Learning from OSAB SARs: Aleina

Background

This discretionary Safeguarding Adult Review (SAR) under Section 44 of the Care Act 2014 was commissioned because of concerns that Aleina was an adult at risk who had suffered abuse and there were lessons in how local services worked together. Aleina lived with her husband, and other family members. The family were part of the local South Asian Community (SAC); people who originate from Bangladesh, India, Pakistan, and Kashmir. They lived in one of the most deprived areas in England. Aleina was born in Oldham and attended mainstream schools. She was described as a quiet student with few friends who needed additional support. At age 17, Aleina was diagnosed with a learning disability (LD) and was open to Child and Adolescent Mental Health Services (CAMHS), the After Care Team and the Children with Disabilities Team. Her case was closed to the children's LD nurse having received no contact from the family and Aleina was approaching 18 years old. At age 28, Aleina was diagnosed with a severe and enduring mental illness disorder and an unspecified LD. She had significant learning needs. Basic self-care was difficult, she needed day-to-day support and was supported by members of her family.

What Happened?

Aleina received inpatient mental health care and treatment under the Mental Health Act. In hospital, Aleina became very volatile and violent in her behaviours and for a time she was transferred to a Psychiatric Intensive Care Unit. During her time under the MHA, she was allowed six hours of leave per week at the family home under Section 17. Aleina became pregnant while on home leave. During the hospital care, she made allegations of recent and historical physical and sexual abuse. These were investigated. Partner agencies discussed the allegations with Aleina after her mental health improved. Aleina said that they were untrue and she did not know why she said it. Aleina made further disclosures. Aleina was hallucinating and hearing voices but was very adamant about the further disclosures. Partner agencies undertook actions in response. The case was closed as a mental health episode and Aleina's statements considered persistent delusion. The SAR highlighted the need for consultation with agency safeguarding leads, establishing clarity about a person's mental capacity, and clear recording at the time of disclosures (see the OSAB Record Keeping 7-Minute Briefing).

Resources & Information

Practitioners can access further guidance related to the SAR findings including: Professional Curiosity Guidance; Mental Capacity Act Policy and Procedure; Practical Guide to Assessing Capacity; Safeguarding Adult Referral Briefing; Advocacy Guide for Oldham Professionals; Reasonable Adjustments 7-Minute Briefing and the Tiered Risk Assessment and Management (TRAM) Protocol. OSAB offers regular multi-agency training about Unconscious Bias; So Called Honour-Based Violence and Abuse; Mental Capacity Act; and Risk Management. Find the latest training dates and book places via the OSAB website.

Referrals

Adult Social Care received safeguarding referrals about potential forced marriage, whether Aleina had the mental capacity to have sexual relations with her husband, and also how Aleina's family were managing her behaviour. Aleina's family reported that her mental health 'was better', and they believed that she wanted to marry her husband. It was recorded that mental capacity assessments were to be completed particularly around Aleina's capacity to make decisions about marriage and sexual relations with her husband. The subsequent plan included to discuss behaviour management techniques training with her family.

Cultural Competency

A member of Aleina's family was described as being 'known to display controlling behaviour, but this could be a cultural issue'. Other than family members, there is no record of Aleina having an advocate or supporter. Aleina's contact with professionals was always in front of the family and they often spoke on her behalf, even when implicated as alleged perpetrators. The use of reasonable adjustments needs to go further than, for example, ensuring an interpreter is used. A male family member accompanied Aleina to all GP appointments which culturally does not generally involve a male family member. This was not queried. Cultural competence is the acquisition of and updating of culture-specific skills that help people function effectively across different cultures and interact with meaningful compassion including the ability to interpret attitudes and behaviour. Unconsciously, all of us bring our cultural frame of reference to the situations we encounter. When working with adults at risk, cultural competence has to inform how needs and risks are assessed and understood. It is about developing the ability to participate ethically and effectively in assessing and providing services to adults. It is an essential skill for professionals working in an area with a complex and diverse population like Oldham. Cultural competence, timely and coordinated responses to safeguarding concerns, advocacy and use of reasonable adjustments are core areas of learning from this SAR.

Mental Capacity Act

The specialist midwives were concerned about Aleina's level of understanding about becoming pregnant. Aleina was assessed by an obstetrics consultant who concluded she could not make any decision; the consultant also worked at the Sexual Assault Referral Centre (SARC) and from their assessment believed that Aleina had been sexually abused on multiple occasions and would not have been able to consent to sexual intercourse or pregnancy. Aleina's mental capacity around a sexual relationship, contraception and pregnancy was also assessed by a mental health worker, adult care social worker and a Speech and Language Therapist who concluded that Aleina could make the decision. When Aleina made allegations of physical and sexual abuse, the ward were advised by Adult Social Care to report it to the police. The ward said that a detained patient must be formally assessed and deemed to have capacity before reporting a crime. This was not correct; whether a person has or does not have mental capacity is irrelevant or reporting a suspected crime or safeguarding concern.

So Called Honour-Based Abuse

So Called Honour-Based Abuse (HBA) is perpetrated to protect the so-called honour of a family or community. HBA is not linked to any one country, culture or society. It has been identified as mainly occurring among populations from South Asia. A family's honour, social status reputation and desire to avoid shame are considered more important than the welfare of the victim or their basic human rights. For victims, the honour-based value system and unwritten codes are often ingrained and are considered normal. Understanding this conflict and dilemma that victims experience is critical in understanding why they may, for example, appear to be inconsistent in how they describe perceived risk or threat. It can be further complicated when, for example, particular conditions such as Learning Disability or cognitive disturbances are a factor. Some of this can be understood and is reflected in how Aleina appeared to be contradictory in her accounts.

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