

# 7 Minute Briefing – Anna

## 01 Background

Anna had lived a life affected by neglect and abuse. Her relationships were dysfunctional and violent, and all of her children were removed from her care.

Anna had history of mental health issues, alcohol misuse with associated brain damage, mobility problems, cirrhosis of the liver, inflamed pancreas, swollen abdomen and incontinence issues

Significant multi-agency involvement from 2017 until her death from her complex health issues

## 02 Safeguarding Concerns

- Complex physical health issues
- Coexisting Mental Health and Substance use
- Fluctuating mental capacity to make decisions
- Difficult to engage with Anna in a meaningful way
- Vulnerability to exploitation
- Perpetrator of Anti-Social Behaviour
- Lack of care settings to meet her complex needs

## 07 Resources to Support Practice

[www.turning-point.co.uk/services/leicestershire](http://www.turning-point.co.uk/services/leicestershire)

[How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales](#)

[Coexisting Substance Use & Mental Health \(SUMH\) issues. A good practice guide for practitioners.](#)

[‘How to’ guides to assess Mental Capacity in specific situations](#)

[Mental Health Glossary of terms](#)

## 06 Embedding Learning into Practice

Consider your cases where there are complex needs and coexisting substance misuse and mental ill health.

Do you have the appropriate level of understanding in relation to Mental Capacity and Mental Health and substance misuse e.g. Executive functioning, use of IMCA and Advocacy?

Do you know where to access this information?

Has the multi-agency support team agreed the best way to communicate with each other?

Is the care plan clear about managing alcohol intake?

Has past trauma been acknowledged as part of the assessment and treatment plan



## 03 Summary of Learning

All agencies understanding the legal routes that can be used to safeguard people – legal literacy

When assessing capacity under the MCA recognising that a person may demonstrate awareness into an issue in assessment and plan but not be able to execute the plan in the real-life situation.

Agencies recognising and working effectively together to support people who have suffered childhood and ongoing trauma.

## 05 Good Practice

Professionals showed multi-agency persistence and commitment and utilised the support that was available to them. Despite Anna being unable to engage meaningfully, their approach was person centered and they afforded a thorough monitoring presence.

Good consideration/use of MCA by professionals.  
Effective use of the Signs Of Safety model.

## 04 Summary of Learning

Assumptions were made by agencies about Anna's 'chaotic' lifestyle which informed their responses and prevented them from understanding what life was like for her.

Professionals must all agree the best method of case communication in complex cases

A practical response to a person suffering alcohol withdrawal, must be included within a multi-agency safety plan.