

# **Briefing Report**

## **Learning from Sam's life**

Hope is not an emotion; it's a way of thinking" ~Brené Brown

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## 1. A letter from Sam

This review tells my story - not just the pain I've endured, but the reasons I still hold onto hope. I know my life has been chaotic, heartbreaking, and sometimes hard for others to understand, but every moment I've lived carries a reason for how I got here. I had two children at 21. At the time, I was in a relationship filled with violence and addiction. My partner used drugs, and I began drinking more heavily to cope. He took our children from me. I was desperate to get them back, and I self-harmed - cutting my legs just to try and feel something other than grief and fear.

When my third and fourth babies were born, I struggled so much. I was housed near one of their foster carers, but I couldn't cope. My mental health deteriorated. There were ambulance callouts every day. I was falling out of windows, cutting my arms, and barely surviving. People began talking about an eating disorder. My children were taken from me. When my fifth baby came, I tried to follow a plan with children's services, but I was found by an ex, and everything spiralled again. I tried to talk about the sexual abuse I suffered as a child from an individual outside of my family unit, and the domestic violence I saw growing up. I spoke about this a lot to some of the workers. I was told that I had Emotionally Unstable Personality Disorder (EUPD) and possibly PTSD.

These diagnoses crushed me. The drinking increased, and I was still using drugs. I moved between temporary accommodations and refuges, but once I left one to be with someone who was violent - because strangely, it felt safer. I've lived on the streets. I've been threatened with eviction for rent arrears. I've been taken advantage of financially and sexually by other residents in refuges. I've woken up in pain with missing memories. I believe I've been raped, but I carry so much shame I don't want anyone to know. I have five children. I'm still a Mam. I carry their photos with me. When I'm not drinking, I talk about seeing them again and having a home. I lost contact with my youngest in 2016. It broke me.

In 2019, I stopped drinking for six months. I began the 12-step program. But anniversaries - birthdays, adoption dates - triggered flashbacks and I started drinking again. I was hit by cars and had a head injury. I tried to end my life several times. I reported a rape by an ex-partner. I wanted help. But I was told I had to be sober for six months before receiving mental health support. I tried detoxing at my mum's house, but I had seizures. I've been in and out of A&E. My body and spirit are exhausted. I am not asking for pity. I'm asking to be seen. For someone to recognise the strength it takes just to wake up each day. For compassion. For a chance to heal with the right support. I want to rebuild. I want to reconnect with my children. I want to find safety. I want my story to matter. Thank you for reading this and for taking the time to understand me a little more.

A small percentage make it the majority don't, women need a system that works for trauma due to affects/ after effects of domestic abuse, family breakdown and dual diagnosis of mental health and alcohol use. We need change and to be heard.

I didn't make it, but my voice did!

**Sam**

\*Letter from Sam developed posthumously in conjunction with her family

## 2. Background

Sam died tragically in Gateshead at the age of 38 in terrible circumstances because of the impact of alcohol on her body. A few weeks before she died, she was writing in her diary about the hope she still had that she might see her children again. Sam was known to workers from many different agencies over the last few years of her life. They have all shared about what a lovely gentle person she was when she had periods of not drinking and how much she loved and missed her 5 children. They also spoke about her vulnerabilities and the devastating impact of lifelong trauma. Sam was a mother, a daughter, a sister, and an aunt.

Sam had 5 children (2003, 2006, 2008, 2011 and 2014) and all were removed from her care. She was not in Gateshead for most of this period but in Sunderland. She had hopes and dreams and most of all wanted a home and to be a mother.

Learning about her life has been a privilege and a challenge. A challenge because we can see the many points in her life even in childhood when different decisions might have altered the course of her life. There were early indications that her life was not going well and opportunities for intervention along the way. We recognize the profound and lasting impact of childhood exposure to domestic abuse within the family home, as well as the trauma Sam endured from intimate partner violence. This is compounded by the devastating effects of childhood sexual abuse outside the family unit and the profound loss caused by the removal of one's children. Some of this information was not known until adulthood and she spoke about having to numb the pain with drink and drugs.

This review came via the Safeguarding Adult Board (SAB) and the backing and support of public health. It is not a safeguarding adult review as it did not meet the threshold for Section 44 in the Care Act. However, there was an insightful recognition by SAB partners that Sam's life experiences would have far reaching consequences for Gateshead and beyond. This has most definitely happened during this review and Sam's life has touched our hearts and compelled us to think differently. She touched the hearts of those that she worked with and who tried to support her.

The review highlights several key areas including the need to rethink how services could be commissioned and organised from a real understanding of trauma. Furthermore, there is critical learning about the need for support for mother's post care proceedings as well as earlier intervention. Children's services focus on the child's well-being and safety as they should. This is obviously critical and yet the review has identified the paradox that in so doing it fails to look at the trauma in the parent and leaves the parent facing the same issues. We need to think more creatively with women about how to break into the cycle and stop the 'ripples of despair'.

Sam's life compels us to ask: *What would be different now?* The answer lies in recognising that women like Sam continue to face the same challenges. Without radical change, the cycle will repeat. The answer is seen in the women we have heard about from services during this review who continue to face the same challenges. It is seen in the numbers of women dying from drug and alcohol and domestic homicide. It is seen in the numbers of children in care situations. Some improvements have been made and what we have seen is a willingness to be innovative. However,

the message from services is that they are constrained, they do not have the full reach, do not last long enough and have limited capacity. The review raises urgent questions for further action and consideration.

The findings of this review are that there is a public health imperative to act<sup>1</sup>. The strategic building blocks are in place and need to be cemented together.

- The strategic boards across Gateshead have an opportunity to build a better system together to ensure that women with multiple disadvantage and trauma do not slip through gaps.
- The message is for Gateshead that gender matters.
- There is a need to address the system challenges of working together
- Multiple disadvantage should be recognised as a first step to developing a way of working that does not isolate, and mirror trauma.
- Women who have children removed should have access to support as a right.
- Women with multiple disadvantage who are pregnant or have children need a collective approach to safeguard themselves and their babies.
- Strategic Boards should explore learning from other areas about integrated models of working with women who have had children removed and much earlier prior to getting to proceedings.
- Build on the Blue Light initiative and learning from initiatives to manage risk such as Creative Solutions in Plymouth.

The review makes a number of recommendations and yet the most significant is that a radical rethink is needed to wrap around women and their children. Practitioners and leaders agreed that this would make the biggest difference to the lives of women in multiple disadvantage and bring hope. It means drawing on existing innovative work in Gateshead and the Northeast, including the people who have been doing this work. We say 'radical' but in reality, it is a return to the basics of relational work.

### 3. Methodology

The review had the following aim:

- To understand the current system through the experience of Sam and her family
- To build an understanding of some of the barriers to change as well as what works well

This review draws on the principles of appreciative inquiry to enable a deeper look at what is happening and what the future could look like. Appreciative Inquiry looks at what is good, what works and for example what we'd like to do more of. This is different to traditional approaches of reviewing practice where the focus is often on what went wrong and what should be done differently. As an approach, Appreciative Inquiry does not apportion blame; instead, it seeks to understand what has happened, within a framework that is participative, collaborative, embraces professional curiosity and challenge, and focuses on what works well and what is valued. Time to Think is based on the work of Nancy Kline who identified a set of behaviours that generate the finest thinking. These are known as the Ten

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<sup>1</sup> [Gateshead Ripples of Despair 2024](#)

Components of a Thinking Environment. *Attention, Equality, Ease, Appreciation, Encouragement, Feelings, Information, Difference, Incisive Questions, Place*. When all 10 are working together there is real transformation in thinking and collaborative working.

A panel drawn from members of the safeguarding partnership have overseen the process and been part of identifying and reframing the inquiry questions. We worked together to create a space to generate our very best thinking. Sam's sister and mother have provided valuable information about her life. They have shared difficult and personal insights to help Gateshead to improve the offer of support. Their willingness to share means that we have been able to hear Sam's voice and her frustrations. Interviews with different agencies and services has also contributed to a greater understanding of Sam's experiences and we have been able to build a picture of the pivotal moments in her life.

Crucial to the learning has been the willingness for Board Chairs and senior leaders to be part of conversations and feedback. Without their understanding and knowledge of the system change is more of a challenge.

#### 4. Workshops

Five workshops took place:

- Domestic abuse
- Supported housing
- Dual diagnosis & brain injury
- Parents on the precipice
- Women with children removed

The focus of the workshops was to identify the current position in Gateshead as a starting point for discussions. There is an abundance of services in Gateshead as well as a workforce that is committed, and passionate. Much work takes place despite difficulties in capacity, resources, and system constraints. As we all know this is not a sustainable place to be for any system.

The workshops were facilitated using the principles of the thinking environment which compliments the strength-based approach of appreciative inquiry. This allowed dialogue between participants to take place in as safe an environment as possible. This also enabled an opportunity to be future focused and to look at what might be. Workshops all provided a brief context of Sam's life and encouraged participants to see someone's life as a window in into the current system as well as what the system might look like. Although the workshops all had specific themes, they cannot be seen in isolation just as someone's life cannot be decompartmentalised.

An overarching issue is the way that services continue to work separately until there is a point of crisis. Even then there is a tendency to defer to whichever agency seems to be dealing with the crisis. For example, Sam had several urgent housing needs and was placed in supported housing and Astell house (Gateshead Women's' Refuge) for some time. During that time, the housing accommodations struggled to keep involvement from other agencies who had

previously been working with Sam, such as mental health. It was assumed that she was in a safe place. Yet, Astell House was not the ideal place for Sam and caused many challenges for her and staff.

The feeling of frustration and hopelessness experienced by workers was evident across the workshops. They wanted to do the very best they could for the most vulnerable people with many barriers and challenges along the way. In addition, working with the most vulnerable of people with such perplexing needs is stressful and a potential recipe for burnout and vicarious trauma.

*'Sam did have frequent hospital detox but would relapse quickly. How can we improve after care? Sam was 'self medicating' on alcohol due to trauma. How can we help someone to stay in treatment?'* Workshop Participant

What is clear is that we are talking about a significant cohort of women whose unmet needs are beyond the scope of any service that is currently in place. This is why you are seeing an increasing number of deaths related to domestic homicide suicide with alcohol and drug use.

## 5. Stark and Compelling Evidence

Evidence from evaluations of projects such as Tinas Haven<sup>2</sup> and Pause have shown the higher risk of death for women who have children removed and experience multiple disadvantages. Women with multiple disadvantages in the Northeast were found to be 1.7 times as likely to die early than in England and Wales as a whole; and the average age at death falling by ten years, from 47 to 37 (Agenda Alliance and Changing Lives 2023) Over the last few years, in Gateshead and across the North East, there has been an increase of female suicides, drug-related deaths and domestic homicides.

In 2023, Changing Lives and Agenda Alliance released a report called Dismantling Disadvantage<sup>3</sup>, highlighting the disproportionate number of female deaths in the Northeast. The report advocated for system change, and the need for a shift towards prevention and early intervention, and integrated services delivering gender and trauma-informed support. This is not a new position and is echoed in Gateshead's Annual Public Health Report (2024).

A more recent study <sup>4</sup>has revealed that 1 in 3 women who die within a year of giving birth are known to Children's Social Care. Causes included suicide (20%), other psychiatric causes such as drug-related deaths (30%), and homicide (5%). The researchers found that the women had experienced domestic abuse, childhood abuse, and mental health and physical health needs.

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<sup>2</sup> [tinas-haven-In Love and Anger 2024](#)

<sup>3</sup> [Dismantling Disadvantage 2023](#)

<sup>4</sup> [new-study-better-care-mothers-social-care-involvement/2025](#)

## Why does this matter?



The average age of death for a woman experiencing homelessness is 43 compared to 83 for women not experiencing homelessness.



In the North East it is 37.



Remember - homelessness sits alongside domestic abuse, sexual abuse, poor mental health, alcohol and substance use.

**A stark and devastating reality joining the dots.**

## 6. Themes

### Dual Diagnosis and the Dilemma of Detox Support and Mental Health

There is a significant issue in Gateshead in that the pathway into mental health services can only happen after 6 months of being 'dry'. This was a constant theme of interviews and workshops. Sam's parents helped her to detox and Sam had intense withdrawals including seizures.

Gateshead services have access to three external placements for detox support. These are typically one or two week stays. Only one placement in Wales offers further longer-term support. The Welsh provider will also collect the person. This may seem a strange thing to say but the Gateshead Recovery Partnership worry that the person will 'not make it' to the placement because of their fragile condition and the many distractions in their lives. Following the short

*'Just have to hope they are ok while waiting for mental health support'*

placement, the person then returns to Gateshead and usually that means back to the same circumstances. ***Here is a tension for the system in that there is no facility or wrap around support available to follow up to continue the detox.***

There is now a complex women's' recovery group and Sam was referred but sadly died. This does at least offer some potential interim support. The Gateshead Recovery Partnership (GRP) has now extended their services to include a women's development worker. Sam would now have benefitted from this tailored and flexible approach and would have had more support during pregnancy. However, she still would not be able to access mental health support unlike Sunderland which has a different approach.

### Housing Options

The availability of move on accommodation /housing options that would enable intensive longer-term support in a safe space for women who have had children removed and have experienced multiple disadvantages. Housing is often seen as a solution, rather than part of the solution and in Sam's case services such as mental health withdrawn as 'she

was in a safe space'. She was vulnerable and more at risk especially in a refuge. Women such as Sam have such complex needs that they do not 'tick' boxes and end up in accommodation that is not suitable.

The average age of death for a woman experiencing homelessness is 43 compared to 83 for women not experiencing homelessness. Sam did experience homelessness not necessarily rough sleeping but not having a settled home. In the Northeast it is 37. ***Remember - homelessness sits alongside domestic abuse, sexual abuse, poor mental health, alcohol, and substance use as major trauma.***

### **Women who have children removed**

There is limited awareness of the needs of women prior to and following proceedings. There is good practice such as Trusting Hands, Changing Lives (Ridley Villas), and Her Circle. These are small pockets of committed and passionate services striving to work in a compassionate trauma informed way. Her circle for example only has 2 workers. Yet they were often quoted as great practice. What more could be done if they were commissioned differently?

Recently children's services have started a piece of work about what is available for women who have children removed, and this will include interviews with women. However, it has yet not identified a clear pathway of support and presents more of a directory. This might be more helpful if undertaken in collaboration with other key partners many of whom have been involved in this review, and who know the examples of good practice across the UK. Such as:

- Pause
- Tinas Haven
- For Baby's Sake
- One Small Thing
- Sheffield's work
- Northeast Lincolnshire

Children's Services are making improvements and work has started on' reunification 'between children and families. But workshops and interviews presented a dissonance between children's services and adult services, with a gap in Think Family work.

The workshops and interviews highlighted the simple fact that there is no coordinated support for women who have children removed from their care. Working with women with such complex needs and multiple layers of trauma from childhood and who have more than one child removed needs a plan for long term intensive support.

Best practise within Gateshead such as Changing Lives, the Recovery Partnership, Changing Futures, and Her Circle, demonstrates the need for specialist services that work intensively with a smaller group of women and children. This is replicated in the work of Pause, Tina's Haven and For Baby's Sake. A whole package of support is needed for women who are about to /will have experienced care proceedings for their children. Adult Education (Gateshead Council) run accredited courses for women who are struggling in different areas of their lives. This is currently in place in one of SEW Consultancy Ltd November 2025

the Hubs in Gateshead. The manager has contacted a local community group offering an intensive programme to work together. No one interviewed in Gateshead spoke about this offer from Adult Education which includes creche /childcare and taxis.

In 2024, “the Northeast continues to record the highest overall care rates” (Health Equity North 2024:9). The Northeast, having 113 per 10K children in the care system in March 2023, 1.6 times the national average of 71; with six out of twelve North East local authorities in the highest 10%, including Gateshead.

Research by Pause suggests that women who have experienced the repeat removal of children from their care are 14 times more likely to die prematurely.<sup>4</sup> It is important to note that there is no statutory duty for local authorities to help women who have children removed. Pause have submitted an amendment<sup>5</sup> to the Children’s Wellbeing and School Bill to call for compulsory support following child removal. Gateshead is seeing the impact of what happens following child removal and how this compounds existing disadvantage and trauma.

The review showed that more work needs to be done to build a life course approach and revisit the concept of Think Family. Think family work family is not clearly understood across services. Even before child proceedings take place there is limited understanding of the needs of the mother and interactions with adult social care for example. This leads to a lack of understanding about capacity and consent as the different legislative frameworks are not considered together. This applies most obviously in terms of the interpretation of The Care Act 2014 and the requirement for assessment of care and support needs.

### **Acquired Brain Injury (ABI)**

*For people experiencing or having survived domestic abuse, understanding their risk of ABI following head, neck, and face (HNF) injuries or non-fatal strangulation is central to them being able to advocate for themselves and access the correct care and support.<sup>5</sup>*

There is an acquired brain injury (ABI) service in Gateshead. However, as in many areas, there is limited awareness of ABI following alcohol use, and domestic abuse. Therefore, it may be many years before it is recognised. Workers said that they did not automatically refer women and that there was no automatic prompt on assessment screening/referral tools. There is no routine screening for ABI.

There is a plethora of research looking at acquired brain injury amongst homeless people, alcohol use, childhood trauma and survivors of domestic abuse.<sup>6</sup> The Blue Light Approach currently in initial stages in Gateshead references shocking data about the numbers of adults with alcohol issues who will have acquired brain injury. Sam and women like her, experienced the convergence of all the above plus of course the added trauma of children removed.

Out of all the above we must not detract from the terrible consequences of domestic abuse on the lives of women and children. More is now known about non-fatal strangulation for example. Brainkind have highlighted this in their

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<sup>5</sup> [oo-Many-To-Count-Report.pdf2024](#)

recent report. In addition, Sam was hit by cars and was reported as having a head injury after one such occasion. None of this led to a discussion with her nor a referral to the acquired brain injury service for screening.

*It is clear there is an undeniable connection between domestic abuse and brain injury. Domestic abuse is not just a standalone problem; it is an issue that requires a holistic understanding among everyone who interacts with and supports survivors. The findings are just the tip of the iceberg, and there is still a need for further research, awareness, and training among all professionals so that the invisible impacts of brain injury arising from domestic abuse are not overlooked.<sup>6</sup>*

It would be helpful to encourage ABI screening alongside existing routine domestic abuse screening processes, and referrals for alcohol use. More work would be needed on recognition and training and supporting women to understand the consequences of a diagnosis of ABI.

The Domestic Abuse Commissioner stresses that a true trauma response service should include the identification and treatment of those with lived experience of domestic abuse who may have the effects of ABI.<sup>7</sup> This should not be separated from a greater understanding of mental capacity and the ways in which women with ABI may appear to have capacity.

#### **Working with Women who have deteriorating physical and mental health needs.**

Sam experienced a deterioration over the last year of her life. She died in extreme physical neglect as she continued to drink more and more and could not care for herself. In her last week she was unable to get out of bed. The reality is that Gateshead has many more women with similar needs to Sam who are at risk of death. For some women, the path to full recovery may not be possible. However, they will still need support and care. In Sam's case there was no final safeguarding concern about self-neglect. Previous safeguarding S42 enquiries had involved multiagency meetings and at this point they had been closed.

The complexity of the need in Gateshead is that there are women with differing needs along the life course. For example, there are women at the moment who have had more than one child removed but many years ago. They are the women who may experience continued exploitation and domestic abuse, and the effects of years of drug and alcohol use. They are often on the edge of services and seen as 'hard to engage'. Their physical health is deteriorating and like Sam they self-discharge from hospitals and Accident and Emergency, with an assumption of capacity. As research now tells us these women are dying in their 30's and 40's, a stark reality.

Recent research (2025)<sup>7</sup> in the Northeast, and Kings College London reminds us of the devastating reality facing many women and children with multiple disadvantage. Specifically, that they were at heightened risk of death either by murder or physical and mental health causes. Sadly, this resonates with the story in Gateshead.

The local and national research and evaluations are painting a clear picture of need. We cannot argue with the evidence before us and yet we struggle to find ways to fit the need into our current systems and strategies. **What is**

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<sup>6</sup> [2023domestic-abuse-and-brain-injury-a-link-often-missed](#)

<sup>7</sup> [childrens-social-care-involvement-common-to-nearly-third-of-uk-mums-who-died-during-perinatal-period/](#)

***needed is an upside-down approach, a way of working that is already in place in many parts of Gateshead, and yet not 'normalised'.***

Conversations with the domestic abuse service in Gateshead, the Recovery Partnership workers, High Intensity User Group, Astell House and many others suggest that relational working is taking place, and yet it is not part of mainstream provision or commissioning.

There is a need to foster a way of working that enables people to move out of their boundaries and delivering in a way that makes safeguarding personal.

There are many women at different life stages in Gateshead. What if we had a way of working using learning from Changing Futures?



*Consider adopting a Framework for Change such as Building Routes to Scale*

## High Intensity User Group

Similar to many women in Sam's position there are frequent admissions to Accident and Emergency. Gateshead has a High Intensity User Team with very flexible referral criteria. Nevertheless, IT systems prevent clear sharing of and speedy access of information. Sam was in A and E on many occasions in the last few years of her life for overdose, self-harm, and head injuries. The High Intensity User team would prefer to see a community response that extends being the hospital boundaries

Given the high proportion of physical /medical problems and high risk of suicide it would make sense to review the long-term focus of the High Intensity User Group. Use of different systems across Gateshead makes sharing data across primary and secondary care challenging. This group could have a greater impact in people's lives if it was commissioned differently and had additional resource. Examples in other areas<sup>8</sup> have shown the value of health services joining forces in a collaborative process.

***What if the High Intensity User Service focus was tackling health inequalities and employed nonclinical care coordinators? What if the High intensity User Service was seen as a central part of the systems approach to supporting women with multiple disadvantage?***

## 7. Findings

The key findings from the review mirror both national and local findings. Sam's life shows us how the system responds when people present with what is known as 'complexity'. A better term of course is multiple disadvantage as this illustrates the intersecting problems which hinder access and potential bias.

### Managing and understanding risk

The review has highlighted a need to have a forum/s where the needs of adults can be discussed in a different way. As we see from Sam's life many people do not 'fit' into standard ways of working. We are expecting people to process their lives in a certain way and yet the very nature of from childhood into adulthood means that it is not possible immediately. This requires rethink of how the system and works from commissioning to delivery, and how risk is and understood.

Creative Solutions<sup>9</sup> Plymouth is an established multi forum with the person at the centre and attended by practitioners and commissioners alike. The approach on people who fall between the gaps and may not present

*Bespoke approaches have begun to replace standardised care, there are fewer inter-service hand-offs, better understanding of risk and inter-service co-operation has become the default, rather than the exception. Most importantly, culture right across the system has changed. Creative Solutions Lead*

trauma  
thinks  
seen  
agency  
focuses  
at all

because they resent or fear authority.' It is similar to the SERAC (Nottingham) where attendees are asked to suspend their professional roles and think about the needs of the person. ***Will you explore this?***

<sup>8</sup> [High-Intensity-User-service-for-individuals-with-complex-needs-in-NCL.pdf](#) 2023

<sup>9</sup> [Social-Care-Creative-Solutions-Forum-Plymouth.pdf](#)

In addition, the system does not have a MARM process (Multi Agency Risk Management). It is a framework used by Safeguarding Adults' Boards for managing individuals at high risk of harm, often from self-neglect or refusal of services, where statutory adult safeguarding processes do not apply. It brings senior professionals from different agencies together to share information, assess risks, and agree on a joint action plan to protect the adult's independence while mitigating serious harm. The individual is encouraged to be a co-producer of their support and contribute to the process. A MARM however, it is **not** a replacement for statutory safeguarding.

Changing Futures hold *network meetings* to support people with solutions and think differently. Gateshead may wish to use a number of options to test out what works. Sam's life demonstrates that apart from a time when there was a statutory safeguarding (Section 42) in place there were no regular coordinated multi agency meetings. This meant that there was no information sharing in the last months of her life and few people knew about her deterioration. There were also moments during her life, such as when she had her children where a creative solutions type meeting would have enabled a Think Family approach.

### **A focus on compliance**

The system in Gateshead responds in a similar way to other areas. The emphasis and reliance on processes and procedures means that there is a greater focus on 'compliance'. Compliance for example in Sam's case looked like needing to withdrawal from alcohol before a referral to mental health services could be considered. Compliance can be seen in the plethora of appointments women are required to attend This was difficult at times for Sam and was challenging when she moved to different temporary accommodations or had a relapse, as she was unable to get to appointments. This was compounded by the fact that there was little coordination of appointments and information sharing across agencies. **How is this affected by trauma and ABI? If we truly understood the challenges facing women in processing information, what would we do differently?**

*What the analysis tells us is that these women come from backgrounds of trauma and abuse, and yet despite their efforts to keep up with demanding appointment schedules, they often face scrutiny and judgment rather than receiving support for the issues they are facing.*

King's College London 2025 Study [childrens-social-care-involvement-common-to-nearly-third-of-uk-mums-who-died-during-perinatal-period/](#)

We continue to see this in child protection, and we saw it in Sam's life with each of her children, and pointedly with her last child. As she had been 'engaging' with professionals during her pregnancy a plan was agreed so that she could look after her child. Sam was considered to be doing well and her case closed. However, in Sam's case she was found by a perpetrator, and this triggered a period of drinking. She was then not able to look after her or protect her baby. Up to this point, she was seen to be 'compliant' and yet there was no understanding of potential relapses and the long-term nature of support required for recovery. She had been considered to be doing well so support was withdrawn.

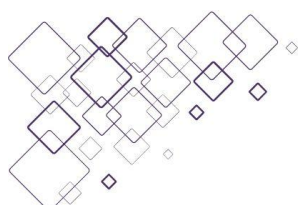
Sam had 4 previous children who had been adopted, numerous housing moves, and violent partners. Programmes such as Changing Futures and Pause provides us with learning about approaches and insights into how people with

trauma and multiple disadvantages might respond. For example, a relational way of working has helped to build an understanding of protective factors and also helped the adult to think more about their own responsibility.

*For mothers and fathers who are involved in recurrent care proceedings, the pattern of adverse experiences throughout childhood and into adulthood means that many of them are dealing with complex and unresolved trauma, which is then compounded by the trauma of having their children removed through care proceedings. The impact of such trauma and adversity often also leads to parents falling through the nets of support and being seen as 'hard to reach' or 'difficult to engage' (May 2025)*

Pause demonstrates the necessity of smaller caseloads to build a trusting relationship. This way of working requires a different mindset and framework. Frequent turnover of staff and higher caseloads mean that relationship building is not high on anyone's list. Sam expressed her disappointment in her diary at the changeover of staff and having to retell her story.

Sam's life also flagged challenges faced by organisations such as the Recovery Partnership who have a greater emphasis on trauma informed working and building peer support networks. Yet, their work was hindered by challenges in pathways between detox and mental health. For example, the need to wait 6 months following detox before accessing mental health support. In addition, the shortage of national detox centres caused anxiety for workers. Only one venue has an attached rehabilitation placement. Otherwise, after a one-to-two-week detox the person will return to their circumstances. Factor into this scenario multiple other issues such as removal of children, homelessness, exploitation, and domestic abuse, increasing physical health conditions, plus childhood sexual abuse. This would be a description of Sam. The addition of acquired brain injury adds yet a further layer of risk.



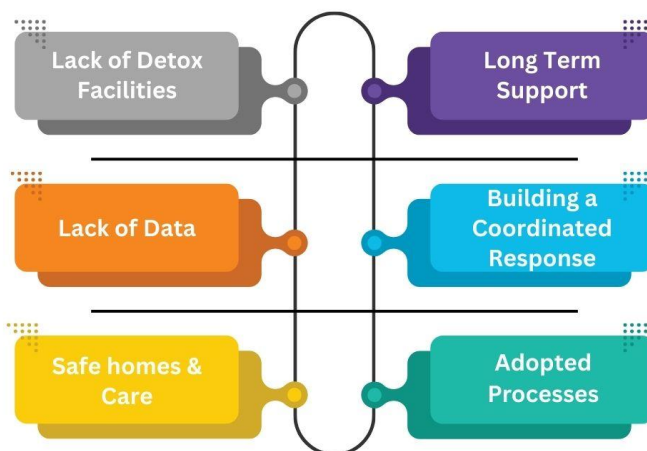
## SURFACING TENSION IN THE SYSTEM

*What if there was a simpler way?*

Clear indication of lack of Detox facilities in Gateshead. This is part of the National detox facilities shortages across the UK.

There is a deficit in suitable data to support the ability to evidence outcomes and inform strategic decision-making.

Reduced amount of safe accommodation facilities where wrap around care is provided for residents.



Clear reduction in services offering long-term support, impacting the ability to maintain consistent and sustained interventions for children and families.

There is a shortage of effective responses for women facing multiple disadvantages, highlighting the need for targeted service development.

Could Gateshead adopt an alternative model, such as the Public Health model to enhance our strategic plans?



## Think Family Work Family

It is essential to ensure that the needs of the entire household are considered. This requires a systemic, cross-cutting strategy that integrates Think Family principles into all relevant policies, procedures, workforce development, risk assessments and multi-agency frameworks.

This is paramount when proceedings are taking place, and when it is known that they will take place. There should be a wraparound process for mothers taking the learning and recommendations from Pause, who suggest a MARAC style process.

We often speak of 'transition' points for children from children's services to adult services but there is no coordinated response for women such as Sam. After Sam's 5<sup>th</sup> child was removed her life spiralled out of control. She did not have a package of wrap around support to try to guide her life as a mother without children. ***This is one of a number of points of tension in the current system.*** There is no mandatory pathway to ensure support for a mother whose children are about to be removed from her care.

The National Pause project highlighted this gap in their response to the Care Review and recommended that there should always be a time to learn lessons from a child being removed and *must include 'post removal trauma informed support'* for parents. Gateshead does not have a Pause project but does have examples of good practice which could be pooled to develop wrap around support. This will be further strengthened by the Housing First procurement process which will enable a greater focus on projects which help women to understand the many aspects of grief and loss they experience. A local response should be considered to mirror the recent national Pause recommendations. The amendment proposed by Pause to the Children's Wellbeing and School Bill will help if accepted, ***but you could do it now? Has consideration been given to a Pause project?***

## The needs of children

In 2024, "the Northeast continues to record the highest overall care rates" (Health Equity North 2024:9). The Northeast, having 113 per 10K children in the care system in March 2023, 1.6 times the national average of 71; with six out of twelve North East local authorities in the highest 10%, including Gateshead.

Anecdotally, Gateshead practitioners have expressed concern at the numbers of babies removed at birth. The repeat removals of children have been the subject of research and discussion for a number of years. In 2017, a team at Lancaster University published the final report of a Nuffield-funded research study into *Vulnerable Birth Mothers and Recurrent Care Proceedings* (Broadhurst et al, 2017)<sup>10</sup> Following this in 2019 a resource pack was developed. In further work Lancaster University stressed 'Child removal as the *gateway* to further adversity'<sup>11</sup>, if resources are not made available for the system. This is not only for the mother but a gateway into adversity for children.

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<sup>10</sup> [final-summary-report-v1\\_6.pdf](#)

<sup>11</sup> [Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal](#)

Gateshead is currently developing a reunification policy and developing work with foster carers. Work at an earlier stage is also needed which might include other professionals such as health visitors. Gateshead Family Nurse Partnership (FNP) is invaluable, and the Young Mothers Outreach work. Yet do they have time to follow up long term? We must also remind ourselves about the sense of isolation experienced by both women and children when children come into the care of the local authority.

The majority of parents involved with child protection services and the family courts have experienced multiple forms of disadvantage in their own childhoods. They typically become parents at a younger age than the general population, but with fewer resources to bring to parenthood ([Broadhurst et al., 2017](#)).

### **Assertive Outreach**

Practitioners highlighted that there were a lot of attempts to work with Sam in the period after her children had been removed from her care. There was frustration at the lack of coordinated action when it was needed. A consensus view was that an assertive outreach model was needed to bridge the gap for people with existing services. ***This is a further tension in the current system.*** It might also help to encourage consistency. Sam liked consistency with workers and found it 'traumatic' when she had a new worker. At times, she had many different workers who all wanted to know her story.

### **The central role of Housing**

Sam spoke frequently about wanting a home; It wasn't always clear what she meant but it was probably tied up with her children and being safe. At one point Sam returned to be with a perpetrator as she felt safer than in a supported accommodation.

Housing providers and Gateshead Council Housing demonstrated compassion with Sam and used a variety of funding mechanisms to accommodate Sam. For example, her final supported housing was part of Rough Sleepers initiative funding and had the option for her to stay long term. Support workers were part of the package. Sadly, at this point she could not benefit from support workers as she was physically deteriorating.

The Gateshead Housing Team and Commissioning Division are innovative and looking to develop *Housing First* as a way of supporting people who struggle with tenancies and have multiple disadvantage. There are 15 places available, and allocations will be via a panel. A package of support available. This is vital work and another part of the jigsaw of support. The approach forms part of a wider vision to develop a public health approach with:

- Accommodation
- Daily Support
- Coordination
- Personal Care

Sam would have benefitted from this facility. In her final weeks the housing facility provided support workers, but she needed personal care at that point. Many women will be in similar situations even temporarily. Relapses mean that

there is self-neglect and increasing alcohol use means worsening health. ***Perhaps we could also learn from Scandinavian models for supported housing which use a peripatetic worker?*** Again, this approach will need to be 'locked in' to wrap around support and not leaving housing to pick up everything.

We must factor in the difficulties of placing people with others in similar need. Sam was exploited sexually and financially in one accommodation. Staff struggled to give her the support and protection that they knew she needed. Some of the challenges are not helped by the design and layout of buildings. The design of buildings is as much a priority as is ensuring that they are staffed by people with the right skills and who have themselves the right support. This work is challenging and difficult not least for workers who staff housing accommodations such as Astell House. Speaking with members of their team reinforced how vulnerable they are to vicarious trauma and how caring they are in spite of the challenges. Many people cared about Sam and felt deep frustration that they had not been able to see greater change.

## **8. Six Key Messages**

The key messages demonstrate the learning needed in the system to build on existing improvements.

Gateshead has, as stated earlier, a range of amazing projects and the most committed individuals. Yet their level of frustration is high as they feel that they sit outside mainstream working. If there was another key message it would be the importance of drawing a group of individuals together to advise and coordinate. The review panel was composed of a group of the most compassionate and innovative individuals drawn from across the partnership. It also showed the vital need to have public health leads at the core of this work going forward.

## Key Messages

### Creating a Stronger System

- The findings of this review reveal the disconnect that still exists across organisations and across strategies. This makes safeguarding the most vulnerable in our society especially challenging despite the goodwill of people working in the systems.

### A Life Course Approach Matters

- Sam's life reinforces the need to think about the Marmot Principles - as prioritised in Gateshead's Health and Well Being Strategy. Thinking about the wider determinants of health and working upstream
- 'A strong acknowledgement of the building blocks of health, and parity given to outcomes related to alcohol and drug use, mental health, self-harm and suicide' (Ripples of Despair)
- Thinking more about protective factors at key life stages.

### Investing in Practitioners

- The workforce does not have 'wiggle room' for innovation and tailoring to what the woman and her family needs.

### Thinking Differently about Commissioning Frameworks

- Commissioning across services is not aligned in a way that reduces gaps and helps practitioners to do their job.

### Longer Term view to Funding

- Learning from the Changing Futures programme shows the value of testing out different funding programmes. These programmes are key to changing commissioning practices and how ultimately local services are delivered.

### Gender Matters

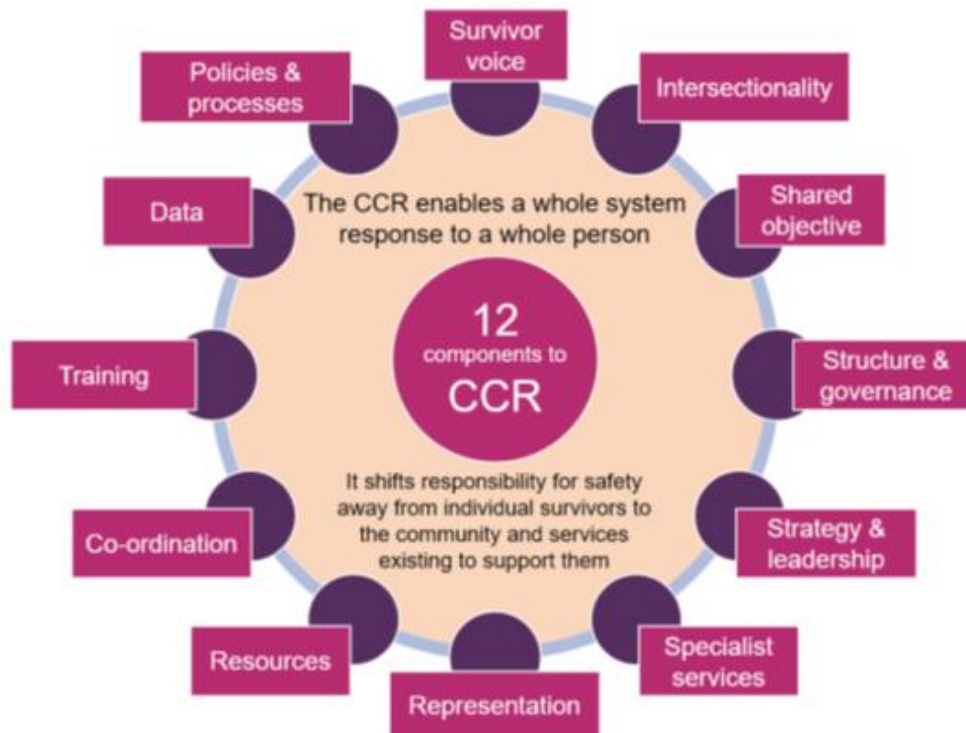
- Gateshead and the Northeast has compelling evidence that women such as Sam and their children are falling through gaps.

## 9. Building a Coordinated Community Response

The need to embed a whole system approach using the Making Every Adults approach (MEAM) across Gateshead is a major finding of the review, Senior Leaders and decision makers need to work together to drive system-wide change. Various policy documents in Gateshead have made clear recommendations to improve the way strategies and commissioning processes align. These are most clearly seen in the Annual Public Health Report and Supporting the Thrive pledge of '**putting people and families at the heart of everything we do**', and the Health & Wellbeing Strategy commitment to '**make sure that all local people can contribute to and engage with the future of Gateshead**'. We want to increase the voices of lived experience in the development, co-production and evaluation of our strategies and service delivery plans, including children, young people, and adults'.

The system might benefit from the use of a framework to assist in thinking differently. Two models to consider when thinking about creating effective change and developing an effective service delivery model are:

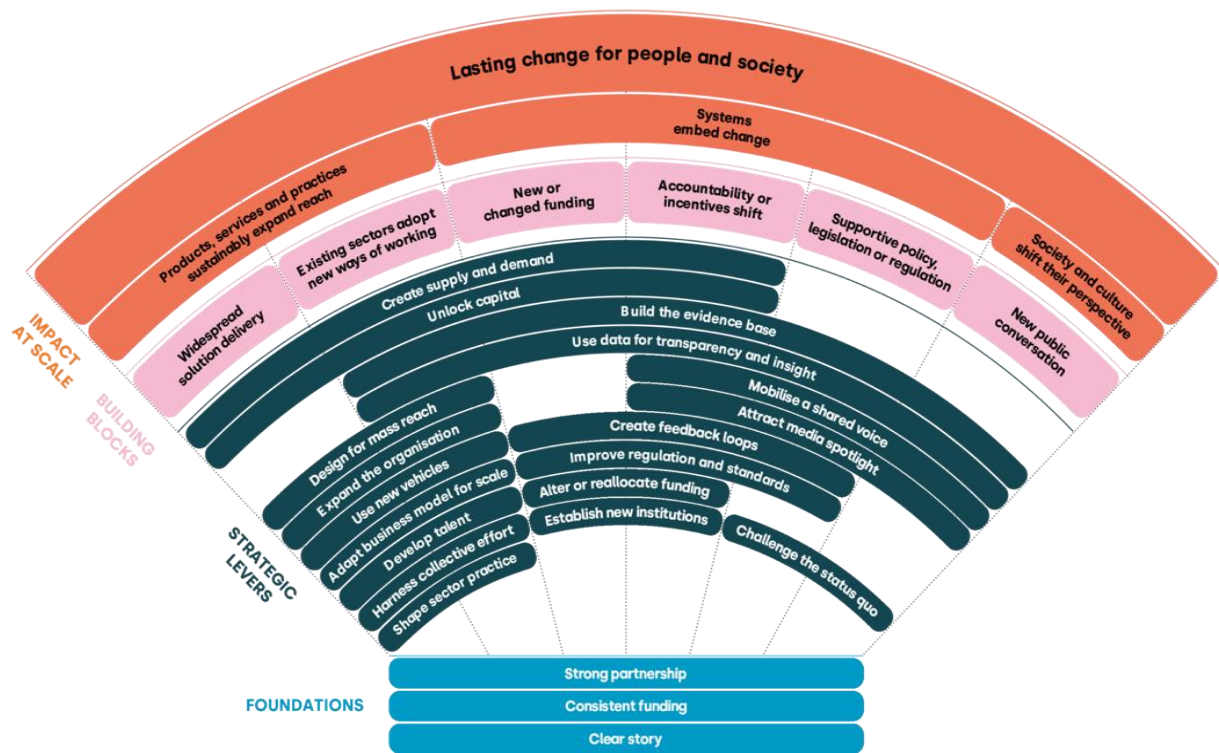
**CCR -The Coordinated Community Response (CCR) developed by Standing Together Against Domestic Abuse.**



This is a pioneering model in the UK designed to tackle domestic abuse using a whole system approach. This brings together statutory and voluntary services (those in the room today) to ensure survivors receive consistent, trauma-informed support at every point of contact. The CCR model shifts the burden of safety from individual survivors to the community and services designed to protect them. Agencies work together to hold perpetrators accountable and prevent survivors from falling through service gaps. The CCR is not just about partnership—it’s about strategic coordination, shared protocols, and continuous improvement.

**Routes to Scale** A flexible tool to help organisations and commissioners understand their role in achieving broader system change – encourages collaborations across sectors, recognising that no single organisation can scale alone. The framework is built around four key components:

- Foundations (leadership, collaboration, data, and learning),
- Strategic Levers (system change, investment, building up operational delivery)
- Building Blocks (evidence, sustainable funding, strategy, and policy alignment)
- Impact at Scale (shift in services, policies, and culture).



The above models sit within a public health approach and are being adapted in other areas.

## 10. Summary

Looking at the whole of Sam’s life has enabled us to see pivotal points of tension. It demonstrates a system in transition, yet with remarkable innovation and improvement. Much of this work is seen as the edge of mainstream with shorter term funding arrangements and delivered by many voluntary organisations with limited resources. It is as in many systems dependent on key people who are passionate and driving change. **What will you do if they leave?**

The findings of this review are drawn not simply from an understanding of Sam’s life and what might have helped more. It is drawn from the reactions of a whole system to her tragic life and death and the way in which the system has risen to the challenge. As is the case most of the time families and practitioners know what is needed. They simply need to be able to get on with the job with the right tools and frameworks. This means that senior leaders need to find a way to help them to do the best they can to give in this case women in multiple disadvantage and their children, the best opportunities to live their life to the full. We would do well to remember the words of Myron Tribus:

Sam’s story is not unique. Women across Gateshead and the Northeast continue to die young, trapped in cycles of trauma, addiction, and child removal. This review calls for a **radical rethink**: to wrap services around women and their children, to prioritise relational work, and to act with urgency. The evidence is stark. The need is undeniable. The time to act is now.

## 11. Listening to Practitioners, Managers, and Strategic Leads

- **Building a Team around the Person Similar to a MARAC style approach.** A key challenge identified was the tendency for services to disengage when individuals with complex needs fail to engage, often due to distrust or previous negative experiences.

- **Understanding Multi-Disciplinary Team (MDT) approaches.** MDTs are often convened too late, and need a more structured multi-agency approach, underpinned by clear protocols and trust. This is essential for effective intervention.
- **Gaps in representation,** there was no delegate from children’s services involved in the Blue Light process
- There should be a **targeted support model,** development of a ‘top ten’ list to focus efforts on changing the lives of a small number of individuals with the most complex needs. This approach could help realign commissioning priorities and demonstrate impact. This could also help identify and reduce duplication of resources across services.
- **Adapt the suspect offender approach** to develop a joined-up risk management plan. This would involve identifying who is involved in each case and ensuring alignment across agencies to manage risk more effectively.
- **Potential for a triage model,** similar to safeguarding reviews, to be applied across boards and sectors. This could help address systemic gaps by bringing services together
- The implementation of a **MARM** process with agreed timeframes and a clear go-live plan was also recommended.

## 12. Recommendations

There are seven inter-related recommendations and questions for the Boards to consider and action.

- What needs to change so that we do not keep hearing the same recommendations?
- How radical will you be?

### Recommendation 1 Being Radical Building a Team around the woman and her family

- The Safeguarding Partnership, alongside the Strategic Boards, should agree to a radical rethink of how services are organised to work with adults with multiple disadvantage. Examples such as the Blue Light Approach and Changing Futures are a foundation for realigning how the system will work.
- There should be a **targeted support model,** of a ‘top ten’ list to focus efforts on changing the lives of a small number of women who are struggling in ways similar to Sam especially in the last two years of her life.
- This approach will help realign commissioning priorities and demonstrate impact. This could also help identify and reduce duplication of resources across services.
- This model should include people with lived experience, services such as High Intensity User Groups, Safer Discharge Coordinators, Her Circle and use the trauma informed principles of Changing Futures.
- We say ‘radical’ because we need a service that moves away from ‘traditional’ siloed working and uses assertive outreach. Yet it is a return to basics.

<https://www.changingfuturesnorthumbria.co.uk/what-we-ve-learned>

### Recommendation 2 A package of support for women who have/about to have children removed

- Children’s Services should work urgently with both the SAB and Safeguarding Children Partnership to agree a timeframe and process for ‘specialist support following the removal of a child to parents at risk of repeat removal (*PAUSE Amendment to the Children’s Wellbeing and Schools Bill*).
- This should include a range of multi-agency services and be part of child protection planning processes.
- Although the paramountcy of the child is clear at such points this is a pivotal and high-risk time for mothers.
- There must be a report on progress to both Safeguarding Boards which goes beyond numbers. Consider outcomes similar to Pause and the way of working in Recommendation 1.

### **Recommendation 3 Think Family**

The Safeguarding Adults Board (SAB) and Safeguarding Children’s Partnership should conduct a comprehensive review of current Think Family practices. A briefing and protocol should be produced within six months, outlining strengths, gaps, and recommendations for improvement.

### **Recommendation 4 Commissioning and Funding**

- The Strategic Boards should urgently review the joint commissioning process to ensure alignment across services.
- Learning from DHRs and SARs, plus Sam’s life, emphasises the consequences of siloed pathways on women’s lives.
- There should be a review of funding for small-scale voluntary organisations such as Her Circle to support delivery of Recommendations 1 and 2.
- Changing Futures learning is powerful and is making a difference. How will it be funded in the future?
- Introduce routine ABI screening for survivors of domestic abuse and alcohol misuse

### **Recommendation 5 High Intensity User Group**

- For improvements to have the maximum impact the HIUG must be part of whole system improvement
- An Audit of current numbers of women (6 months) who have used A and E frequently with similar characteristics to Sam and inclusion in HIUG.
- Review of resources in the High Intensity User service in Gateshead and input/attendance of multi-agency partners.

### **Recommendation 6 Review Process**

- There should be a less rigorous review process available for individuals who do not meet SAR thresholds, such as Sam. This process should sit alongside and support the statutory SAR process.
- This could include drug and alcohol related deaths, domestic abuse related deaths and provide a learning forum.

### **Recommendation 7 Multi-Agency risk Assessment Framework (MARM)**

- The SAB does not have a MARM Framework. A MARM process might have brought professionals together much earlier in Sam's journey.
- The MARM is not a substitute for S42 enquiries.
- The SAB should lead the development of a MARM Framework.

### 13. Questions for Consideration

- What would be different for Sam and other women with similar circumstances now?
- How do the different boards grapple with the complexity and the challenges for a significant group of the population in Gateshead?
- How might you better align strategies and resources across the Gateshead Council, health, social care, and criminal justice system to prevent people falling through the gaps?
- What would help practitioners most?
- How will you share this learning across your organisation/service/partnership?
- How can we embed a whole-system approach to tackling multiple disadvantage across our strategic plans and commissioning frameworks?

## **Post Script Note**

*The narrative of the report indicates that Adult L was unable to access Mental Health and Domestic Abuse services because of the fact that she was using substances and wasn't able to be 'dry' for 6 months. The social care team working with Adult L have confirmed that this was their understanding. However, Mental Health services have since indicated that there is no prohibition on people accessing Mental Health services due to their ongoing use of substances. This issue will be explored further with the relevant teams and the learning from those discussions will be used to shape the action plan arising from the recommendations.*