

## Lessons Learned Review

### Key findings and learning outcomes from the Lessons Learned Review concerning Adult C

#### BACKGROUND

Teeswide Adult Safeguarding board commissioned a Learning Lessons Review following the death of a 30 year old female (Adult C) who died following a cardiac arrest after diagnosis and treatment for pneumonia.

Adult C suffered with post-natal depression following the birth of her first child. Social care involvement led to the child being taken into care.

Adult C was a longstanding alcoholic who was known to be in an abusive relationship with reports of injuries from both her partner and her ex father in law as well as others. She was also considered to be a perpetrator of physical violence against her partner and others. Adult C was known to many agencies due to her alcoholism and the abuse she suffered

#### SHARING LEARNING IS A KEY PRIORITY OF TSAB AND MIDDLESBROUGH COUNCIL

All staff and managers are encouraged to discuss the briefing and the key learning and reflection points at the end of the briefing, to ensure that the learning outcomes are used to consolidate existing best practice and make improvements where required.

If you work with vulnerable adults in Middlesbrough, you should consider the actions and recommendations for your agency and your role.

You can read the full SAR report on the [Tees-wide Safeguarding Adults Board website](#).

**The Review focussed on the six months prior to Adult C's death in September 2017.**

**The SAR was led by independent reviewer Karen Rees who examined the following areas:**

- Assessment
- Mental Capacity
- Managing Risk of Domestic Abuse
- Management of Perpetrators
- Effectiveness of the Safeguarding System
- Family Engagement

**MBC identified specific actions which have been implemented as a result of the LLR.**

- Training (Adult Social Care and Street Wardens).
- Restructure and Recruitment.
- Review of documentation (including Risk & Capacity assessments).
- Establishing Team Around the Individual Panel
- Audit of Cases and Group Supervision

**The Review recommended that Teeswide Adult Safeguarding Board implement the following:**

- Reviewing the effectiveness of the Team Around the Individual approach and interface with MARAC
- Seeking assurance MARAC and Domestic Abuse response had improved as a result of recommendations from Middlesbrough DHR-1
- Working with CCG to ensure GPs are routinely involved and provided with information from MARAC
- Developing evidence based pathways for working with domestic abuse and change resistant drinkers
- Vulnerable adults with alcohol problems are actively supported to engage with services and consider if support services should adapt so that they can better serve these adults. Encourage development of multi-agency systems that can coordinate assertive outreach and prioritise generating positive engagements
- Professionals working with alcohol-dependent adults should be trained to recognise the complicated role that alcohol plays in adult safeguarding, that 'free choice' is often an unhelpful paradigm, and to avoid stigmatizing drinkers
- Amending the Mental Capacity Act 2005 Code of Practice to include specific guidance for working with individuals with alcohol misuse or dependence, especially when they have complex needs.

<p><b>Understanding and managing domestic abuse</b></p> <p>Adult C was a longstanding victim of domestic abuse in her most recent and past relationships.</p> <p>There was a strong co-dependency between Adult C and her most recent partner who was alcohol dependant and had mental health issues.</p> <p>The review identified misconceptions about MARAC and professional understanding of its role and remit, particularly in relation to managing risk and long term coordination.</p> <p>Housing issues, were not successfully resolved and her fear of living alone due to health concerns were not fully explored which resulted in Adult C remaining with the perpetrator.</p> <p>Agencies did not focus on pursuing and deterring the perpetrator as a means to reduce domestic abuse.</p>	<p><b>Main concerns in the case</b></p> <ul style="list-style-type: none"> <li>• Non engagement with services</li> <li>• Management of chronic health problems and medication compliance</li> <li>• Victim / Perpetrator – power and coercion and control</li> <li>• Exploitation of finances / drinking associates</li> <li>• Resolution of housing issues</li> </ul> <p><b>Multi-agency working and communication</b></p> <p>There are significant complexities in working with those who are alcohol dependent and are victims of domestic abuse. The risks are significant and interventions that are likely to lead to positive outcomes are challenging. There were services involved that could support with both issues but did not work together effectively. Domestic abuse, alcohol dependence and chronic health problems were all being managed in parallel lines rather than in a coordinated manner with shared actions or plans.</p> <p>Services had criteria that had to be met which Adult C could not easily meet.</p>	<p><b>Understanding and managing alcohol dependency</b></p> <p>Adult C had been alcohol dependant for several years and her contact with agencies was sporadic. Although her GP made appropriate referrals in relation to her alcohol dependency, they were unaware of key information held by other agencies.</p> <p>Adult C was deemed to have capacity to make decisions, but was often intoxicated when assessments took place.</p> <p>Recent consumption of alcohol can affect decision making and leads to fluctuating capacity. Alcohol dependency also leads to changes in the brain associated with impaired executive functioning. This can impact on attending appointments and the ability to engage effectively with services. If combined with domestic abuse it should be considered that mental capacity is severely impacted.</p> <p>Further information can be found on the <a href="#">Alcohol Change UK website</a>.</p> <p>Adults who are alcohol dependant are at increased risk of developing and dying from community acquired pneumonia.</p>
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<p><b>Learning Points</b></p> <ol style="list-style-type: none"> <li>1. MARAC is a response to domestic abuse incidents and not an ongoing plan for protections. It does not replace effective multi agency working and does not provide a key worker role.</li> <li>2. Addressing housing needs is an important part of planning for protection from domestic abuse.</li> <li>3. Understanding and assessing perceived retaliatory violence may protect from further controlling behaviour from perpetrators.</li> <li>4. Use of civil orders and processes to manage perpetrators is an important part of protection of victims.</li> <li>5. Understanding and working with co-dependent couples requires different approaches.</li> <li>6. GPs are the central hub for all health-related information. Their information and knowledge of a person subject to MARAC is an important element of providing holistic and safe care.</li> <li>7. Information for professionals can be improved by providing clarity as to which process is relevant in any given case.</li> <li>8. The effect of alcohol dependency on decision making requires careful consideration especially when assessing mental capacity. Understanding whether a person can really assert choice with significant addiction.</li> <li>9. It is important for all services to be cognisant of physical health conditions and treatments in order to support compliance with medication.</li> <li>10. Understanding barriers to change may be important in assessing resistance.</li> <li>11. Use of clinical pathways for treatment is a useful tool to aid effective management of physical health conditions in those who are alcohol dependent.</li> <li>12. Professionals must convey to the person with pneumonia the urgency of seeking help if a person’s condition causes them concern.</li> <li>13. Effective MARACs provide a platform for sharing information and effective interventions.</li> <li>14. The TATI is a useful process in managing and supporting people who are change resistant drinkers who are also victims of domestic abuse.</li> <li>15. Commissioning the right services to address complex drinking and domestic abuse cases, albeit resource intensive, may provide long-term benefits.</li> </ol>
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