

## 1. Introduction

This briefing follows a discretionary SAR concerning the suicide in 2015 of an extremely vulnerable 23-year-old woman.

(Under the Care Act 2014 Safeguarding Adult Boards must arrange for a review of a case involving an adult in its area with care and support needs if;

- An adult dies or is thought to be permanently harmed (physically and/or psychologically and
- There are concerns regarding abuse or neglect in that individual's case.

A discretionary review can be held in other cases where lessons may be learned and that learning is applied to prevent future cases.)

## 2. Background

The SAR was led by an independent reviewer with a SCIE Learning Together approach and identified the young woman had;

- A troubled childhood including episodes of being missing from home, homelessness and likelihood of child sexual exploitation.
- Conceived her first child at 16 and went on to have four more children, all identified as children in need.
- A history of domestic abuse, substance misuse and deteriorating mental health with low mood, anxiety and self-harm.
- Increasing referrals to agencies with intermittent engagement.
- Children that were removed and placed with family members due to continuing concerns around their wellbeing.

## 7. Next Steps

Questions posed by the SAR have been considered by practitioners and an action plan is in place. The plan has been agreed by the SAB to address the learning areas.

The SAR did not identify particular practice or lack of action that could have changed the outcome. However it noted an increasing number of traumatised adults in crisis are coming into contact with services under pressure. Flexible rather than criteria - driven services need to be commissioned to meet the needs of the most vulnerable people and to respond to trauma in line with evidence of what works from emerging research and practice.

6. Conclusions

7 Minute Briefing **Safeguarding Adult Review** (SAR)

3. Learning (i)

Vulnerable people whose children are going through the child protection process should have their own allocated worker when they need timely support in their own right.

In complex cases. multi-disciplinary discussion gives a more holistic picture and can identify the best professional to engage the service user/ co-ordinate services. Eligibility criteria need to be sufficiently personalised and flexible.

5. Learning (iii)

Gathering complex histories can ensure the impact of past abuse and current risk is fully understood and should be addressed in line with emerging research and evidence of what works.

4. Learning (ii)