



1) Background:

SHELLY (38 yrs old) was found dead in her home by her partner MIKE in May 2018. The post mortem identified that she had sustained 50 external injuries, consistent with a sustained assault and the use of a fist, foot, knee or some blunt weapon. MIKE was arrested and charged and in December 2018 was convicted by unanimous verdict of murder and sentenced to eighteen years in prison. The couple were well known to services and there were numerous SWP call outs to the address.

6) Recommendations:

1: Agencies working with vulnerable and offending adults need to demonstrate an inquisitive approach to risk and evidence of information sharing practices that support safeguarding activity.

2: MARAC meetings need to focus on disrupting/managing perpetrators' behaviour, especially in the absence of victim engagement.

3: Agencies working with vulnerable and offending adults need to trigger and adhere to care and treatment pathways that support safeguarding activity.

4: Social Care Workforce Development Partnership covering Cwm Taf (SCWDP) to review its training program on vulnerable people who are experiencing alcohol harm and / or abusing prescription medication.

5: Substance Misuse Area Planning Board in Cwm Taf to review its commissioning arrangements for substance misuse services, to ensure they are fit for purpose and equipped to deal with high-risk cases, which provide continuity of service delivery.

6: Understanding of mental capacity and how to assess it needs to be more robust and knowledge of the Mental Capacity Act 2005 needs to improve: both as a concept that could be applied in cases and in terms of how to apply and assess it in practice when dealing with self-neglect.

7: Agencies need to demonstrate robust recording and decision-making practices.

8: Agencies working with vulnerable adults need to cascade the learning from this review via their established learning and development groups, ensuring it is incorporated into their ongoing quality improvement plans. Individual feedback will be provided to the staff involved in SHELLY and MIKE's cases by their line manager or clinical lead.

2) Victim Characteristics:

Several traumatic life events contributed to and triggered SHELLY'S alcohol and diazepam misuse.

SHELLY was a previous victim of domestic abuse and was also the victim of a serious assault that left her physically disabled.

SHELLY was coercively controlled and economically abused by MIKE, which was not sufficiently recognised by agencies.

SHELLY was the victim of significant violent assaults at MIKE's hands and this was not responded to consistently by support services.

SHELLY presented with mental health difficulties and wider health problems; which were not adequately assessed or responded to by agencies.

SHELLY was exploited by MIKE and by others in the community.

SHELLY exhibited a range of self-neglecting behaviours, but these were not recognised as such.

SHELLY could exhibit behaviours which were suggestive of someone in distress, but these were often responded to as antisocial behaviour incidents.

SHELLY's family were supportive and tried to protect her but were unable to intervene as they would have liked as they were kept at arm's-length.

SHELLY did not readily engage with services, and services seemed ill-equipped to respond to this.

5) Understanding / Implementing the Law:

The range of existing domestic abuse orders created some confusion in interpretation and enforcement for agencies in respect of what abusive behaviours were covered.

SHELLY's capacity was assumed, but not properly considered or assessed in light of her substance misuse levels, the level of violence and coercive control she was experiencing and the levels of self-neglect that were evident.

There is a clear need for legal advice and 'legal literacy' in respect of The Mental Capacity Act (2005) and The SSWB Act 20014, as the range of relevant protective and legal measures that existed were not considered or applied.

Guidance is needed for practitioners on recognising and responding to risk and managing the complex interplay between substance misuse, coercive control, domestic abuse and self-neglect.

3) Practitioner Perceptions:

SHELLY's behaviour appears to have been seen as a personal choice by practitioners and not as a result of the adverse circumstances she faced.

Some professionals and agencies involved with SHELLY and MIKE did not appear suitably curious about their situation and evidenced some fatigue in their responses e.g. understanding and exploration of alcohol / substance misuse, coercive control, link between animal and human abuse, self-neglecting behaviours and begging.

Some professionals and agencies involved with SHELLY appeared to have taken the view that regardless of what interventions were provided, little was likely to change, so that the true extent of SHELLY's alcohol and prescription medication misuse was underestimated.

4) Effectiveness of Multi-Agency Working:

SHELLY's general reluctance to disclose abuse appears to have had a negative impact on the functioning of some of the agency responses to her.

Agencies frequently worked in silos and there was a lack of effective multi-agency working and ownership.

A holistic approach to assessment was not evidenced and resulted in incomplete risk assessments and analysis as a result, so that SHELLY was not identified as an Adult At Risk when she should have been.

SHELLY'S alcohol and diazepam misuse acted as a barrier to her receiving support for domestic abuse and vice versa, and specialist or clinical input was not considered or provided.

SHELLY'S capacity to consent was not properly understood or considered in light of her alcohol and diazepam use and history of domestic abuse.

SHELLY's anti-social behaviour had a detrimental impact on the way her vulnerability was perceived and responded to by agencies, and as a result SHELLY was not sufficiently recognised as an Adult At Risk.

Policy and procedures were not always followed.

Multi-agency meetings lacked focus and SMART outcomes were absent.

The quality of agency recording, and referral management was questionable at times.