7 Minute Brief – SAR Ariadne

Reason for SAR and background:

Ariadne was a woman in her 40s who had experienced multiple disadvantage; her life was shaped by trauma, drug dependency, poor physical health, mental health needs and domestic abuse.

She needed support with maintaining her relationships, independence and sense of safety, but her complex circumstances required a coordinated, trauma-informed response that was never fully achieved.

Throughout her life she had contact with many services, but despite repeated professional involvement, there was no sustained, coordinated, trauma-informed response to her complex needs.

Multiple Disadvantage

Adults who experience multiple disadvantage need a holistic response to support them. For Ariadne, drug dependency, trauma, domestic abuse, mental health, physical health and self-neglect were often considered separately, rather than as interconnected issues.

Effective safeguarding requires understanding how multiple disadvantages interact and increase vulnerability. A good question to ask is: "*What is this person's lived experience and how do these factors combine to impact their ability to protect themselves*?"

Cumulative Risk

Agencies responded to individual risk as it arose. However, risks were visible across multiple services, but no one maintained oversight of the cumulative risk.

It is important for practitioners and services to ask the question, "*What does the pattern tell us*?". Multiple low-level concerns over time may indicate very high safeguarding risk when viewed together.

It is important to remember to consider escalation based on cumulative harm, not just single events.

Mental Capacity is not the end of the conversation

There was no formal recorded capacity assessment for Ariadne, despite repeated concerns about executive functioning, drug dependency, self-neglect, refusal of treatment and possible coercion. Capacity should be decision-specific, time-specific and consider executive functioning and fluctuating capacity. There were statements such as “has capacity” without a formal MCA for Ariadne. It is important that practitioners do not equate having capacity with no further action. A person may be able to understand information but still struggle to act on decisions because of addiction, trauma, coercion, mental ill health or impaired executive functioning

Mental Capacity Assessment (MCA)

Curiosity about ‘Non-Engagement’

Repeated missed appointments, refusal of services or avoidance of professionals should increase professional curiosity, not reduce it. Consider trauma, fear, coercive control, exploitation, addiction, shame, cognitive impairment or previous experiences of services. Using a trauma informed lens is vital.

Multi-Agency Risk is a Shared Responsibility

Risk Assessments & MDT processes were not used effectively, risk was not a shared responsibility. Leading to fragmented responses & risk transfer between services.

MDTs, Welfare and Safety Plans, lead professional arrangements and escalation processes should be used to create shared ownership of risk and clear accountability.

MDT Meeting Guidance & Proposed Agenda

Learning Resources:

Process for the Resolution of Professional Disagreement

Professional Curiosity

Mental Capacity Act Webinars (including fluctuating capacity)

Safeguarding Adults Team Decision Support Tool

