Teeswide Safeguarding Adults Board

Learning from Regional and National SAR Cases – July 2023

Ella and Sam

Title of Review:	**Ella**
Theme of Review:	Fabricated or Induced Illness
Local Authority:	Kingston Safeguarding Adults Board
Date Published:	May 2023
Link to Executive Summary and KSAB Response:	https://www.kingston.gov.uk/downloads/file/1918/-ella-sar-executive-summary https://www.kingston.gov.uk/downloads/file/2296/ksab-sar-response-ella-may-2023

Case Details:
Ella sadly died at the age of 23 years from heart failure related to a fatty liver. Safeguarding adult concerns had been expressed by several organisations, as, supported by her mother, Ella sought to engage with many private and NHS services to manage a range of reported health conditions that included having a brain tumour. The safeguarding concerns included whether there was an element of fabricated or induced illness (FII) in Ella's presentation. A police investigation had also been initiated due to concerns about fraud linked to a charity set up and run by Ella and her mother to raise money for children with terminal illnesses, including Ella. Ella's post-mortem examination revealed no brain tumour. The coroner stated there was no evidence that she had any physical illness.

Key Findings for TSAB

1. **Guidance for Adult Safeguarding:** There is a total lack of safeguarding guidance and training related to Fabricated and Induced Illness in young adults, for professionals with statutory adult safeguarding responsibilities. This increases the chances that even when concerns about FII in a young adult have been identified by another agency and a safeguarding referral has been made to the adult social care team, adult social workers will not understand the nature of concerns being shared or what their Section 42 Enquiry needs to explore.
2. **Guidance for Health Professionals:** There is a lack of safeguarding guidance and training related to Fabricated and Induced Illness in young adults, for hospital and GP based health professionals. This means that any good practice in information sharing across hospitals and across NHS/private divisions is likely to happen without consistent involvement of designated safeguarding leads, or reliable referrals into adult safeguarding teams.
3. **FII and Legal Literacy:** Where professionals have concerns about the risk of harm related to FII by a young adult, the default legal framework considered tends to be the Mental Capacity Act, which is then hampered by the lack of a diagnosis of FII. This detracts from consideration of whether the young adult was a victim of FII by proxy, by their parents/carers in childhood, and the legacy impact of this coercion and control and/or any related medication dependencies, which might open the possibility of other legal basis for action without requiring any diagnosis. Without considering the impact of non-recent child abuse on an adult's capacity to make medical decisions, increases the risk of people being doubly victimised.

4. **FII and Medical Defence Union Advice About Information Sharing:** When an adult says they no longer want to be under the care of a particular GP, GPs are required to deregister the patient from their list/practice. The view of the Medical Defence Union is that from this point the GP no longer has a right to access or share information about the person. The result is a set up that actively enables Fabricated and Induced Illness by making information sharing among professionals impossible when patients attempt to avoid challenge and safeguarding interventions by “GP hopping”.
5. **FII and barriers to the private health sector and information sharing:** GPs working in the private sector are currently unable to access any centralised data about patients, leaving them reliant on the patient to voluntarily share details of their last NHS GP in order that medical records can be shared. In contexts of Fabricated and Induced Illness in children or young adults, and/or medication dependencies, this reduces the chances of effective information sharing and collaboration across GPs to build an accurate picture of the history and circumstances, and so facilitates attempts by the patients to avoid challenge and safeguarding interventions by “GP hopping”.
6. **Identifying and reporting controlled drugs incidents:** Are systems for identifying and cascading concerns in the prescribing of controlled drugs being used effectively? If not, it makes it easier for opiates to be fraudulently obtained and used, with potentially life threatening effects.

Considerations for TSAB

- Do we know if FII is an issue in Tees? Due to its rarity in Kingston, the SAB has focused on improving the effectiveness of health and social care systems more generally to prevent abuse/neglect and improve outcomes for those who have experienced abuse or neglect during their childhood.
- Tees Safeguarding Children Partnerships have developed guidance on how Perplexing Presentation (PP) and Fabricated Induced Illness (FII) in adults can affect children. The Tees Children Partnerships have hosted a series of training sessions on this topic which has been shared with TSAB’s Learning Training & Development Sub-Group colleagues (those who have ‘opted in’ to receive correspondence from the Children Partnerships). In this case the FII was in relation to the individual as an adult and not towards a child - is there any national/regional/local guidance or training that exists for supporting adults with FII? The learning from this case welcomes any guidance of experiencing FII in childhood and its potential impact on mental capacity as an adult. Kingston SAB are working with the safeguarding children partnerships regarding transitional safeguarding / supported decision making and unwise decisions linked to self-neglect.
- Can the ICB consider and share learning from this case with the Primary Care Networks in respect of information sharing and patients ‘GP hopping’ as well as identifying and reporting controlled drugs incidents?
- How strong are our links with the private health sector and how is information currently shared with them?
- Can we raise awareness of FII through TSAB’s newsletter? Can we work with the Children Partnership to do this jointly?

Useful Resources

- SCIE FII Recorded Webinar (SCIE login required)
- Fabricated Induced Illness and Safeguarding Adults Policy (Barnsley Council)

Title of Review:	**Sam**
Theme of Review:	Transition
Local Authority:	Hampshire Safeguarding Adults Board
Date Published:	March 2022
Link to Full Report:	https://www.hampshiresab.org.uk/wp-content/uploads/Case-073-Final-March2022.pdf
Link to Learning Briefing:	https://www.hampshiresab.org.uk/wp-content/uploads/Sam-SAR-Learning-Briefing-2022.pdf

Case details

Sam was a Looked After Child from the age of 12, due to aggression towards his mother. He had experienced a number of traumas in his childhood. Between the age of 12 and 17 Sam had numerous placements in hospitals, children's residential homes and a residential school including four mental health admissions in his teens.

In 2013 as Sam approached his eighteenth birthday he was discharged from Child and Adolescent Mental Health Services. It was felt that he did not have a 'full mental health disorder', so he was not referred to adult mental health services. An earlier diagnosis of autism had been 'removed' at Sam's request. Sam's care and support needs were assessed as 'moderate' so he did not meet the eligibility criteria for services for adult social care. However, Sam appeared to have had great difficulty in managing many aspects of everyday life including his own safety and personal relationships.

Sam first became involved with the Probation service in June 2015, following his conviction for the offence of Putting People in Fear of Violence. Over the following 2 years Sam's case was discussed at meetings under the Multi-Agency Public Protection Arrangements (MAPPA). In May 2017 Sam's GP was concerned for his mental health and referred him to the local mental health team. A crisis plan was developed. Clinicians considered the possibility of diagnosing Sam with a personality disorder. In subsequent years Sam was detained under the Mental Health Act 1983 and was also sentenced and imprisoned in February 2018 serving 3 months of a 6-month custodial sentence.

Whilst in prison, Sam was accommodated in the health care wing for the duration of his sentence during which time he was placed on suicide watch. Aftercare planning and support (under section 117 of the Mental Health Act 1983) was not adequately utilised and similarly opportunities to provide Sam with advocacy were not taken. During 2018 Sam's mental health deteriorated further. He reported being bullied by a neighbour who lived above him, which was a major source of stress for him. Sam was identified by the police as a 'high intensity user' of professional agencies, particularly in relation to instances of self-harm, however local services appear to have struggled to plan crisis responses in a co-ordinated way. Sam died in August 2018 (age 22) following an overdose of medication.

Key Findings for TSAB

Transition: Young people leaving care who have complex mental and emotional health needs must have a person-centred plan informed by the organisations who have and will work with them. Rather than leaving young people and their families to negotiate the complexities of eligibility criteria and the wide range of support services.

Whilst a care leaver may not be eligible for adult mental health services, they may be experiencing emotional needs which need a response in order to prevent harm and intensive use of public services.

The evidence from this case indicates that transfer of violent patients to the GP enhanced service is not always timely, well managed and informed by up-to-date information and contact arrangements. Well managed transfers are especially important when GPs are trying to address the health needs of people who mental health services are no longer able to support

Adverse Childhood Experiences (ACEs): We need to understand trauma and re-traumatisation and be confident in using trauma-aware and trauma informed approaches in working with people. These approaches will be supported through the development of professional curiosity in all organisations.

Legal Literacy: Organisations working with the adult should identify who the carers are in a person's life and the impact that caring responsibilities have on them. This should lead to a referral being made to the local authority (Adult Health and Care) who have a statutory duty to assess carer's needs for support and to advise them or provide support.

The statutory right to advocacy is vital, and in cases similar to Sam's can make a real difference in outcomes.

Responding in a Crisis: It is essential that High Intensity User Plans are developed with the involvement of the person involved who may be able to advise on strategies to reduce risk. Plans should also be made with the collaboration of all organisations involved in order to understand the system around the person and the potential impact of HIU or emergency service deployment plans. Plans must detail who the lead agency is who will review each incident with the person and try to identify triggers to behaviour and what can be done differently in the future. If the person is engaging in harmful behaviours, it is also essential to have a documented regular monitoring and review process to understand the impact of plans and mitigate risk to the person or others.

Key Findings relevant to the Teeswide Safeguarding Adults Board

- How strong are our links between children and adult services when a child approaches their 18th birthday and may need some additional support? (This will be picked up as part of TSAB's Case 10/22 SAR as well as the approach to young adults (particularly those who have experienced childhood trauma) and are at risk of abuse or neglect but are not deemed to meet Care Act eligibility criteria).
- The learning from this case to be shared with ICB to consider the learning around transfer of violent patients.
- TSAB to continue the positive work in relation to trauma informed practice (linked to Molly and Adult F cases).
- Share this report with Safeguarding Children Partnerships for information and consideration.
- A reminder re Carer's Assessments to be included in a future newsletter and shared on social media.
- The role of advocacy will be picked up as part of the Adult K SAR.
- Responding in a Crisis will be picked up as part of TSAB's Case 8/22 SAR – Independent Reviewer to consider this learning point as part of the review process.

Useful Resources

- Transitional Safeguarding Resources (including SARs where transition as a key theme)
- Transitional Safeguarding in Health (NHS England Rapid Read)

SANN Transitional Safeguarding Rapid R