Safeguarding Adult Review:

Adult P

Learning Brief

Reason for the review:

In 2021, Adult P was the victim of a significant domestic abuse incident perpetrated by her partner in their home. The attack lasted for over 11 hours, during which time Adult P was repeatedly assaulted leaving her hospitalised, in a coma and with life threatening injuries. Despite the being forced to witness the assaults and having been prevented from calling for help, one child was to able to raise the alarm when their father fell asleep. Adult M was subsequently prosecuted and sentenced to a period of imprisonment.

Key Lines of Enquiry:

- Understand the lived experience of Adult P and whether her care and support needs were adequately met
- Review and analyse safeguarding agencies understanding of the impact of coercive control and domestic abuse on Adult P
- Establish the impact on Adult P of illicit drug use and how this was understood by safeguarding agencies in the context domestic abuse
- Review current arrangements for domestic abuse and support
- Establish whether there are further lessons to be learnt for safeguarding agencies from the case of Adult P

Background: Adult P has described her childhood very positively and feels her family life was very close, although as a teenager states she 'got in with the wrong crowd' and was expelled from school and took up employment.. However, around the age of 18 Adult P was first diagnosed and commenced treatment for depression. It was around this time that she met Adult M and commenced what she describes as her first proper relationship but that this was soon to result in him perpetrating domestic abuse (DA) and coercive control which continues throughout the time they were together. Adult M was imprisoned for a serious physical assault of his eldest child when they were still an infant and due to safeguarding concerns for the children, safeguarding agencies have been involved with the family for over fifteen years. Although Adult P remained vulnerable and continued suffer DA when the family moved to live in Berkshire they were not known to local safeguarding agencies.

Key learning:

- An adult safeguarding concern should always be raised when an adult, who has or appears to have, care and support needs is subject to, or is at risk of, abuse and neglect—whether or not the adult is in receipt of care and support
- Social workers require guidance, support and effective supervision to help them assess and mitigate any immediate risks associated with enforced separation of parents and mitigate their impact on women and their children
- Where there is evidence of an adults overt non-compliance, consideration as to the need for independent advocacy as required by the Care Act 2014 should be considered and documented
- As well as responding to the need to protect children, professionals should be cognisant of the risks and needs of adults and consider if thresholds for adult safeguarding are met. Specific awareness training on Section 42 of the Care Act 2014 should support the work of practitioners working within Family Safeguarding
- At an early stage of a family's involvement with safeguarding services, practitioners should be supported to explore the appropriateness of using Family Group Conferences to ensure members of the wider family members/network can be are engaged
- There is a need to balance consideration of capacity, consent and the risks of harm and abuse—while practitioners should help empower adults to make safe decisions, their rejection of such support should not automatically result in their cases being closed.
- Attendance is not an indicator of behaviour change and apparent engagement should be triangulated with other information

Key learning ctd:

- Professionals should use their communication skills to 'dig deeper' to enhance their understanding, with structures, workloads, and cultures in their agency supporting them to questions, challenge, listen and understand the life of an adult beyond the immediately obvious.
- Professional conditions should allow for deeper enquiry with time, management support and learning available to promote professionally curiosity. Reflective. supervision should support this and address unconscious bias that includes consideration of assumptions regarding gender and 'victim blaming' language. Similarly, language relating to a lack of parental engagement should reflect the need for proactive approaches that are accessible to families and recognise the potential barriers that contribute to overt non-compliance and disguised compliance.
- There are benefits to building parent/professional relationships that explores the perceived power and authority of professionals. Where parents are challenging and/or hostile, professionals should explore any history the reasons for overt non-compliance
- Self-reporting from parents needs to be triangulated with other information provided by the wider professional network.
- Multi-agency chronologies can help highlight the patterns of risks in the family that inform understanding of the current issues
- Substance misuse services should be gender-responsive, trauma informed, strengths-based, relationship-based, collaborative, and family-centred

Key learning ctd:

- Coercive control is an underlying feature of domestic abuse and needs to be considered within professionals assessments of risk/ need
- The voices of adult and children survivors of domestic abuse (and their experiences of statutory interventions) should inform professional development
- When requesting or sharing information from GP's, professionals should be aware that family members may be registered with different practices and must record the details for individual GP practices in order to ensure information can be shared effectively.

This learning brief can be read in conjunction with the Safeguarding Adult Review for Adult P.

Recommendations:

Recommendation 1: Agencies to review their guidance on professional curiosity and take any steps necessary to improve its effectiveness

Recommendation 2: A multi-agency audit should examine 'Section 42' and partners use of the multi-agency risk framework

Recommendation 3: Training on safeguarding adults, Section 42 of the Care Act 2014 and the multi-agency risk assessment framework should be provided to practitioners working within Family Safeguarding

Recommendation 4: The implementation of 'women sensitive' responses within the Drug and Alcohol Services should consider and address gender specific treatment issues and that specifically explore issues of DA and coercive control.

Recommendation 5: Practitioners receive awareness training relating to coercive control.

Recommendation 6: Agencies should ensure practitioners understand and where necessary engage local advocacy services