

Helen and Alan Review - 6 Step Briefing

The Background

In 2017, the Local Safeguarding Adults Board reviewed the case of a near fatal incident involving Helen and Alan at his home. Alan required urgent surgery but survived. Helen was charged with attempted murder. She was not convicted as Helen's actions were seen as self-defence with mitigating factors.

Safeguarding Concerns

- Helen, was known to mental health services.
- Both Helen and Alan had a known history of alcohol dependency which impacted upon the relationship and also their individual vulnerability.
- Alan was thought to have some historical mental health problems and a previous history of domestic violence with a previous partner.
- There was a substantial history of domestic abuse over a period of years between the couple.
- The couple had been known to MARAC since January 2013. (**MARAC**, or multi-agency risk assessment conference, is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists.)
- Helen's two children were exposed to the domestic abuse and this had a major impact.

The Incident

A near fatal incident in 2015, involving Helen and Alan. After a member of the public raised the alarm, Alan was given urgent medical treatment and survived. Helen was arrested and charged with attempted murder. She was not convicted as Helen's actions were seen as self-defence with mitigating factors.

The Review

- This review was underpinned by systems methodology to best understand professional practice.
- This review is unusual in that it not only touches upon professional practice around adult safeguarding but also the professional response to domestic abuse and the safeguarding considerations toward Helen's children who were also at risk of harm. No SCR has been conducted.

The Findings

MARAC and Domestic Violence

- Both the police and MARAC should obtain detailed historic information about individuals past relationships and risk assess accordingly. This information should be shared with the current partner. This is particularly imperative where there are child safeguarding considerations.
- MARAC consideration and responses require a whole family approach, and an early appraisal of multiple risks that may be present. All risk factors must feed into, and inform other parts of the safeguarding system

The Findings

- Children who witness domestic violence suffer psychological impacts such as low self-esteem, anger and fear, and symptoms such as hyper vigilance, and can become over protective of their parent and siblings.
- Professionals and agencies are required to be more curious around inconsistent and mixed messages from an alleged victim of domestic abuse to properly expose the true risk to the individual and others.
- The MARAC and associated processes such as MASH and HRDA can be further developed to actively profile a perpetrator and work with the perpetrator as part of the risk assessment and management.
- Abusive relationships can reignite when the perpetrator is at liberty again and this needs careful planning around the victim and family rather than assumptions made that one party can resist or desist from contact with the other.
- Agencies should consider using the Young Person's DASH in appropriate cases. It should be noted that the new PPN1 form may better serve young people if modified but this has yet to be fully evaluated.
- Frontline professionals should be reminded of the perceived threat families can feel when they are being assessed and how parents can guard responses to professionals in disclosing risk including ongoing domestic abuse.

Think Family

- Agencies and professionals should be aware that separation and strangulation are two high risk factors and can have fatal consequences and assess accordingly
- There is a need for increased understanding across agencies around the interface for mental health, substance abuse and domestic violence.
- Agencies should constructively challenge what they are being told by parents as to risk behaviours and actively refer individuals on to, or signpost toward other more specialist services, e.g. alcohol services. This includes where there may be a dual diagnosis of a mental health problem and alcohol dependency.
- Primary care need to better engage with, and play an active part around adult and children safeguarding, particularly to share appropriate information and see the individual in their wider social context. This includes domestic abuse.
- Police risk assessments should be seen in isolation but part of the continuum and bigger picture to capture the best historical context to best assess risk. They should not limit other risk tools being used.
- At the salient time, no professional or agency had the oversight of this family's or individuals' risk. This limited the professional response with significant gaps in information sharing some of which remain.
- Professionals were ill equipped to analyse and appreciate the significance of developments in real time as the dynamic changed.

Voice of the Child

- The voice of the child should be heard and their experience be well understood. Teenagers should not elicit any less of a safeguarding response than a younger child.

Useful links for good practice

- [Brandon et al 2016 Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014](#)
- [Home Office -Controlling or Coercive Behaviour in an Intimate or Family Relationship ; Statutory Guidance Framework December 2015](#)
- [The Domestic Abuse and Stalking Reference Tool \(DART\), Jane Monkton Smith 2014](#)
- [Holmes, M., & Ward, M. \(2014\). Alcohol Concern's Blue Light Project – Working with Change Resistant Drinkers.](#)
- [Stella Project toolkit addressing sexual and domestic violence, substance use and mental ill health](#)
- [Southampton LSAB website](#)