

**SUMMARY TIMELINE**

**WBA N11 2019**

Year/month	2016			
	Winter Jan – Mar	Spring Apr – Jun	Summer July – Sept	Autumn Oct - Dec
Event	<p>Police contacted on several occasions due to alleged violence in the home. Local Authority Emergency Duty Team (EDT) respond.</p> <p>Referrals made to Children’s services and Child in Need (CIN) plan developed.</p> <p>Hospital presentation resulted in CAMHS crisis assessment.</p> <p>GP follow-up with referral to CAMHS for assessment.</p>	<p>Input from Child and Adolescent Mental Health Service (CAMHS) ongoing. Referral to Adult Community Mental Health Team (CMHT)</p> <p>Referral to Adult Learning Disabilities Mental Health Team due to “moderate learning difficulties”.</p> <p>Review of ADHD/ASD medication.</p> <p>Homelessness services assessment due to risk of homelessness.</p>	<p>A moves into homelessness accommodation</p> <p>A turns 18 and is discharged from CAMHS, case closed to children’s services.</p> <p>No longer attending college.</p> <p>Assessed by Psychiatrist, Learning Disabilities Team following discharge from CAMHS. No indication that he requires input from secondary medical care. GP/Primary care to continue prescribing medication.</p> <p>Medication prescribed with advice to refer to general adult mental health for ongoing monitoring.</p>	<p>A is evicted from homelessness property due to periods of absence, and lack of cleanliness in accordance with homelessness agreements.</p> <p>Abandonment notice posted on the door and eviction hearing upheld due to lack of engagement and poor cleanliness of room.</p> <p>Later in this period presentation to Minor Injuries Unit – accompanied by friend – said he was kicked to the side of head by a horse while working on a farm. Clinical assessment -soft tissue facial injury, x-ray and follow up with ENT. Discharged the same day, GP informed.</p>
Outcome/s	<p>Mum stating that she could no longer care for A and keep her daughter safe. A is requesting that he is accommodated by the Local Authority.</p> <p>PPNs submitted connected to police interventions. Police conveyed A to his friend’s home where he ended up</p>	<p>Children’s services supported A to access Homelessness services.</p> <p>Referrals to adult mental health and Adult Learning Disability Services.</p>	<p>All child and family support ceased as A becomes an adult. Adult services do not have specific support services available to meet A’s needs. Homelessness support by way of accommodation and repeat prescriptions are the only interventions. This leaves A unsupported without</p>	<p>A has since told reviewers that he felt he was too young to understand what was expected of him from the Homelessness service, nor did he understand the rules or the reason for his eviction.</p>

	<p>staying until homelessness services are provided.</p> <p>Consultations with CAMHS ongoing.</p>	<p>Accommodation identified from homelessness services.</p> <p>Apparent confusion over which adult services provision would be appropriate to support A into adulthood.</p>	<p>any care and support plans or interventions identified.</p>	<p>Medical conclusion was that A's injury was consistent with explanation given.</p>
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Year/month	2017			
	<p>Winter</p> <p>Jan – Mar</p>	<p>Spring</p> <p>Apr – Jun</p>	<p>Summer</p> <p>July – Sept</p>	<p>Autumn</p> <p>Oct - Dec</p>
Event	<p>A attended ED having reportedly fallen at a friend's house presenting with a bi-lateral ear swelling.</p> <p>On presentation he had a bandage over left ear, loss of bone structure and swelling to left mandible. Explanation given was a fall at a friend's house catching his ear on an iron step. Medical conclusion was that the injuries were not consistent with explanation and safeguarding concerns raised internally.</p> <p>The Perpetrator's name was given as next of kin . Mum later told the ward he had been supported by Child Disability Team.</p> <p>Matron spoke with A and assessed capacity. A was asked about the injury and made no disclosures. A talked about</p>	<p>A's mother contacted South Wales Police due to concerns for her son who was living in a caravan with people who may be abusing him. Mum reports that he is being kept at the caravan and is working for the people who are keeping him, that he has scars from beatings.</p>	<p>Presentation at ED with laceration of R thumb. Explanation is that whilst moving scrap metal he caught his hand on sharp metal edge which caused injury to base of thumb. A admitted to hospital for surgery.</p> <p>Newly appointed transition social worker makes enquiries about A due to risk of homelessness and access to medication and support from CMHT.</p> <p>NSPCC report to police that anonymous young person caller raised concerns about his friend A. Stating that he was being held against his will and suffering from physical and sexual abuse. A was clearly described in the call which lasted over 1 hour with NSPCC call handler. Immediate response from Police.</p>	<p>Feedback from police to NSPCC suggests that they have made relevant enquiries, that A is safe and they believe the call to be malicious.</p>

	<p>his difficult relationship with mum and A stated he did not live with her. Discharged Home.</p> <p>Follow up ENT appointments were not attended.</p> <p>South Wales Police receive an anonymous call concerned about a young adult male living on a farm in poor conditions.</p>		<p>DI oversight confirmed the need for a VA1 due to possible concerns of Modern Day Slavery.</p> <p>Strategy discussion taken place and agreed social services were to undertake a single agency visit and assessment.</p> <p>Efforts to make contact with A were unsuccessful and so a letter was sent to him to offer support. VA1 closed on the basis that police had previously spoken to A and he had confirmed that he was ok.</p>	
Outcome/s	<p>A was not directly asked about alternative explanations however, A was given opportunities to disclose abuse to staff.</p> <p>A was spoken to by police officers, PPN was not shared with partners as A was not identified as a vulnerable person despite markers for self harm and mental health (ADHD, ASD).</p>	<p>Police made attempts to access A. During this time officers spoke with Anthony Baker who confirmed A's living arrangements. A later seen by officers who denied any concerns and confirmed he could come and go as he pleased. Police conclude NFA</p>	<p>Plastic surgery required for injury. Discharged home, no follow up required.</p> <p>VA1 closed without SSD visit or follow up based on information provided by police relating to a previous discussion. Whole transcript of discussion between YP and NSPCC was not included in VA1 and so the context of the concerns regarding physical and sexual abuse and A's vulnerability due to ADHD and ASD.</p>	

Year/month	2018			
	Winter Jan – Mar	Spring Apr – Jun	Summer July – Sept	Autumn Oct - Dec
Event	<p>SWP received a further call that A was being kept against his will at the yard. RP reported seeing A less than an hour before making a report witnessing significant facial injuries, looking dishevelled. When RP challenged the</p>			

	<p>males they confirmed they were taking A to hospital. A call to hospital confirmed that A had not arrived at hospital which prompted the police report.</p> <p>A was located at the yard with clear injuries and requiring hospital treatment.</p> <p>A was conveyed to hospital with significant injuries: fractured jaw, burns, multiple bruising, perichondria haematoma (Cauliflower ear). Body map completed and it was concluded that A had sustained old and new injuries suggestive of prolonged exposure to physical trauma and malnourishment.</p>			
Outcome/s	<p>A subsequently disclosed suffering physical injuries. Safeguarding processes were instigated.</p>			