



Learning Lessons Briefing Natalia

Methodology: Multi-agency table-top rapid review meeting

Practitioner Involvement: Practitioners invited to rapid review meeting

Key Lines of Enquiry:

1. What was Natalia's lived experience and was her voice heard?
2. Were there any multi-agency discussions to understand and support Natalia and Mum?
3. Did agencies have an understanding of the financial pressures and the impact on Natalia?
4. Did professionals consider the isolation experienced by Natalia and the impact this had?
5. Was mum ever offered support to learn English?
6. Were professionals aware that Natalia wasn't compliant with her medication?
7. Did professionals consider the exposure to domestic abuse, long-term opiate medication, isolation and chronic health conditions as risk factors for suicide?
8. Were there any indicators to professionals that Natalia was potentially a victim of emotional abuse?

Scoping Period for the review: February 2023 – February 2024

The Review

Background Summary: Natalia and her Mum moved to Wolverhampton from Eastern Europe in 2015. They were isolated in the community with no social circle and a strained relationship with maternal uncle and his family who lived in Wolverhampton. Mum had been in a relationship and had been subjected to domestic abuse before separating from her partner, who then left the country. Natalia was well known to the orthopaedic surgeons at a local hospital as she had scoliosis (curvature of the spine) which she had operated on in August 2023. Recovery did not progress as anticipated. She was supported in her education by an alternative provision and took her lessons virtually.

Natalia and her mum were supported through early help due to the domestic abuse concerns and financial difficulties. Natalia was known to other health professionals due to her physical health needs and the emotional impact of these, whilst Natalia never disclosed suicidal ideation, the review has highlighted a lack of insight into Natalia's lived experiences.

In February 2024, Mum woke to find Natalia lifeless in her bedroom having left a suicide note. Also in the house were numerous notebooks documenting her unhappiness over several months, numerous documents appealing benefit rejections, boxes and bottles of medication which had been collected on repeat prescription and stored for months in the home or bought over the counter and not used. Natalia's diary documented her exercise regime on a treadmill and with free weights were also found in her bedroom.

Learning:

1. While Natalia's lived experience and voice were captured and documented by agencies, this was potentially overshadowed by mum and what she was feeding back to professionals.
2. There were two multi-agency Team Around the Family meetings, however, health professionals were not included. Given her difficulties, this was a big gap in the multi-agency understanding of her needs.
3. While there was an understanding that there were the financial pressures, there was a lack of understanding on the impact this had on Natalia; it's not clear whether she was being asked to play a role to increase income from Disability Living Allowance by completing the appeals as Mum's English was less effective.
4. Professionals were aware of Natalia's isolation, but not the extent of it, and the impact of her isolation was not considered. Natalia was home-schooled for 4 years, and her Mum was her social life; she had no family locally and had to share a mobile phone with her Mum. She had no friends and no social media presence.
5. Mum's English was good enough to hold a conversation and an interpreter was often used at health appointments. It was not known or considered whether her written English was sufficient and whether she required support from Natalia to translate/complete paperwork i.e. benefit application forms.
6. There was no indication that Natalia wasn't taking her medication. All agencies reported that mum expressed that Natalia was in a considerable amount of pain and therefore required the medication. It's difficult to ascertain whether the medication was withheld from Natalia, or she wasn't taking as it wasn't actually needed. There is no way to know whether someone who collects medication from a pharmacist is taking it as prescribed.
7. Mental Health Services asked whether or not Natalia had suicidal thoughts and were reassured when she said no. No other professional or agency considered that she may be at risk of suicide, and the multiple risk factors she presented with (exposure to domestic abuse, chronic health problems, long-term opiate use, social isolation) were not recognised as being linked to suicidal antecedents.
8. In hindsight, there were indicators of emotional abuse, however, if it's not something that is consciously considered, it's difficult to recognise. It is difficult to draw the line between a parent who is supportive and caring and wants to be involved and it being over the top, coercive and controlling.

Recommendations:

All agency information sharing:

1. There is a need for improved information sharing across agencies to ensure there is a holistic view of a child/family.
2. There is a need for health to ensure that medical letters/advice is shared with agencies involved with a child/family.
3. The hospital trust are to be asked to ensure that information is shared with health services where the child/family reside.

MASH and multi-agency meetings:

1. Where it is known that there is an additional need for the child/young person, relevant agencies are to be included in MASH checks for referrals that wouldn't normally meet the threshold to do so.
2. Ensure that any multi-agency meetings are quorate and include relevant agencies such as health and education.

Wolverhampton Safeguarding Together

1. To promote the Black Country ICB Safeguarding Practice Guidance within Suicide Prevention for Children to professionals across the city.
2. To increase multi-agency professionals' knowledge of suicidal risk and management.

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?*