



JUDICIARY OF
ENGLAND AND WALES

REGINA

-v-

ELAINE CLARKE

Preston Crown Court

24 February 2022

Sentencing Remarks of Mrs Justice Yip DBE

1. Elaine Clarke, you are to be sentenced for the manslaughter of your daughter Debbie Leitch, who died at your home in August 2019. You pleaded guilty to that offence in December 2021.
2. Debbie was 24 years old when she died. She had Down's Syndrome and some associated medical problems. As such, she was vulnerable and remained dependent on you, her mother. You were her registered carer and received payments for her care. You have three other children. All of them have learning or physical difficulties. Social services had concerns about your parenting and the children were on the Child Protection Register when they were younger. You moved to Leeds in 2014 and then to Blackpool in 2016.
3. A statement from Sammy Muggeridge, one of Debbie's cousins, which was read today, paints a picture of a happy and loving girl. When living in Leeds, she attended day care and was provided with a range of activities. She went to college, made friends and had a boyfriend. She was described by a support worker as shy, but outgoing with people she got to know, and cheeky. She was a little overweight but generally healthy. Photographs from that time show her with a beaming smile. Her cousin describes her as innocent. She loved horses and enjoyed brushing her long hair. She is said to have idolised you. Debbie's death, and the manner of it, has caused great distress to her

family. It can only be hoped that, in time, the good memories of Debbie will stay with them as they gradually come to terms with what happened to her.

4. After you moved to Blackpool, Debbie did not access day care. You were receiving enhanced benefits for her and were also in receipt of a weekly carer's allowance. You were responsible for her care. You wholly failed to discharge that responsibility.
5. It is beyond doubt that in the months leading up to Debbie's death her condition deteriorated dramatically. Precisely when that deterioration started is less clear. In April 2018, her G.P. referred her to hospital with Norwegian Scabies, a condition known to be associated with neglect. She received inpatient treatment and was discharged with a treatment plan. A follow up appointment was not kept. The hospital made a safeguarding referral to adult social services. It is not known what became of that, although your family were already known to social services and carers were attending your home daily to provide care for your son. In May 2018, you sought an assessment to allow Debbie to access activities but you did not attend meetings to discuss this and the Adult Community Learning Disability Team's file was closed. In autumn 2018, social services were involved with your other daughter and your grandson. They found filthy living conditions at your home. Again, a referral was made for Debbie to access activities but you failed to respond to attempts to contact you and the file was closed.
6. During 2019, family members and friends who visited your home, noticed a clear deterioration in Debbie's condition. She had a painful skin condition, had lost weight and her hair was now short and scraggy. You were dismissive when concerns were expressed. During one visit in April 2019, relatives found Debbie in a very poor state. She had not come out of her room and you suggested that she should be left alone but your niece went in to see her. The room was dark. It was dirty and untidy and there was a terrible smell. Debbie was huddled in bed. When encouraged to come out of her room she did, but she was finding it difficult to walk. Her pyjamas were heavily stained to the extent that they looked rotten. She cried for you. Your family were horrified. Your sister told you that if you did not sort Debbie's condition out within the next two weeks she would report you to the authorities. In the weeks that followed you assured

her that Debbie's condition had improved and that she was up, showered, dressed and eating well.

7. You did seek treatment for Debbie for scabies in June 2019. She was prescribed antibiotics and some cream. At the end of that month, you told the G.P. practice that the cream seemed to be working. Whether or not that was right, by the end of July 2019, Debbie was plainly in a terrible state. On 26 July, you had a family birthday party for your son. You told your relatives that Debbie was in her room and did not want to see anyone. They were not put off and went to see her. As soon as they entered the room, they were hit by an appalling stench. This came from rotting food and dirty nappies in the room. Debbie was lying on filthy bedsheets. Her hair was cut short and her skin was scabby and sore. She was clearly in distress. Your sister and niece recognised that she would die if something was not done. They confronted you but you rejected their concern. Debbie could be heard crying out for you, but you did not go to her. Your family were so concerned that they thought about reporting you to the police but decided instead to contact social services. A safeguarding alert was sent to Debbie's G.P., who visited her that evening.
8. Before the doctor arrived, you showered Debbie. This was painful for her. She was heard screaming throughout the shower. You brought her downstairs dressed in an oversized hoodie with the hood up. While the doctor was there, you did all the talking. You said you did not know what your family was talking about. You told the doctor Debbie was incontinent and that your relatives had arrived before her nappy had been changed. The doctor noted that Debbie's skin was dry and inflamed but did not diagnose scabies at the time. He did not think there were safeguarding concerns but arranged to see Debbie in two weeks. He could not gain access when he came back on 12 August and you ignored attempts by the surgery to contact you to make an appointment.
9. Social services attended to see Debbie on 29 July. Your other daughter told them that you were out and would not let them in. You had been told before that you should not leave Debbie in her care. Later that day, you contacted social services. You told them that Debbie was now doing really well. Social workers did see Debbie on 1 August on a pre-arranged visit. You had cleaned her up. You had also cleaned her room. She

looked unwell and very slight but the social workers were not alarmed. You told them that she was receiving treatment for scabies. They were due to visit again on 2 September. In the meantime, carers were continuing to attend the house for your son. They could often hear Debbie crying but when they raised concern you were dismissive. You claimed Debbie was attention seeking.

10. In the days leading up to her death, a neighbour also heard Debbie crying and sobbing. She could be heard crying “mummy, mummy”. When the neighbour expressed concern, you told them your daughter had been unwell. In the week before Debbie’s death, your daughter’s partner saw her lying on the floor in her pyjamas. There was a terrible stench in the room and Debbie was described as being ‘skin and bone’.
11. On 29 August you called the emergency services. You told the operator that your daughter had been ill for a few days, had not been eating or drinking and had now passed away. You said she was cold. The operator could not encourage you to go back to Debbie to see if assistance could be given. It is clear that you knew she was dead and well beyond help.
12. The scene that confronted the ambulance crews and police officers who had to attend was truly shocking. The smell coming from Debbie’s room was awful. There were faeces on the floor and bed. Debbie was lying on the floor in an unnatural position. Rigor mortis had set in. Her clothing was heavily soiled. Live maggots were found on the floor near to Debbie’s body. The contrast between the happy, smiling girl in the photographs from Leeds and her condition at her death could not be more marked. Her weight at the post-mortem was 3 stones 10 pounds. In 2016, she weighed over 10 stone. Debbie’s face was completely encrusted with scabs and thickened skin, such that she was no longer recognisable as being a young female. Her hair was falling out. There were signs of skin loss and ulceration. The scabies mites had been allowed to breed and multiply reflecting an infection that had taken some time to develop. The pathologist determined that the cause of death was severe emaciation and neglect with extensive and severe scabies skin infection.
13. You sought to minimise your responsibility when questioned by the police. It is apparent, and you now accept, that the accounts you initially gave were untrue. The fact is that you are responsible for Debbie’s death. You were her mother, she lived with

you and you were also paid to care for her. The failures in your care of Debbie were so grossly negligent as to be criminal. You had the good sense, no doubt aided by good advice from your legal representatives, to plead guilty. Despite that, you have at times continued to minimise your responsibility. You told the author of the pre-sentence report that you did your best. You may be in denial to yourself as much as to others, but you cannot pretend that is true. The condition in which Debbie was found shows that not only did you not do your best but that you must have done absolutely nothing to care for her in the last days of her life. Instead, you simply abandoned her to die alone, in pain, without nourishment and in the most awful physical surroundings. The suffering she must have experienced is readily apparent to anyone who has seen the photographs and read the papers in this case. Understandably, family members are haunted by their memories of things they saw and what they now know. The impact on the members of the emergency services who attended should also not be overlooked.

14. There is evidence from which it is apparent that there were long-standing concerns about your care of Debbie, and indeed your other children. However, you were able to satisfy social services sufficiently for her to remain in your care. It is also clear that before your move to Blackpool, she had been well-nourished and happy. Although some doubt has been cast upon the love you showed for her, Debbie seems to have loved you and to have looked to you when she became unwell. Your own inadequacies and difficult upbringing may go some way to explaining a general lack of parenting skills. However, this does not offer an excuse for the way you allowed Debbie to die. There is no real explanation for that, none has been offered and I will not speculate. It is hard though to escape the conclusion that you simply abandoned Debbie, leaving her to an inevitable fate.

15. It is urged upon me that I should approach sentence on the basis that the criminal conduct which gives rise to your conviction for manslaughter occurred after the visit of the doctor on 26 July. I will accept that it was during the last month of Debbie's life that your longstanding neglect of her crystallised into that which was to lead inexorably to her death. However, as is realistically acknowledged on your behalf, this has to be viewed against a background of neglectful conduct over a much longer period. It is clear from the evidence that Debbie's condition deteriorated over many months. By July, she was obviously unwell and her appearance shocked those who knew her. You

prepared Debbie for the pre-arranged visits of the doctor and the social workers so that they saw her in a very different state to that which so shocked your relatives. They had rightly been concerned that if matters were allowed to continue as they were Debbie would die. When the professionals saw her, it was not apparent that her life was at risk. There was therefore plenty of opportunity still for Debbie to be saved. If she had been cared for properly in that last month, there is no reason to think her life would have been lost. The difficulty is that, whereas you presented Debbie to the professionals in a way that made it appear she was being cared for, once they were gone that care was plainly not maintained.

16. During that last month, there is ample evidence, from the statements of the carers and the neighbour together with her condition at death, that Debbie experienced real suffering. Nothing was done to halt her decline. Debbie was starved, her scabies was allowed to run out of control, she became more and more weakened until she died. In her last days, she was denied even the most basic care and dignity. Anyone entering her room and seeing her towards the end of her life could have been left with no doubt that her life was in real danger. One way or another, you ignored that risk and left Debbie to die in her squalid room.

17. In sentencing you, I have regard to the Guidelines for gross negligence manslaughter issued by the Sentencing Council. I have no doubt that this case falls into the highest category of culpability. Your grossly negligent conduct in the last month of Debbie's life continued in the face of her obvious suffering and you showed a blatant disregard for a very obvious risk of death. Indeed, your own relatives had told you Debbie would die if you allowed things to continue as they were. I am satisfied so as to be sure that you concealed the true extent of Debbie's decline from the professionals. You were not open and honest with them and did not seek the help that you should have done. It may be that you were in denial about the reality of the situation then, but you were being afforded every opportunity to turn things around. If you were struggling with Debbie's care you could have said so. Instead, you allowed things to get worse and worse until the point of no return was reached. Even then, when it must have been obvious that Debbie would soon die if she was left as she was, you did nothing to seek help for her. The circumstances in which Debbie was found are deeply disturbing and

lead to the inevitable conclusion that your culpability was of a particularly extreme character in the context of offences of this nature.

18. For an offence in the highest category of culpability, the guidelines suggest a starting point of 12 years' imprisonment and a range of 10 to 18 years before adjusting to take account of aggravating and mitigating factors and then affording credit for your guilty plea.
19. The guidelines set out aggravating factors, some of which may be considered relevant here. They include the history of abuse through neglect extending over a longer period; the significant suffering caused to Debbie; ignoring previous warnings and actions taken after the event (which would include the fact that help was not summonsed for some time after death and the lack of frankness with the emergency services). However, I make it clear that many of these factors form part of what I have described as the extreme circumstances upon which I have relied in placing the offending in the top category and deciding where within that bracket the starting point lies. It would be wrong to count the same factors again to uplift the sentence further, and I avoid doing so. I also keep in mind that any criticism of your lack of frankness with others before or after Debbie's death is significantly tempered by the fact that it was you who called the emergency services and that you had done nothing to conceal the conditions in which she died. I do though consider that, but for your available mitigation the sentence would have been somewhat higher within category A than the starting point.
20. I must then consider the available mitigation. You are now aged 49 and have no previous convictions. I accept that your life has not been easy. On the other hand, you had a supportive family who tried to offer advice and help. They are so appalled by what happened that it may be difficult to re-establish relationships with them. You had the misfortune that all four of your children had additional needs. That cannot have made life easy but it also cannot explain your indifference to Debbie's needs. The pre-sentence report makes it clear that you would present a high risk of harm to any child or vulnerable adult in your care and the reality is that you would not be trusted to care for family members in the future. You may effectively have lost your family through your offending. I bear in mind that there has been some delay in bringing you to justice since you were not charged until April 2021, and it is now two-and-a-half years since

Debbie's death. I recognise that you began what will be a lengthy period of imprisonment in difficult conditions and that this is your first experience of custody. You have some medical needs which are being met in custody. I am also told that you are seeking counselling, which may represent your first steps towards rehabilitation and I hope a greater understanding of your offending.

21. The greatest feature of mitigation is your guilty plea, for which you are entitled to credit. You did not enter that plea at the earliest opportunity and initially entered a not guilty plea, when you appeared before this Court in May last year. Your trial would have taken place this month but after a hearing in November and once you had received advice from leading counsel, you changed your plea to guilty just before Christmas. In doing so, you avoided the inevitable distress that a trial would have caused to many people. I have been persuaded by what I have been told about the circumstances in which the guilty plea was entered to allow credit of 20%, which is slightly more generous than I might have been looking only at the timing of your plea.
22. After trial, I would have imposed a sentence of 12 years' imprisonment. Taking account of the discount for your plea, Elaine Clarke, I sentence you to 9 years 7 months' imprisonment.
23. You will be released from custody no later than two-thirds of the way through your sentence, and the remainder of the sentence will be served on licence in the community. If you fail to comply with all the conditions of your licence you will be at risk of recall to prison to serve the remainder of the term in custody. The time you have spent on remand will automatically count towards the time you must serve. In addition, you were subject to an electronically monitored curfew for 32 days. For that, you are entitled to credit of 16 days towards the time you must serve.
24. The appropriate statutory surcharge will apply.
25. The defendant may go down.
26. Before leaving this case, I wish to commend the members of the emergency services who attended after Debbie's death. It is apparent that they conducted themselves with professionalism and compassion. Their training and experience equips them to deal

with many situations that others would recoil at. Even for professionals, the scene that confronted them must have been truly horrifying and I suspect has left a mark upon them. They are to be thanked for the service they provided.

27. I also thank the legal representatives on both sides for the way they have conducted these proceedings. Some difficult issues arose which the prosecution, led by Mr Harrison QC, managed most carefully. The defendant also benefitted from sensible advice from her legal team, avoiding a trial which in my view would not have benefitted anyone, least of all her.