The story of Paul, a Safeguarding Adult Review Learning Event

LED BY:

SAR INDEPENDENT REVIEWER CHAIR & AUTHOR, DEB BARNETT

Welcome and Purpose of the Event

- **930-945: Arrivals, Teas & Coffees**
- **945-10:** Introduction of SAR Paul – short summary sent to all confirmed attendees in advance
- **10-11:** Why this case is so important to us in Bexley - Themes and Recommendations
- **11-1110:** Comfort Break
- **1110-1130:** What 'tools' are available for Professionals to use?
- **1130-12:** Create a draft action plan for the Bexley Safeguarding Adults Board partners to consider
- **12-1230:** Closing and next steps

Introduction – SAR Paul Summary

On the 8th November 2018, the Chair of the Safeguarding Adults Board wrote to partner agencies accepting the need for a Safeguarding Adults Review regarding Paul. The initial information described Paul as a fifty-five-year-old male patient who doused himself in petrol and threatened to set fire to himself.

Paul was known to several partner agencies in Bexley as well as Greenwich at the time of his death. Paul struggled with suicide ideation for many years, however, this review looks at the last 3 years of his life leading up to the sad circumstances that led to him taking his own life.

Paul was from a large family with a history of mental illness and suicide. Paul's relationship with his children and wife were particularly fragile due to familial trauma; including the death of his daughter and his brother. Paul also had lost his job due to redundancy and his health & well being was affected.

Note: The SAR Paul Summary in your pack contains more detail than the slides.

Persons / Agencies Involved in Paul and Families Care and Support

Why this case is so important to us in Bexley –

Key Themes and Recommendations

- **KEY FACTORS IN THE REVIEW:** MENTAL ILL HEALTH, TRAUMA HISTORY, CULTURAL CONSIDERATIONS, DOMESTIC ABUSE AND SUICIDE
- AGENCIES/TEAMS INVOLVED TO GATHER THE INFORMATION ON PAUL FOR THIS REVIEW. THERE ARE 18 RECOMMENDATIONS IDENTIFIED, WHICH WE WILL LOOK TO IDENTIFY ACTIONS TO TAKE AWAY (IF ANY) IN THE LATTER SESSION.

Potential Learning 1:	Recommendations:	Outcomes:
Mediation services may be used where both parties independently express an autonomous wish to remain together. The impact of coercive and controlling behaviours on decision making to be considered. Agencies should not refer couples to family, marriage guidance or couples counselling where there are issues of domestic abuse without considering this risk.	Familial domestic abuse examples to be explored within safeguarding training to ensure that all agencies can recognise familial abuse.	Multi-Agency Audits identify practitioners utilising domestic abuse care and support recognising all persons affected and provide reassurance of safety and wellbeing and / or defensible decision making.

Potential Learning 2:	Recommendations:	Outcomes:
Moving forward a full history of traumatic events impacting on a person's mental wellbeing should be taken into consideration. Trauma informed approaches represent good clinical practice and would improve understanding of a person's mental health history. Follow up care and support to be arranged	A full history of traumatic events impacting upon a persons' mental ill health should form part of the assessment. Trauma informed approaches should be used and follow up care and support arranged.	Delirium is better understood in context with trauma history and mental health history.

Potential Learning 3:	Recommendations:	Outcomes:
Safeguarding is an aspect of every intervention and the practitioner must be reassured of the safety and wellbeing of parties involved. If there is not reassurance, then a clear and lawful rationale should be provided for the actions taken. If neither can be provided, then reassurance of appropriate support should be sought from others and / or advice and guidance from the Local Authority provided.	Mental Health Services to recognise the importance of the Local Authority role in providing advice, guidance and oversight to safeguarding interventions.	The continuum of safeguarding response begins with reassurance that care and support plans for the person and the whole family are maintaining safety and wellbeing. If this is not achieved the rationale should be clear. Further advice and guidance must be sought.

Potential Learning 4:	Recommendations:	Outcomes:
Good clinical practice would ensure that the full history of adverse childhood experiences (Mum not being around due to work commitments, abusive step father, difficulties at school, belonging to a minority group that was targeted for abuse during this period of time in this area, father not being present in family's life, family mental ill health). Traumatic events in Paul's life would be explored (As previously identified) and the accumulative impact of these events on Paul recognised in relation to the escalation of attempts at death by suicide. Emergency services recognised some of these indicators, however, the tools currently in use did not provide a good enough risk assessment process.	The development of a suicide risk assessment process/training for emergency services to be recognised within crisis planning. Suggested template for consideration. The safety and wellbeing of each party should have been considered. If plans in place were not maintaining safety and wellbeing of either party further advice and guidance should be sought and / or a defensible rationale provided.	Risk assessment and reassurance of safety and wellbeing as well as a defensible rationale for decision making along with building stronger relationships is required.

Potential Learning 5:	Recommendations:	Outcomes:
The accessibility of services to be considered in relation to literacy and / or the impact of trauma on decision making. Sending letters to someone who cannot read them or respond to them means that some of the most vulnerable people will be denied access to services. This is not the first time that this matter has been identified in a local Safeguarding Adults Review, it should be highlighted as National Learning.	All assessment processes to consider the accessibility of services in relation to literacy and trauma informed approaches. If audits suggest that letters are routinely sent to those who are displaying signs of trauma, unable to read or incapable of accessing the service for some other reason then, an equality impact assessment covering accessibility to services should be conducted as a multi-agency event.	Access to services is an aspect of reasonable adjustment under the Equality Act 2010. All agencies should be reassured that they have supported equitable access to services.

Potential Learning 6:	Recommendations:	Outcomes:
A wide variety of practitioners would benefit by these proportionate and sensitive capacity assessments being shared as examples of good practice. A full and detailed explanation is not always required for every situation, enough evidence to provide a rationale is a more proportionate response. It would be useful to look at this and then consider the impact of trauma on a person's executive functioning. If found to lack capacity the ethics involved in best interest decision making can be complex as to remove power and control from someone who has suffered from trauma, loss and a lack of power and control may not be the best way forward.	Capacity assessment recording to be shared as examples of good practice across all agencies. Although Bexley are working hard on capacity across the partnership, some examples of proportionate assessment where a full report is not required would be helpful for everyday use.	

Potential Learning 7:	Recommendations:	Outcomes:
It is recognised that when someone suffers from traumatic incidents there can be sensory things that continue to trigger distress (Somatic markers similar to Post Traumatic Stress). When suffering trauma, the area of the brain affected is the executive functioning that governs chronology, date and time, self-care, impulse control, risk assessment and future planning. This would most often affect a person's ability to weigh up information which is required to deem someone as having mental capacity to make that decision. Panel members recognised the importance of this form of assessment in understanding whether a person can make decisions. This form of assessment is difficult to achieve, as the person can describe a course of action and / or a rationale, however, they may struggle to employ the actions, or to have insight into their own abilities. Panel members identified the current local and national struggle to get all agencies to conduct simplistic capacity assessments and that this may be too much to expect. This is a repeat theme in Safeguarding Adult Reviews conducted in the case of self-neglect, self-harm / suicidal ideation, hoarding, homelessness, abuse or neglect. Panel members discussing the understanding of executive function in assessing capacity recognised that even if the person were to be found by the assessor as lacking capacity to make these decisions, it is rare that it would be in that persons best interests to force a course of action that would remove further power and control away from the individual displaying symptoms of trauma. Nevertheless, the rationale in some cases is more defensible and evidence based. It is worth noting that a person who lacks capacity to make a decision is not making an informed choice and therefore the best interest decision is required but must be proportionate and balanced.	Panel members and Board members to reflect upon who would be expected to conduct such complex capacity assessments (Understand the impact of executive functioning on a person's ability to make a decision).	

Potential Learning 8:	Recommendations:	Outcomes:
DASH and MARAC are examples of practice that reflects 'Making Safeguarding Personal', the wellbeing agenda, the principles of safeguarding adults and the whole family approach. It is helpful for practitioners to be able to identify practice that reflects current legislation and contemporary safeguarding initiatives. Sharing this example of good practice across partner agencies ensures that all practitioners know what to strive within practice and recording. Sharing the DA risk plan with services involved would have been considered very good practice. The GP, MIND, CMHT and Nurses involved with Paul were not made aware of these risk assessments and plans, a more coordinated approach across safeguarding would have been beneficial.	To share good practice examples in a manner that is accessible to all practitioners. (See recommendations about safeguarding, information sharing and Local Authority overview of outcomes).	

Potential Learning 9:	Recommendations:	Outcomes:
The factors used in assessing risk are very helpful and could be shared more widely to ensure consistent risk assessment. The development of mental health community services is very creative and may exemplify good proactive development of the consideration of other SABs	The ability of people to access these services to be shared across all agencies as good practice examples. Mental Health Services have an array of useful resources that may not always be known to other agencies.	Consideration: Access to information can be difficult for people in a crisis. The development of QR codes that all practitioners can share to provide information to these using services may be a simple and cost-effective way to address this matter. This need not be constrained to mental health service resources. The MAAPP QR Code resources key ring is an example of this simple and cheap methodology.

Potential Learning 10:	Recommendations:	Outcomes:
There is recognition and early response identified to this episode of domestic abuse by Mental Health Services which is good practice. At this point hypothesis may have been useful to explore for safeguarding purposes: • **Neglect** • **Self-neglect** • **Domestic Abuse (Whole family)** **A coordinated multi agency response for safeguarding purposes would have been valuable. The coordination of support and services, recognition of the history of trauma and the impact on the whole family, capacity assessments and applicable legislation discussed to ensure a lead agency in safeguarding responses would have provided a clear picture of the complexities involved.**	**Multi-agency safeguarding responses with a lead agency identified and oversight, guidance provided by the Local Authority in safeguarding situations. Oversight does not require the Local Authority to chair or lead enquiry processes, rather to be reassured that steps have been taken to maintain safety and wellbeing as defined by the individuals themselves or provide a defensible and lawful rationale. The Care and Support Statutory guidance identify,** ***14.77 An enquiry is the action taken or instigated by the local authority in response to a concern that abuse, or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views, wishes, and any immediate action has taken and the reasons for those actions.*** ***14.78 The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.***	

Potential Learning 11:	Recommendations:	Outcomes:
Carers and anyone who has any care and support needs are eligible for safeguarding. Safeguarding measures are to consider the whole family.	The safeguarding of carers (Family members providing care and support) to be identified in all safeguarding training. Safeguarding considers the whole family and wellbeing principles are applied. Training should provide examples in practice. At each stage the Local Authority should be providing oversight and guidance.	

Potential Learning 12:	Recommendations:	Outcomes:
Recordkeeping when providing health and social care to individual should include the methods used to help the person clearly understand the question being asked, so that they can make an informed decision in an appropriate and proportionate way (MCA, 2005).	SAB to consider what proportionate responses are expected	

Potential Learning 13:	Recommendations:	Outcomes:
Coercive and controlling behaviours are the impact on autonomous decision making to be considered.	The potential impact of coercive and controlling behaviours affecting a person's ability to make autonomous decisions should be explored in all safeguarding interventions that involve domestic abuse, including familial domestic abuse. Training and briefing regarding decision making and autonomous to be provided in the most accessible format across all agencies.	

Potential Learning 14:	Recommendations:	Outcomes:
Further analysis is required to understand indicative budgetary systems currently focussed up on the allocation of funds based upon the extent of need and risk with little indication of preventative measures or the promotion of strengths to prevent or delay the need for services in the future. The interface between carers services and support and the services and support required by the person poses systemic difficulties in applying a mathematical approach. A person may have a lot of needs and risks that are addressed by care provision by a family member. However, to achieve this the family member may require several services and support. Conversely a person may have limited needs but little support and without complex rehabilitation and therapeutic intervention their physical and mental health may deteriorate.	Support to be provided to Adult Social Care practitioners to ensure that they can recognise that strengths-based approaches will not limit access to services.	

Potential Learning 15:	Recommendations:	Outcomes:
New Adult Social Care front of house systems and approaches are being developed. Assessment and care and support planning across the whole family is required. The need for a safeguarding enquiry suggests that something is not going well, and a revision, review or reassessment of needs may be required. Where family members are providing support to meet an identified need or to maintain wellbeing then they should eb informed about the responsibility to identity to services is they are struggling to meet the identified need. All identified needs including those met by family care providers should be identified on care and support plans.	For the SAB annual report to identify the impact that the change of process has had in creating improved preventative measures and strength-based approaches. The review of referral pathways including adult safeguarding to include an audit of improved and more consistent decision making and identification of the person leading the safeguarding enquiry. To ensure that all mental health and ASC staff recognise the importance of up to date care and support planning that supports family care providers, but also holds them accountable for meeting needs or reporting concerns.	

Potential Learning 16:	Recommendations:	Outcomes:
The complexities of familial domestic abuse and risk factors to be explored in all safeguarding cases involving family members.	For domestic abuse services and ASC to monitor recognition and response of familial domestic abuse and risk assessment management.	

Potential Learning 17:	Recommendations:	Outcomes:
GPs to consider that adverse childhood experiences and other traumatic events experienced through the life of the person, along with any neurodevelopmental differences (autism, dyslexia etc) will affect the way that patients may present and interact with them or any other member of the primary care team, when they attend or contact the surgery. They may also affect their ability to access care. It is important to take such factors into account, as has been highlighted by this IMR in someone who has mental health and drug and alcohol abuse problems but will be relevant in other situations as well. This should be considered when notes are summarised, in order that relevant information is accessible to clinicians who see the patient. **It is important that account should be taken as to whether there is any third-party information in such a note, or if there is any other information which might be harmful if read by the patient themselves. In which case this should not be accessible to anyone requesting on line access to their full notes, or in other circumstances where the notes may be requested for purposes such as insurance etc.** **It is important to be aware of the potential for changes in status and availability of information which may occur when a patient's notes are transferred from one practice to another and Nationally this does need to be addressed.** **Ref:** **https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/managing-and-protecting-personal-information**		

17 continued –

Article 15 of the General Data Protection Regulation gives patients the right to access their personal information, although exemptions apply in certain circumstances. Most exemptions are contained in the Data Protection Act 2018. For example, an exemption applies if providing subject access to information about an individual's physical or mental health or condition would be likely to cause serious harm to them or to another person's physical or mental health or condition. You also do not have to supply a patient with information about another person or that identifies another person as the source of the information, unless that other person consents or it is reasonable in the circumstances to supply the information without their consent. See the Information Commissioner's Office technical guidance, dealing with subject access requests involving other people's information (Information Commissioner's Office, 2014).

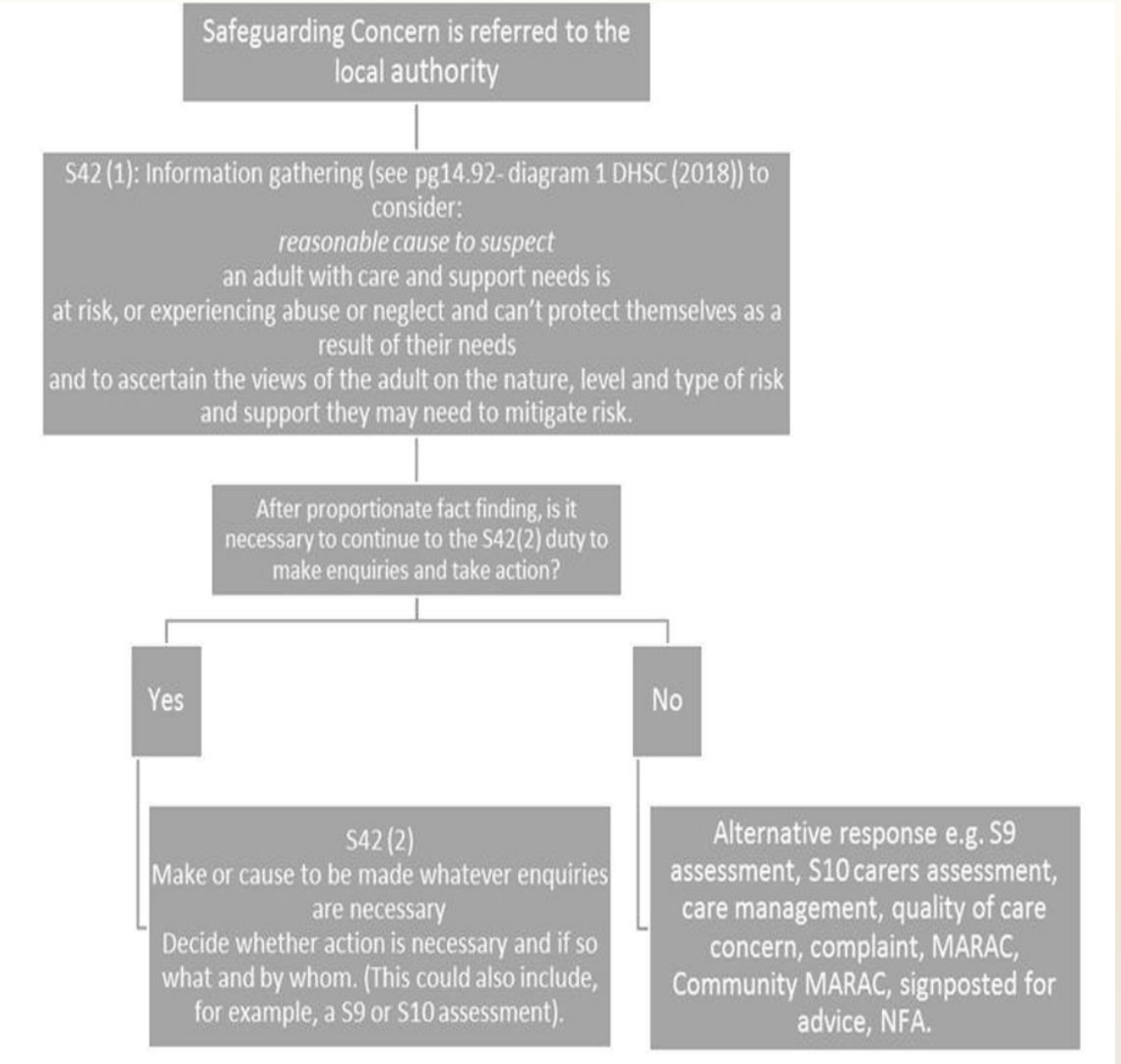
Potential Learning 18:	Recommendations:	Outcomes:
The S.75 agreement requires greater clarity across the system and the SAB needs to understand the complexities and challenges to the partners involved. The Care Act requires all agencies to escalate concerns where they are not managing the safety and wellbeing of persons.	For the SAB to understand the S.75 agreement as a critical issue particularly regarding clarity and oversight around health & social care safeguarding concerns as it lacks at the moment coherency across the agencies. The Care Act requires agencies to be reassured of the safety and wellbeing of a person / family and to seek advice, support, guidance and oversight from the Local Authority. The question is where all agencies reassured of safety and wellbeing and if not, what actions would be taken moving into the future. For the SAB to support partners to understand 'Think Family Approach' so that measures in place are effective and robust to give the LA oversight it requires.	


10 min
COMFORT
BREAK

What ‘tools’ are available for Professionals?

THIS SECTION HAS ‘TOOLS’ FOR PROFESSIONALS TO USE AS APPROPRIATE TO ASSIST WITH THE APPLICATION OF SAFEGUARDING ADULT PRACTICE

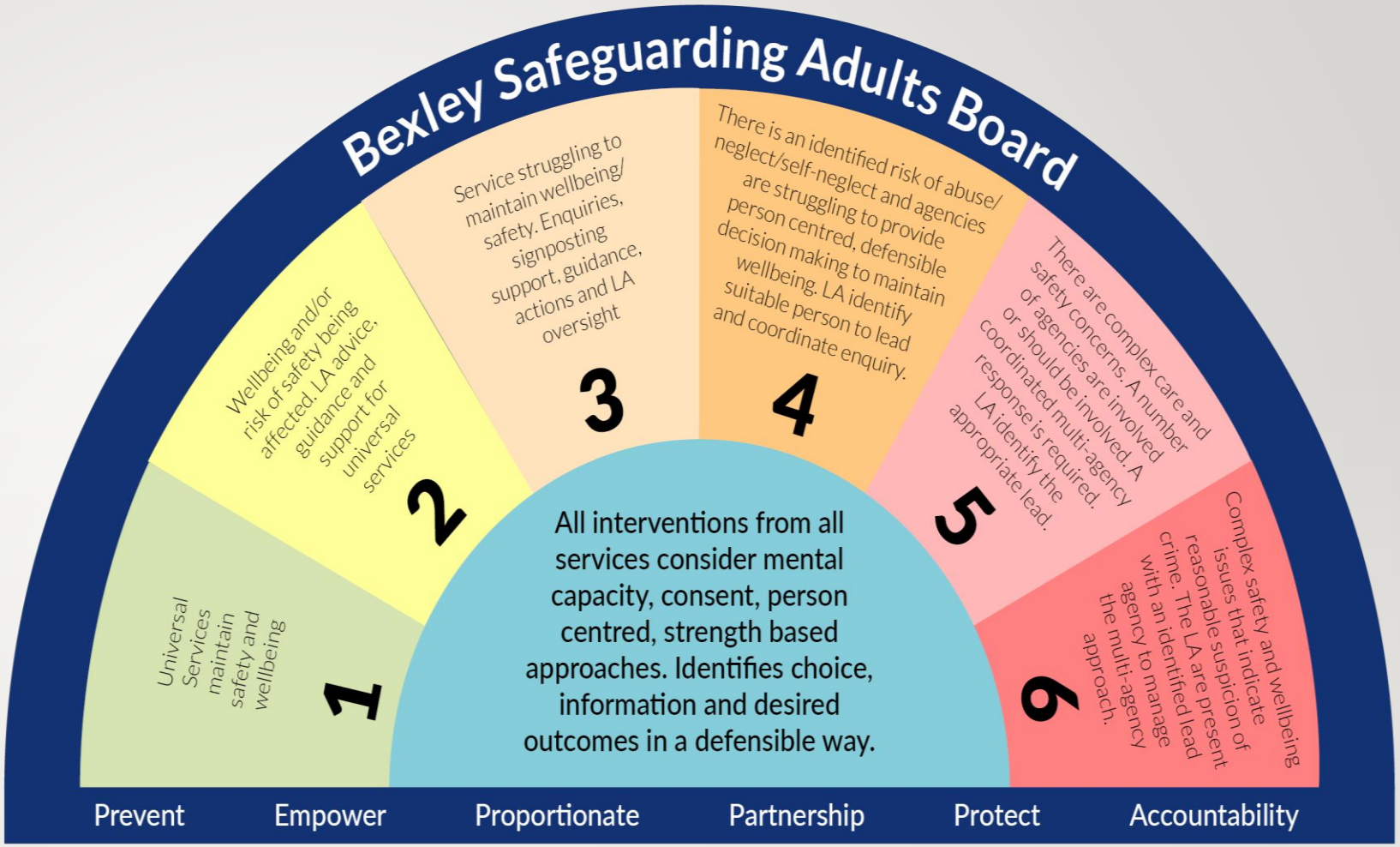
Section 42, Care Act Pathway, ADASS



The Safeguarding Continuum:

Reports provided for this review refer to Paul's daughter as not meeting the threshold for safeguarding. There should be no thresholds for maintaining a person's safety and wellbeing. The person should define their own thresholds and if they are seeking support and guidance then we should be supporting them to maintain their own safety and wellbeing and preventing the need for services in the future.

Instead of thresholds being applied the focus should be upon agencies being held accountable for supporting a person (Within their family and community) to remain safe and well, providing defensible decision making, or in seeking support regarding these matters. The approach advocated within the Care Act is not risk centric, it is person centred. The emphasis is placed upon preventing abuse or neglect and maintaining wellbeing.



Level 2 - The wellbeing and / or safety of the person may be at risk and the family, or universal services are struggling to maintain this. Wellbeing principles apply and the family and services are provided with support, advice and guidance from the Local Authority in order to maintain the persons wellbeing and safety. Defensible decision making is supported, identifying the legislation used to inform the practice (Models, methods, theory, research, policies, procedures etc), the persons expressed and capacitated wishes or recorded capacity assessments / best interest decisions and a proportionate response. Advocacy is considered where person has substantial difficulty being involved. Where family have a vested interest in a particular outcome, or where safeguarding concerns have been expressed an independent advocate is required.

Level 3 - If family members are involved and services are being provided, then an assessment of need may be required to better understand why these services and the family support provided are not meeting need and preventing or delaying the need for future services. All agencies and / or family members meeting an identified need should be informed of the responsibility to meet that need, sign the care and support plan to say that they will meet the need or report when they are unable or incapable of meeting the identified need. All agencies and family members are supported to understand the importance or reporting change.

Level 4 - Concerns are escalating and with support provided by the Local Authority, the agencies concerned and / or family members are not able to sustain a person's perspective of what safe and well looks like for them. The Local Authority seek for the appropriate agency to make enquiries and identify actions and outcomes. Oversight and guidance is provided by the Local Authority. Agencies are held accountable for outcomes. Family members are supported to recognise agency involvement, purpose of support provided and any concerns. The person is central to all outcomes and their view of what safe and well means for them is the key to effective safeguarding. In the absence of their ability to provide this view each agency must conduct appropriate capacity assessments, coordinated by the lead agency. Best interest decisions should be well informed by the background, views and wishes of the person concerned. Consider reasonable suspicion of crime and report as appropriate.

Level 5 - A coordinated multi-agency meeting is required with an identified lead person from the most appropriate agency. The meeting is to consider the nature of the enquiry and the potential hypothesis to explore, rule in or out. Those attending the meeting should:

- Identify the persons expressed wishes and outcomes for care and support in relation to each agency provision and any response to what would make them feel safe and well
- Or the capacity assessments and best interest decisions to date that indicate what would be in their best interests, with a rationale describing why
- The identified risks and whether the person is the decision maker or whether the service have made a best interest decision
- The risks and those affected by risks
- Referrals or information that must be shared
- Could the situation also be considered domestic abuse and / or hate / mate crime?
- Coordinate capacity assessments that are not current and seek outcomes by a specific date, holding agencies accountable for the presentation of these assessments to safeguard the person
- Consider the application of any legislation or conflicts with legislative frameworks and resolve using the Human Rights Act
- Consider who will communicate with the victim, witnesses, perpetrator, referrer and agencies involved.
- Consider facilitating the persons attendance at meetings or the advocates attendance at meetings. In the absence of either facilitate clear feedback.
- Consider wider agencies that may need to be involved.
- Consider outcomes to maintain the person feeling well in their desired manner as far as is practicably possible and to maintain safety in their desired manner as far as is practicably possible.
- Consider any cultural, religious or other equality / diversity matter that impact on the person and decision making and plan for the future.
- Consider any reasonable suspicion of a crime, preserve evidence and make a referral to the Police.
- Ensure defensible decision making and that all lines of enquiry have been sufficiently explored with any barriers identified and addressed
- Consider the impact of death, loss, trauma on the person / family
- Consider the needs and wellbeing of any carers involved.

Level 6 - All actions above but the Police will lead in any criminal enquiries with wellbeing support wrapped around the person / family strengthening access to criminal justice, reducing the impact of trauma or loss, ensuring that provision meets need and ensuring autonomy or justification for removing the autonomy from the person (Capacity assessment and best interest decision recorded).

The Most Appropriate Agency to Lead the Enquiry:

In this case the safeguarding of Paul was handed over to Mental Health Services to lead the enquiry process. Safeguarding enquiries are different to enhanced care management and should seek to establish and rule in / out hypothesis, coordinate multi-agency responses and actions. Oversight, guidance and outcomes are shared with the Local Authority to ensure that actions are managed in a timely and defensible manner.

The transfer of safeguarding responses to Mental Health Services following a referral will now be supported with oversight and guidance required of the Local Authority and the Local Authority will be reassured by the safeguarding outcomes meeting the needs of the persons involved.

The Three Combined Aspects of Adult Safeguarding

Promotion of wellbeing

To promote your wellbeing, we need to make sure that you feel that you are:

- Safe
- Physically well
- Mentally well
- Treated with respect
- Protected from abuse and neglect
- Have control over your care and support
- Can join in education, recreation and work
- Can get out with friends
- Financially able to manage
- Your house is suitable for you
- You are valued in what you do

You are the best person to decide whether you feel safe and well. What this means for you will be different to what it means for others.

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Prevention of Abuse and Neglect / Self-neglect

To prevent abuse or neglect the Local Authority will need to be reassured that your wellbeing needs are being met. This means:

- Fully understanding your strengths, abilities and things that you might need support with
- Fully understanding what your family / carers need to support you
- Recognising when your family members might need support
- Knowing whether people providing you with support are able to meet your needs
- Recognising when you might need help to make a decision or when you can no longer understand enough to make that decision for yourself and identifying who is the best person to help you to make that decision to achieve the outcomes that you would have wanted.
- Knowing the law and understanding your needs, rights and responsibilities
- Responding in a proportionate manner that does not prevent you from doing the things that you want to do

Protection from Abuse and Neglect / Self-neglect

You do not need to be eligible for health or social care services to have your wellbeing promoted, to have abuse or neglect (Including self-neglect) prevented, or to be protected from abuse. All people living within UK communities can expect this. The question is who is the right person to provide this care, support, prevention and protection and who should make sure that this is happening?

What is the role of the Local Authority?

The Local Authority is like a manager of safeguarding. Like all managers they cannot make sure that safeguarding is working properly if they are too busy doing the daily tasks. Their role is to operationally:

Govern - To manage and control processes in line with relevant legislation, duties and obligations and provide advice and guidance

Ensure quality – To make sure that the systems, policies, procedures are in place to support safeguarding adults and to check that agencies are doing things correctly

Produce a quality service - To ensure that agencies support people who require care and support and their carers to make informed decisions and to determine what outcomes they want from services

Above the Local Authority is a Safeguarding Adults Board of people

from all agencies e.g Health, fire service, ambulance service,

mental health, GP governance etc who create multi-agency strategies to achieve this.

Promotion of wellbeing

You can expect us to:

Get to know you / your family and understand how you developed your views, wishes, and beliefs.

Support you to address things that affect your safety and wellbeing in a way that you would like

Prevent the development of need for care and support

To make every effort to understand your individual circumstances

Support you to understand options, choices and decisions that are available to you

Consider your wellbeing alongside the wellbeing of others e.g family members, local community

Make sure that people do not stop you from doing the things that you want to do as long as it is lawful.

People respect your right to make decisions about your life, care and support, that might not be decisions that they would make for themselves or their family members

Prevention of Abuse and Neglect / Self-neglect

You can expect us to:

- Support you to understand what care, support and services are available to you
- Get someone to help you to understand and speak up for you if you have difficulty doing this yourself
- Look for the things that you are good at and enjoy, and build upon these strengths
- Understand what prevents you from feeling well and safe and remove these barriers
- Meet your needs in a way that you want them to be met
- Make sure that others meet your needs in a way that you want them to be met
- Not intrude in your life or restrict you more than you want. The law tells us that if there is a risk of harm to you or others we must explore the risks. This does not mean that we can make you do things that you don't want to do or make you have services, unless you have broken the law or need Mental Health Act support.

Protection from Abuse and Neglect / Self-neglect

What can you expect from services?

Services and support in the community are called Universal Services. These include your GP, Pharmacist, Dentist, Independent and Voluntary Sector Services, Charities and community resources. Most adult's manage the majority of their life using Universal services, only occasionally requiring secondary services such as Hospital, Police, Social Work etc. As a person gets older, has a disability, suffers from mental or physical illness or the impact of traumatic events, this can change and periodically we may all have needs for care and support requiring secondary services. The first question that you should ask yourself is:

Are Universal Services managing to make you feel safe and well? If the answer is no then you should expect those services to find out what is available to help you. The Local Authority are there for advice and guidance if services struggle to achieve this – remember they are like the managers.

When the advice and guidance (Local Authority) and additional support from other services no longer secures you or your family's safety and wellbeing they should report to the Local Authority that they need more help to achieve this. The Local Authority will consider the things affecting you and decide which agencies remit and skills best fits your needs. This might be the Local Authority in the form of an assessment, it might be the Police in relation to crime, it might be health where you concern are mainly health related etc. The Local Authority remain available for advice and guidance and will need to be reassured by agencies that you have been provided with support to make you and your family feel safe and well.

If this does not make you / your family feel well and safe you can expect the Local Authority to appoint a lead and for that lead to coordinate enquiries to fill the gaps in agencies knowledge that prevent safety and wellbeing for you and your family. The Local Authority should provide support, advice, guidance and be reassured that his has made you and your family feel safe and well. If this is not occurring the Local Authority will provide guidance to agencies about what laws need to be considered and what is a proportionate response to the situation. This will make sure that there are justifiable and lawful reasons why your safety and wellbeing has not been met for example you may be making a choice to stay in a risky situation and the law says that as long as you have the ability to understand this decision and the consequences then you are entitled to do this.

The Local Authority will need to coordinate enquiries and the response themselves.

NOTE: Safety and wellbeing is defined by you and you determine the risks that you want to take (Not service risk assessment), unless you are unable to make those decisions because of an impairment of the brain function or mind, you are presenting risks to others, or you are potentially breaking the law.

Initial Considerations	
Who is currently involved?	What risk assessments are required?
What do I already know?	What capacity assessments are required?
What do I need to know?	What legislation needs to be considered?
Who will fill the gaps in knowledge?	Is there reasonable suspicion of a crime?
Who will gather the wishes, values, expectations and outcomes from the victim?	Who is going to communicate with referrer, victim, perpetrator, others?
How can we be person centred, with a whole family approach and consider the impact of any trauma in the individual histories?	

Things to Consider Should Similar Circumstances to this Review Arise Today

At single point of contact consider the whole picture. Not just who is involved, but also who should be involved to fill gaps in knowledge. Hypothesis are considered and who would provide evidence during enquiries, hypothesis in this case include:

- Neglect
- Self-Neglect
- Domestic abuse
- Carer stress

I don't need to know:
That abuse or neglect has occurred. I only need reasonable suspicion

That the person consents to the safeguarding referral, only the responses

The initial risks should be considered and addressed in consultation with the person / family.

Seek to preserve any evidence.

Ensure that there is appropriate advocacy for the person.

Get a picture of who the person is as an individual, within the family and within the community.

A person who is attempting to kill themselves is displaying symptoms of trauma.
How do we plan to support them to address this?

Trauma informed care provision that is good clinical practice:

Mental Health Services appear to be very clear that Paul was responding to social circumstances rather than suffering from a long-term mental illness. The long history of traumatic events in his life and persistent suicidal thoughts might have alerted Mental Health Services to the impact of his experiences on Paul's long-term mental health. Trauma-informed care (TIC) involves a broad understanding of traumatic stress reactions and common responses to trauma. Services working with people who misuse substances, self-neglect, self-harm, become homeless, hoard, or have other indicators of poor attachment to people and potential trauma in their lives, need to recognise how trauma can affect treatment, presentation, engagement, and the outcome of behavioural health services.

The book Trauma Informed Care In Behavioural Health Services identifies,' *Trauma can affect one's beliefs about the future via loss of hope, limited expectations about life, fear that life will end abruptly or early, or anticipation that normal life events won't occur (e.g., access to education, ability to have a significant and committed relationship, good opportunities for work).* Paul regularly expressed these fears and Mental Health Services identify understanding a person's history and the impact on them to be an aspect of good clinical practice. The priority is to prevent re -traumatisation and to recognise the aspects of care and support that a person who has experienced such trauma might find difficult. The author of the above book recognises:

- **Cognitive errors:** Misinterpreting a current situation as dangerous because it resembles, even remotely, a previous trauma
- **Excessive or inappropriate guilt:** Attempting to make sense cognitively and gain control over a traumatic experience by assuming responsibility or possessing survivor's guilt, because others who experienced the same trauma did not survive.
- **Idealisation:** Demonstrating inaccurate rationalisations, idealisations, or justifications of the perpetrator's behaviour, particularly if the perpetrator is or was a caregiver. Other similar reactions mirror idealisation; traumatic bonding is an emotional attachment that develops (in part to secure survival) between perpetrators who engage in interpersonal trauma and their victims.
- **Trauma-induced hallucinations or delusions:** Experiencing hallucinations and delusions that, although they are biological in origin, contain cognitions that are congruent with trauma content (e.g., a woman believes that a person stepping onto her bus is her father, who had sexually abused her repeatedly as child, because he wore shoes similar to those her father once wore).
- **Intrusive thoughts and memories:** Experiencing, without warning or desire, thoughts and memories associated with the trauma. These intrusive thoughts and memories can easily trigger strong emotional and behavioural reactions, as if the trauma was recurring in the present. The intrusive thoughts and memories can come rapidly, referred to as flooding, and can be disruptive at the time of their occurrence. If an individual experience a trigger, he or she may have an increase in intrusive thoughts and memories for a while. For instance, individuals who inadvertently are retraumatised due to program or clinical practices may have a surge of intrusive thoughts of past trauma, thus making it difficult for them to discern what is happening now versus what happened then.

Many of these issues are reported to have affected Paul in his life. Mental Health Services identified that Paul suffered disorders commonly associated with trauma and recognised acute stress and distress. Some key preventative methods may be considered where appropriate when working with people who are in crisis in the future.

Most people receiving treatment for mental health issues have had some form of trauma (Rosenberg, 2011). Trauma places us at a higher risk for mental health issues such as depression and addiction. People who have experienced trauma are also at a greater risk for suicide.

Being trauma-informed means:

- Understanding the prevalence of trauma and its impact;
- Recognising the signs and symptoms of traumatisation;
- Creating an emotionally and physically safe space, and empowering the individual with an active voice in collaborative decision-making; and
- Respecting the person's experience through active listening, being sensitive to the language used, being transparent, being trustworthy, and offering stability and consistency. (Bath, 2008; Hodas, 2006; Rosenberg, 2011; SAMHSA, 2015; Huckshorn & LeBel, 2013).

Core actions include:

- Initiate person to person contacts in a non-intrusive, compassionate manner,
- Enhance safety and provide support,
- Ensure that you are not re-traumatising the person,
- Support to calm and orientate the person,
- Support for immediate concerns,
- Tailored psychological interventions,
- Provide information about stress reactions and coping mechanisms,
- Reduce distress and learn new coping methods,
- Link with services to meet current and future need.

Examples of Assessments / Considerations During Enquiry Process

Consideration of Applicable legislation:

- The Care Act
- Mental Health Act
- The Mental Capacity Act
- Domestic Violence Crime and Victims Act
- The Serious Crime Act
- The Human Rights Act
- Housing Act

[EA44]

Communication Plans:

- Who would provide advice, guidance and feedback to the referrer (Safeguarding)?
- Who would seek the wishes, views and outcomes required by Paul?
- Who would provide advice, guidance and feedback to Paul?
- Who would seek the views and perspectives of Family members?
- Who would provide advice, guidance and feedback to family members, including describing the roles and responsibilities of agencies involved?
- Who would coordinate communications?

Capacity Assessments:

- Substance Misuse Services
- Mental Health Services offered
- Each medication (Particularly if declining necessary medication
- Management of diabetes

Further Considerations:

- The impact of trauma on Paul and all family members
- The potential for trauma to affect executive functioning, therefore affecting capacity – to employ the skills not just communicate

Assessments:

- Paul Mental Health Assessment's
- Paul assessment of need
- Daughter assessment of need
- Son assessment of need
- Wife assessment of need
- Brother assessment of need
- Brother in law assessment of need
- Paul carers assessment
- Daughter carers assessment
- Son carers assessment
- Wife carers assessment
- Multi Agency Risk Assessment Conference consideration for wife, daughter, son, brother-in-law and brother
- Risk assessments and plans all parties

Note: S11b Care Act – A person has a right to refuse an assessment except where there are concerns of abuse or neglect

Consideration of SAB Priorities:

- How was the person / family empowered?
- What prevention plans were in place?
- How were all parties physical and mental wellbeing assessed and needs met?
- What evidence is there of proportionate responses provided to the level of risk presented?
- How did partners all work together?
- Who held agencies accountable for their actions, capacity assessments, defensible decision making?
- How did the Local Authority provide oversight and guidance to the safeguarding procedures?
- How would the person be protected and safeguarded?
- How did agencies make safeguarding personal?
- Is recording evidence based?

Note: If all actions are coordinated and there is evidence of defensible decision making the need for SARs will reduce as the process is transparent

Trauma

Definition: An emotional and / or physical threat or harm that a person is unable to protect themselves against, prevent or escape

Adverse childhood experiences and **cumulative trauma** affect a person's coping mechanisms and exacerbates the cycle

Impacts of the nervous system: Flight, flight, freeze, flop, friend.

Stimulates increased sensory awareness: Sight, smell, sound, taste, texture

Increases the ability to **notice things that may become useful**

Affects the executive function of the brain: Difficulty with chronology, order, self-care, impulse control, short term memory transfer to long term memory, perception of risk and identity

Affects time: Severe or repeated trauma can mean that the person's body is always in a state of preparedness. Nothing tells the brain that the event has ended causing sensory triggers and / or disassociation.

The person is unable to feel safe and secure. It is difficult to stabilise emotions. Self-regulation becomes very difficult and meanings become distorted

Trauma does not occur in a vacuum: It is influenced by multiple factors

Severity and nature, duration and frequency of trauma

Age, stage, relationship with person

Personal and community support, meaning and making sense of the trauma, cultural and societal context and conceptualisations, beliefs, judgements, expectations

Temperament, attributes, biological and genetic factors

Impact on the persons day to day life including the losses

Unstable: Physical & mental health, behaviour, relationships, sense of community

Self-preservation: Shut down to others, attachment issues, coping strategies

Outcomes: Homeless, self-neglect, hoarding, substance abuse, self-harm, suicidal thoughts / actions

Capacity, capability and confidence

Can describe a course of action, however, trauma can present barriers to employing those skills – affects weighing up in capacity assessment (Executive function affected)

Isolated and lack of support

Difficulty seeking help

Despair and lack of hope, purpose or meaning

Physical Health

Affects all aspects of physical health. Poor sleeping and eating

Mental Health

Mental ill health, addictions, reliving events, suicide, hyper arousal, hypo arousal

Behaviour

Self-harm, domestic abuse, difficulty maintaining employment, violence, crime

Relationships

Attachment difficulties, conflict, children in care, family break up

Prevention in Trauma-Based Suicide Ideation Tool:

The below suicide assessment may support agencies and emergency services in assessing the risk of death by suicide. Locally there is significant multi-agency commitment to the development of crisis intervention and the prevention of death by suicide. Nationally NICE guidance has also recently been developed.

Understanding what it takes to commit death by suicide:

Kashdan (2014) writing in Psychology Today identified 'Why do people kill themselves? New Warning Signs' states, '*Researchers dissected 20 suicide notes written by people who attempted suicide with 20 notes written by people who completed suicide. The notes were evaluated on five criteria: sense of burden (would my loved ones be better off without me?), emotional pain (how much suffering is in my life?), desire to escape negative feelings (is death the answer to ending this pain?), problematic social world (is death the answer to my troublesome social relationships?), and hopelessness (is there a sign that life is going to get better?*)'.

'The biggest difference identified between those that actually did commit suicide and those who did not was the sense of burden and pain that they perceived themselves to cause loved ones, was more explicit. Hopelessness, the amount of physical and mental pain and the belief that death could end all pain were common themes'.

The report identifies that people do not kill themselves solely because of pain. The study revealed that it takes something for a person to be tenacious enough to take their own life and that they must overcome intense emotional distress to complete the final act. To achieve this, researchers revealed that a person must be highly tolerant of pain and conflict to make room for the uncomfortable feelings that arise when aiming to end life, and stated, 'The tolerance to pain must be acquired somewhere.'

Mental health services identified that Paul was caring and liked to support his family but could change significantly under the influence of alcohol. The domestic abuse incidents played heavily on his mind with him being reported to repeatedly ask his daughter for forgiveness. These incidents may well have led to Paul feeling that people would be better off without him.

The tolerance to pain may have been developed from early childhood abuse at the hands of his stepfather and subsequent death and loss of his brother, daughter and other friends and family members. Paul was in pain from physical health issues. The loss of weight following his gastric bypass operation seemed to elevate his mood for a while however, the death of a friend at Christmas seemed to plunge him back into depression. Paul appears to have suffered from self-esteem issues and his weight seemed to exacerbate this. The loss of his job and ownership of his family home were highly impactful issues. The family received support to rent their home from the council. Following a significant domestic abuse incident, Paul's wife decided that she needed to remove Paul from the tenancy. Many triggers identified within the research were presenting themselves in Paul's life.

Prevention in Trauma-Based Suicidal Ideation

An Assumption of Trauma The assumption that people who are suicidal have experienced personal trauma should become part of formal screening and assessment processes ruling the link in or out with a rationale.

Screening for Trauma Routine trauma screening ensures that everyone is assessed for past traumatic experiences, and not only for their obvious symptoms (Olson, 2013). What has happened to you?

Resiliency Can Offset the Negative Outcomes of Trauma Anyone who has experienced trauma maintains one essential, positive quality: resilience. Being resilient involves engaging with friends and family for support and using healthy coping strategies and problem-solving skills effectively to work through difficulties (Australian Government, Department of Health and Ageing, 2008).

Indicators to consider	**Yes**	**No**
History of trauma		
Bereavement or loss		
Co-morbid mental health problems that the person perceives to be worsening		
Overwhelming responsibilities (Including caring responsibilities)		
Perception of being a burden or detrimental to family / friends		
Family history of suicide		
Recent discharge from inpatient psychiatric unit		
Previous suicide attempts		
Threatening to hurt / kill self / others		
History of family suicide		
Feeling stuck unable to improve things		
Living with pain		

Suicide planning and preparation	**Yes**	**No**
Unemployment		
Social Isolation		
Drug or alcohol misuse		
Increasing crisis situations (Escalating in severity and prevalence)		
Poverty or housing problems		
Poor social conditions		
Imprisonment		
Violence, aggression and increased stress		
Family breakdown / domestic abuse		
Experiencing physical pain		
Psychiatric and / or depressive disorders		
Person appears relieved, happy, like a weight has been lifted after a prolonged period of depression		

Domestic Abuse, MARAC Checklist, and Safeguarding:

Domestic abuse services are changing to ensure that the principles of safeguarding are applied, agencies are being held accountable for their actions, preventative measures are in place, capacity, consent and coercion are being considered and that there is a ‘whole family approach’.

Domestic abuse resources available to the MARAC process could potentially be available in familial and intimate domestic abuse situations that meet safeguarding criteria. Not all agencies are aware of the potential resources available and therefore a proposed list of considered actions was developed.

Note: See back of the pack for checklist.

Create a draft action plan for the Bexley Safeguarding Adults Board partners to consider

Closing remarks

- Thanks and Next steps
- BSAB SAR Paul Feedback Form