity and an open-minded awareness of the differences that cultural background can produce.
* Professionals found it hard to engage Adult H, but there appears to be no exploration as to whether there were any external cultural influences impacting upon Adult H’s emotional availability to engage with professionals.
* Interpreters in health care have been shown to improve safety with respect to diagnosis and prescription, and although it is documented that Adult H could speak English well this does not necessarily mean that his comprehension of the English language was sufficient to understand the complexities surrounding his situation, particularly when he was in poor health.

**Home Office Communications**

* In the absence of seeking asylum Adult H had No Recourse to Public Funds and consequently was unable to access benefits or housing assistance even if he met the relevant qualifying requirements.
* Professionals found it difficult to advise Adult H because professionals weren’t confident of their own understanding of the options and pathways available to Adult H regarding immigration and recourse to public funds, to confidently advise him.
* Whilst general advice is available on the Government website and citizens advice website, professionals all reported limited information and a lack of available guidance for professionals. Staff had difficulties in distinguishing which department they should communicate with and thereafter, finding the correct contact details for the correct department.

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**Human Immunodeficiency Virus (HIV) Management**

* It remains unknown whether Adult H understood the risks he was taking when he interrupted his antiretroviral treatment.
* To ensure that Adult H was being treated and cared for to the highest standard, best practice would have seen staff making a direct phone call to the HIV specialist nursing team at North Manchester General Hospital[[1]](#footnote-1). The team could have offered appropriate advice/arranged an outreach visit and/or arranged follow up, urgent, discussion with one of the HIV doctors if pertinent concerns and a more urgent review was required.
* There is no evidence of any consideration being had by professionals outside of the Department of Infectious Diseases and Tropical Medicine team, as to whether Adult H’s non-concordance with HIV medication could have impacted his mental health, physical health and/or decision-making and capacity.

**Assessment of Mental Capacity**

* Professionals attempting to support Adult H could have afforded Adult H’s capacity further critical reflection, and ruminated on how, given his presentation, mood, and sporadic communication they could be sure of their assumption of his ability to make decisions.
* Professionals’ rationale for assuming capacity must be documented.
* In January 2021, a medical team, recognising ongoing differences in professional opinion with regard to Adult H’s capacity to make decision for his care and treatment, sought support from the Mental Health Liaison Team. This was good practice. However, consideration should have also been had at this time to a Deprivation of Liberty Safeguards application.

**Consideration of Organic Conditions Causing Changed Behaviours**

* Individuals presenting with symptoms suggestive of psychiatric conditions as Adult H did, should always be thoroughly assessed to ensure organic causes are excluded.
* To undertake such assessment, an examination is necessary, but assessment also includes consideration of an individual’s history. The two combined assist in narrowing the differential diagnoses and differentiating between organic and psychiatric causes.

**Hard to Reach Service Users**

* A barrier to Adult H receiving supportive intervention was professionals’ inability to engage him.
* Professionals recognised that relationship building was possible with Adult H as it was achieved by a judge who gained Adult H’s trust by starting their conversation with superfluous discussion about football. This conversation appeared to put Adult H at ease.
* Advocacy referrals are often received after a case has been within the professional system for some time. Health and Social Care Practitioners sometimes lack confidence in knowing when to refer for an Independent Advocate
* Language labels such as ‘non-engagement’, and terms such as ‘does not engage’ can unconsciously sway a professional’s decision to accept that they cannot engage a person, rather than work to understand and achieve.
* Such labels also apportion blame to the service user; the term non-engagement suggests that Adult H consciously and deliberately chose not to engage when in reality, it remains unknown why he found himself unable to engage.

**Good Practice**

* Healthcare staff at North Manchester General Hospital challenged the decision around capacity and sought legal advice resulting in Adult H’s case going to Court of Protection.
* Adult Social Care tried hard to seek an alternative to hospital discharge when Adult H’s detainment under section 2 of the Mental Health Act expired, and sought legal advice early to ensure that all available support had been offered.

**What did we learn – with supportive links**

* Professionals are not always sensitive to the risk of intercultural misinterpretation in health and social care.   
  Link to local Multicultural Resource Centre - [home - Multicultural Resource Centre (mcrcentre.org.uk)](https://mcrcentre.org.uk/)
* Professionals feel uninformed and unsupported around Home Office procedure.   
  Initial enquiries to [public.enquiries@homeoffice.gsi.gov.uk](mailto:public.enquiries@homeoffice.gsi.gov.uk) or via gov.uk website.

[NRPF Network](https://www.nrpfnetwork.org.uk/)  [Rights and entitlements | NRPF (nrpfnetwork.org.uk)](https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements) [Asylum seekers with care needs: caseworker guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/asylum-seekers-with-care-needs-process)

* Professionals do not know who to contact for advice when they have concerns regarding a person living with HIV who is not currently engaging with care, support and/or treatment. [HIV and AIDS | Our Rochdale](https://www.ourrochdale.org.uk/kb5/rochdale/directory/advice.page?id=VjHwoi3ydC4)
* Changes to an individual’s behaviour and mental state may be due to organic or non-organic causes.  
  [Sudden confusion (delirium) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/confusion/)
* Capacity remains a complex area of professional practice and all practitioners must be confident to challenge decisions and seek advice. [Make decisions on behalf of someone: Checking mental capacity - GOV.UK (www.gov.uk)](https://www.gov.uk/make-decisions-for-someone/assessing-mental-capacity)
* Practitioners may be confused by legislation around advocacy services.  
  [Advocacy Together Hub Rochdale - Together: A leading UK mental health charity (together-uk.org)](https://www.together-uk.org/projects/advocacy-hub-rochdale/)
* Language labels (for example ‘does not engage’) are in danger of apportioning blame to the service-user and contrast with a person-centred, strengths-based approach. [Strengths-based approaches - Care Act guidance | SCIE](https://www.scie.org.uk/strengths-based-approaches/guidance#:~:text=Strengths-based%20practice%20is%20a%20collaborative%20process%20between%20the,that%20draws%20on%20the%20person%E2%80%99s%20strengths%20and%20assets.)

1. On 0161 7202637 or 0161 7202638 [↑](#footnote-ref-1)