PRACTITIONER LEARNING BRIEF: PART 1

Learning from Nicola

Hull Safeguarding Adults Partnership Board (HSAPB)

REVIEW CONTEXT

*Nicola died by suicide while facing multi-layered challenges including domestic abuse and alcohol dependency. This "Line of Sight" review prioritises collective improvement. It highlights that the system lacked a **holistic assessment of risk** and a **single coordination point**.*

Mental Capacity & Executive Function

Capacity must be decision-specific. The review identified a critical gap in 'Executive Function'—where an individual can describe a safe plan but cannot execute it in high-risk moments. Professional judgements were often based on assumptions rather than clear evidence-based application of the Mental Capacity Act.

PRACTICE FOCUS

"Use chronologies to identify patterns of fluctuating capacity. Do not rely on single assessments during crises. Evidence the 'how' and 'why' behind decisions."

The Lead Agency Mandate

While individual agencies often provided high-quality care, the lack of a 'Lead Agency' meant no one had the holistic overview required to synthesise risks. This led to reactive coordination. Without a central coordinator, the cumulative danger of domestic abuse, mental health struggles, and addiction was lost.

PRACTICE FOCUS

"Agree a lead professional at the earliest multi agency meeting. This lead must coordinate the collective response and ensure risk management is consistent."

Persistent & Flexible Engagement

Traditional models often fail those in crisis. 'Non-engagement' should be viewed as a symptom of trauma or fluctuating capacity, not a reason for case closure. Rigid service boundaries and 'three-strike' policies penalise the most vulnerable individuals who may be unable to comply with standard routes.

PRACTICE FOCUS

"Employ assertive, trauma-informed outreach. Adopt 'persistent engagement' strategies that co-produce support around the individual's current reality and barriers."

Professional Barriers & Vulnerability

Individuals in high-pressure or 'protective' professional roles face unique barriers. There is often a profound fear that disclosing domestic abuse or mental health needs will impact professional standing. This perception prevents individuals from accessing support systems that are technically available.

PRACTICE FOCUS

"Recognise 'Professional Vulnerability.' Ensure support routes are confidential and emphasise that workplace safety is a supportive priority, not a disciplinary threat."

STRATEGIC MULTI-AGENCY THEMES

THINK FAMILY & COMMUNITY
Safeguarding extends beyond the individual. Carer's assessments and wider family needs must be proactively considered.

INTEGRATED PROTOCOLS
Clearer protocols between health and response agencies are required to manage high-risk individuals leaving hospital settings.

TEAM REFLECTIVE QUESTIONS

1. *"Do I understand 'verbal' vs 'executive' capacity in my current cases?"*
2. *"Am I triggering multi-agency meetings early enough when risks overlap?"*
3. *"Have I explored trauma-informed alternatives before closing for non-engagement?"*
4. *"How am I supporting the wider family unit or carers when an adult is at risk?"*
5. *"Am I documenting decision-specific capacity clearly in every assessment?"*
6. *"Is the 'Lead Agency' for my most complex cases explicitly agreed and recorded?"*