



Learning Lessons Briefing 'HOPE'

Methodology: Multi-agency table-top rapid review meeting

Practitioner Involvement: Practitioners and Multi-agency representatives were invited to a Rapid Review

KLOE's:

- 1- What was Hope's lived experience and was her voice heard?
2. Were there any multi-agency discussions to understand and support Hope?
3. Did agencies have an understanding of Hope's lived experience?
4. Was the timing and the intervention from partner agencies appropriate?
5. Did agencies understand the impact of Hope's experiences on her mum and son?
6. Was Hope's capacity to make decisions assessed and understood by professionals?
7. Did professionals consider the exposure to illicit substances and drug dealers, potential domestic abuse, exploitation, and learning needs as risk factors for Hope to live her life free from abuse, neglect and self-neglect?
8. Was sufficient consideration given to the legal powers and advocacy services?

Scoping Period for the review: January 2023 – January 2024

The Review:

Background Summary:

Hope was a 29-year-old woman who died on 31st January 2024 from an overdose. The coroner has recorded the cause of death as Venlafaxine Toxicity.

Hope was diagnosed with Epilepsy which was being managed by a Rehabilitation Hospital. She had a history of drug and alcohol misuse and was arrested in January 2023 for ill treatment / neglect of her son who was 5 years old at the time. On one occasion she had taken her son from his grandmother's house in breach of Local Authority restrictions that were in place at the time, whilst in charge of him, her son has called ambulance service as she was intoxicated and had taken an overdose of cocaine.

Hope was referred to Mental Health Liaison Service via the Emergency Department on 1st June 2023 after being found outside her flat on her hands and knees with

superficial cuts to her wrists appearing as intoxicated and under the influence of drugs. An assessment led to an outpatient's referral for diagnostic assessment – it is reported that Hope had a history of self-harm and suicidal thoughts, however, due to her not attending the diagnostic assessment, she had no formal mental health diagnosis.

Learning:

- There needed to be a more joined up approach from children's and adults social care to ensure that there were clear lines of communication around the support both Hope, her son and her mother required and how best to deliver that support.
- There needed to be a stronger focus on executive capacity assessments as this would have helped understand and identify how and when Hope's decision-making abilities may have been compromised, which would have supported in identifying whether there was need for use of the Mental Capacity Act.
- There needed to be a better understanding of Hope's lived experience – it is felt that no agency truly understood Hope and her needs.
- Alcohol and substance misuse can constitute self-neglect but there is no evidence to suggest self-neglect referrals were considered.
- There was no consideration of the impact of mixing alcohol and cocaine (producing Cocaethylene) and how this could have impacted on Hope's decision making, her impulsivity, and her physical health.
- Information within some partner agency records indicate that Hope had a partner, who was also known to suffer with his mental health and substance misuse; however, there is no evidence of professional curiosity around exploring their relationship. Missed opportunities were noted to discuss her daily life and if she was at risk of being abused and/or exploited.
- There is limited evidence to suggest routine safeguarding questions were asked by professionals Hope came into contact with.
- Hope's holistic needs were not consistently addressed, resulting in some risk assessments, referrals to appropriate services, and safeguarding referrals not being completed when necessary.
- Lack of consideration for cumulative harm and trauma for both Hope and her son.
- Understanding the reasons behind Hope's non-concordance with medication, including potential impacts of her epilepsy and substance use, was important.
- There is a need for better coordination and communication between services to address the complex needs of individuals with substance use issues.

Recommendations: All Agencies-

- **Understanding Life Experiences:** There is a need to understand an individual's life experiences, including trauma and survival mechanisms, to provide appropriate support. Emphasis required on exploring causes of addiction and survival functions rather than only managing symptoms, with consideration of self-neglect pathways.
- **Professional Curiosity:** Is required particularly when exploring potential domestic abuse, exploitation, and learning needs.

- **Communication and Coordination:** Improved communication and coordination between agencies and within agencies were necessary to provide holistic support.
- **Safeguarding Policies:** There is a need to better utilise safeguarding policies and procedures, including legal frameworks, to protect individuals at risk. Use of legal powers to safeguard vulnerable individuals, including anti-social behaviour orders and advocacy support, to ensure safety and justice.
- **Need for thorough Capacity assessments:** Recommendations include ongoing capacity assessments, care act referrals, risk assessments, and involving the individual and their family in support planning
- **Substance Use Attitudes:** Addressing professional attitudes towards substance use and recognising it as a coping strategy rather than a life choice

Recommendations: Wolverhampton Safeguarding Together:

- **Illicit substance use and impact:** Increase agencies' and public knowledge and understanding of Cocaethylene¹; and its impact and influence on an individual.

How can you make a difference?

Key messages from the learning to ask yourself for your practice are: -

- *Can I make changes to improve my own practice?*
- *Do I need to seek further support, training, or supervision?*

¹ Cocaethylene is a compound that is formed in the liver through a chemical reaction when taking cocaine and alcohol together.