

Promoting a Coordinated Community Response for Women Experiencing Multiple Disadvantage in Gateshead

Learning from Sam's life and women who are still living the same experience



What were we asked to do?

To gain an understanding of Sam's life from childhood to her death at aged 38

To use that picture as a window into how the system works

Methodology

- This review is not a statutory Safeguarding Adult Review(SAR).
- It did not meet the threshold under Section 44(S44) of the Care Act.
- Yet there was concern from partners that Sam's life highlighted learning for the whole system.
- There are many such examples in Gateshead where the threshold for a SAR (S44) is not met and there is learning.
- Appreciative Inquiry was chosen as an approach which would help us to dig deeper and think about the future.
- Multiple disadvantage is used to frame discussions.
- The way the system has responded is a testament to Gateshead and provides a powerful legacy for Sam.

How we have
walked through
Sam's life

The Journey of
Appreciative
Inquiry and The
Thinking
Environment

This review has been part of a journey of discovery using the intertwining principles of an Appreciative Inquiry approach and the Thinking Environment to understand what really happens in a system.

There has been a willingness and a passion to engage and take time out to think and listen

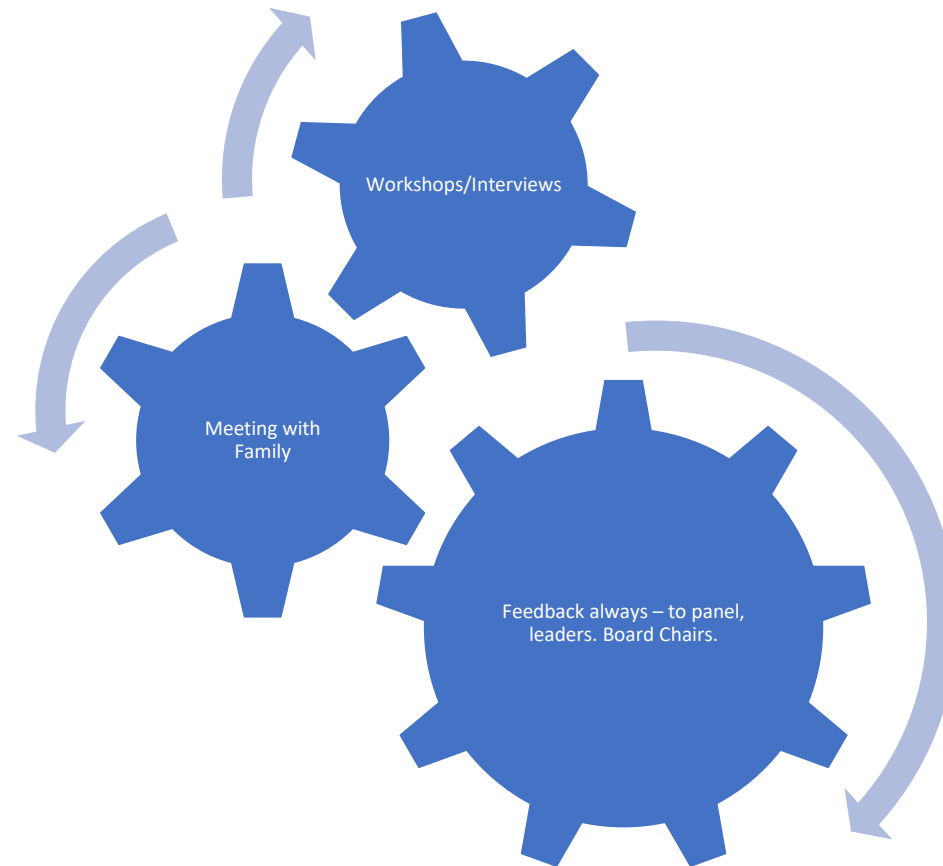
the answers are already in the system and there are courageous leaders ready to bring it together.

What did we do?

- Agreed a Multi-Agency Panel to work together - met frequently
- Explored Appreciative Inquiry (AI) and time to Think
- Used this to think about our lines of inquiry
- Tried to think about system learning as well as operational
- Planned and facilitated workshops on the lines of inquiry
- Pushed the boundaries to think radically
- Listening to what works well here and nationally
- Interviews and conversations
- Constant feeding back to the panel



Feedback: The Power of the Theory in Action Model (Donald Schon and Argyris)



Feedback

Challenge

- Workshops using the principles of AI and Time to Think
- Trying to see through Sam's eyes
- Pushed back gently with questions
- Encouraged space to think

Analysis

- Sharing learning from the wider system with senior leaders
- Senior leaders thinking about what is possible and who will lead
- Agreeing next steps

A letter from Sam

This review tells my story - not just the pain I've endured, but also 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 and my history.

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

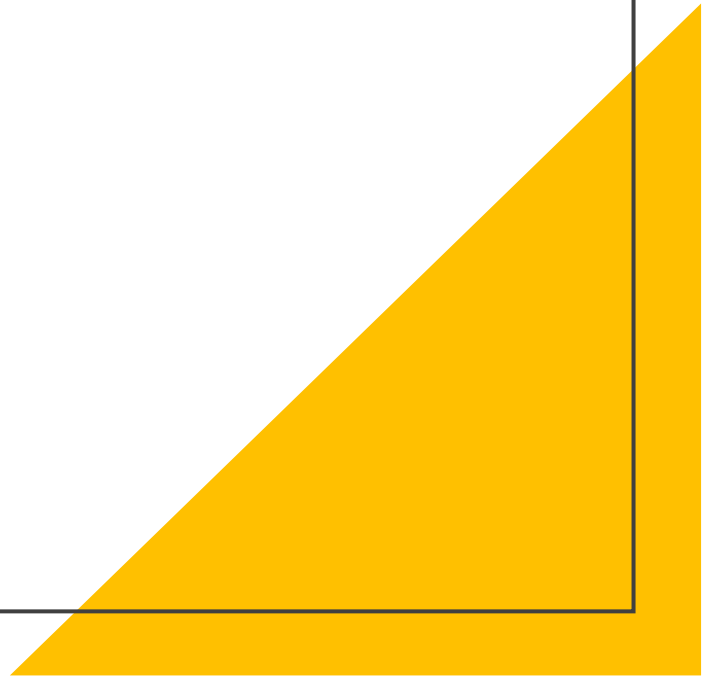
What we will cover

- Sam's life has helped to remind us of Think Family in a real sense
- Sam's life bring out tensions in the system and the need to improve support to women and children who face long term trauma
- Sam's life reinforces the fact that it is the system that is complex and not women
- Sam's life has highlighted the need for an alignment of strategies and commissioning across the whole system
- Sam managed to fall through the gap of services even though many professionals had contact with her and previously her children
- Sam's life is sadly not unique and is a reminder of the stark reality facing many women

Her life suggests a rethink of how women are supported at different stages in their lives, such as when children are removed.

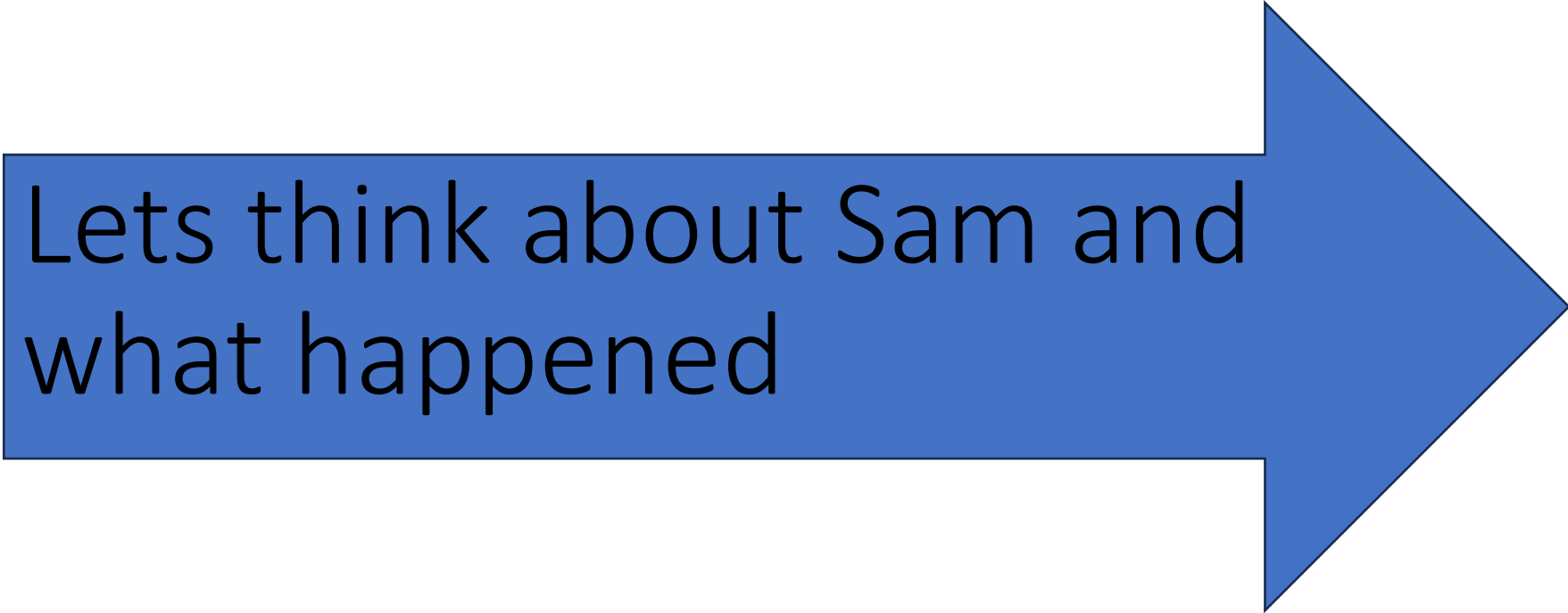
The Question

The review seeks to answer a fundamental question: *What would be different for Sam and other women with similar circumstances now?*



An Aspiration –The Collective Safeguarding Responsibility

- *‘Safeguarding is a community endeavour, whereby the whole is greater than the sum of its parts. No single agency can assume safeguarding responsibility for children, adults, and families. Whilst safeguarding is indeed everyone’s responsibility, we need to go further to ensure that this responsibility is a collective one’.*
- [2024/01/12Cs-Collective-Safeguarding-Responsibility-MMU-Dec-23.pdf](#)



Lets think about Sam and
what happened

Sam – a young women with hopes and dreams

- Witnessed and experienced domestic abuse as a child
- Disclosed sexual abuse as a child
- Worried about her weight and appearance as a young woman
- Potential eating disorder
- Worked for a while in beauty and retail – her dream job
- Spoke about wanting her own home and family

Into Adulthood- 2002 - 2015 What do we know ?

'If you take away all the things that happened to Sam, she would have been an amazing Mam. Its evidenced and she spoke about her children with such warmth, and she did look after her little girl so well for a time'

17 years:

Tenancy with a partner. Two children over the next few years.

Domestic abuse. Children are adopted by 2008.

Sam is struggling with alcohol and drugs.

23 years:

Domestic abuse.

Sam is struggling with alcohol and drugs. Moves to different tenancies and a refuge.

Third baby born in 2008 and adopted 2009.

Continued assaults/threats by perpetrators.

26 years:

Fourth baby initially foster arrangement with family then adoption.

Sam could only see the baby if she had sex with the baby's father.

29 years:

Sam discloses rape.

Fifth baby – Sam has a plan in place to care for her baby.

She is found by a perpetrator and feels that everything is breaking down.

Sept 2015 Baby is adopted.

Living without her children 2015-2024

- Sam kept diaries with the names of her children and reminders of them
- Her last entries spoke about still having hope of seeing them
- Sam kept photos of her children arranged in order
- Increased alcohol use, fits and self neglect
- Frequent ambulance call outs - head injury and car accidents, stabbing her legs, hanging from stairs, 'falling out of windows'
- Attempts to detox with her parent's help
- Sam could not understand why she had to wait to detox fully before being able to get mental health support
- Mental health described as 'psychosis' by family
- Not able to care for herself – final property in state of neglect
- Family think Sam had traits of autism

Increasing concerns from agencies 2022-2024

- Over 28 Adult Concern Notifications (ACNs).
- 50 safeguarding concerns during the period Aug 2022 to September 2023, mostly relating to self-neglect, alcohol abuse and associated issues and domestic abuse.
- Section 42 enquiries took place and a series of multiagency meetings.

‘This demonstrates the number of agencies and practitioners who were concerned about Sam and her ability to keep herself safe from harm’ (Practitioner)

- Sam was given accommodation in her final year with support workers to help. However, by this point she had serious self neglect and the impact of alcohol use on her body was profound. There were no safeguarding concerns raised at this point.

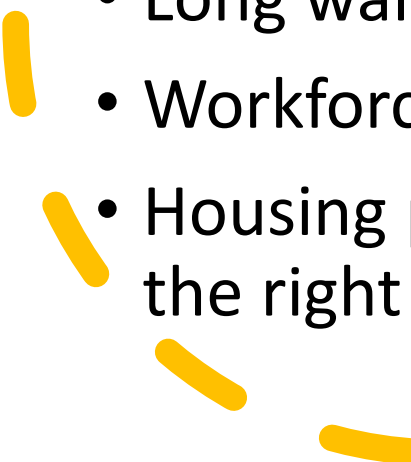
Overview

- Impact of childhood trauma – domestic abuse, and sexual abuse
- Domestic abuse in adulthood
- Exploitation
- The vital role of housing and having a safe home free from exploitation
- *The impact of the loss of 5 children*
- Involvement of family – how do services work with family
- Impact of unconscious bias





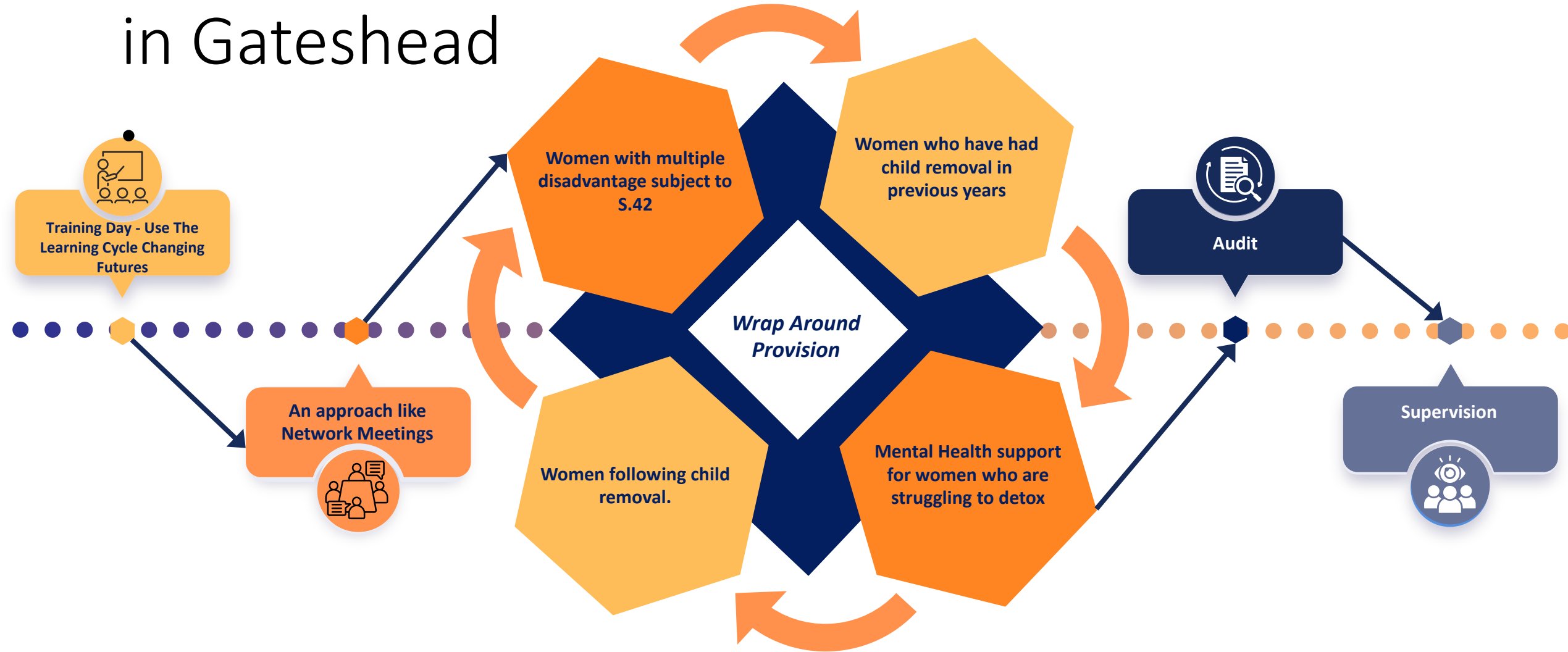
What did we hear from workshop participants

- Examples of services doing their best to meet needs
 - Improvements in the system – such as the Blue Light Project
 - Feels like ‘silos’ to workers – pathways not clear or not in place
 - Needs are beyond scope of single services – needs a ‘specialist’ team
 - Long waits for detox and mental health referrals, criteria feels rigid
 - Workforce struggling with strain and burnout
 - Housing providers sometimes feel as if they are left struggling with the right support for women who have children removed
- 

What if

- Pathways were 'tweaked' – Making it easier for women to get mental health support help even though women may struggle with detox?
- There was an acquired brain injury pathway, and the current service was able to help women - in multiple disadvantage or even who may be showing signs of Wernicke's Encephalopathy and then Korsakoff's?
- The work of Her Circle and Gateshead Council Adult Education Team, was scaled up?
- The trauma informed work in Gateshead Recovery Partnership (GRP), Ridley Villas (Changing Lives), Trusting Hands, Astell House, Gateshead Council Housing Team, Adult Safeguarding, Hospital High Intensity User Group, and Changing Futures was part of a whole package?

There are many women at different life stages in Gateshead

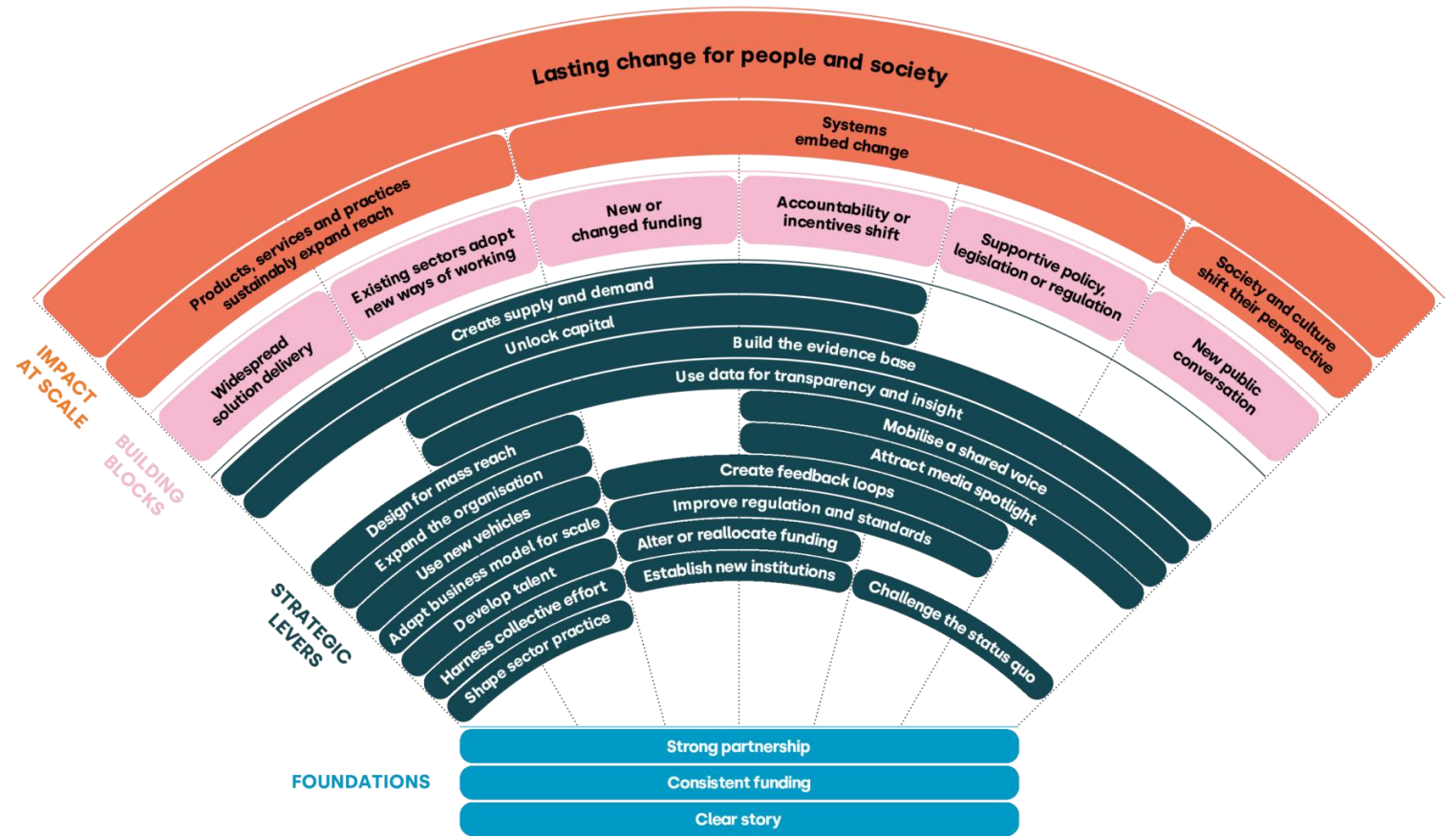


Consider adopting a Framework for Change such as Building Routes to Scale

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)



What about a model to help with system thinking?

What does Sam's life journey highlight to us

- The pervasive reach of deep trauma from childhood into adulthood.
- The need to see beyond how women might seem in front of us and give time to building real relationships.
- The need for intensive early support for women when pregnant and with their children; the Gateshead Family Nurse Partnership (FNP) is invaluable, and the Young Mothers Outreach work. And yet do they have time to follow up long term?
- The need to think how we work with mothers experiencing domestic abuse and not hold them solely responsible. *'Blame and shame'*
- Paramountcy of children is vital, of course, and yet so is how we support real change and think about prevention.
- There are lots of services and we are still seeing women die early, and children removed.

Understanding Multiple Disadvantage

Making Every Adult Matter (MEAM) [meam approach](#) and [GMICP-Multiple-Disadvantage-Framework-August-2024.pdf](#)

The common definition of multiple disadvantage is adults experiencing a range of problems at the same time such as:

- Domestic Abuse
- Homelessness
- Exploitation
- Mental Health
- Substance misuse and alcohol
- Contact with criminal justice system

Underneath these we may see:

- Trauma in childhood and into adulthood
- Acquired Brain Injury
- Struggling to keep contact with services

Language is important

- Different parts of the system describe multiple disadvantage in a variety of ways such as High Intensity Users or frequent flyers or adults with complex needs. The MEAM highlights the need for a shared terminology and understanding of multiple disadvantage to enable a better response.
- See learning From Manchester - [Multiple-Disadvantage-Framework-August-2024](#))

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.

The Evidence Base – stark and compelling

- Evidence from evaluations of projects such as Tina's Haven and Pause point to the higher risk of death for women with multiple disadvantage.
- 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, highlighting the disproportionate number of female deaths in the North East. The report advocated for system change, and the need for a shift move towards prevention and early intervention, and integrated services delivering gender and trauma-informed support.
- [TinasHavenMay2024InLoveandAnger](#)

Evidence Children in Care and support for mothers

- 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. 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 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.***

[Child Abuse Review - 2024 - Devaney - Early maternal death following child removal A short report using observational data.pdf](#)

<https://www.pause.org.uk/wp-content/uploads/2025/06/Post-removal-support-briefing-Amendment-to-Childrens-Wellbeing-and-Schools-Bill-1.pdf>

Point of Reflection

Where is the issue of recurrent care proceedings discussed?

Is there a focus on intervention, rather than just on assessment?

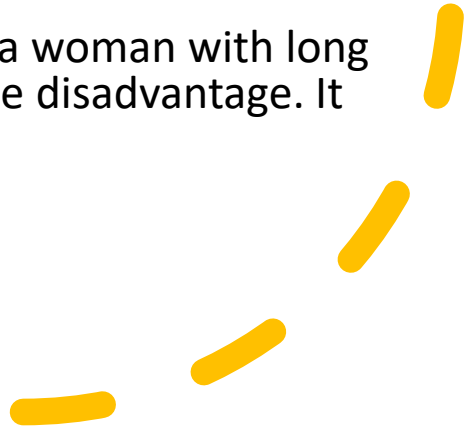
Is 'non-engagement' by parents a factor presented in the evidence by professionals in care proceedings? Is this label ever challenged?

Do you think pre-birth assessments take place over a sufficient period?

What are the numbers of babies removed where there has been a previous removal of a child?

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.
(BrainKind Too Many to Count)*

- There is limited awareness of ABI and therefore it maybe many years before it is recognised. Workers said that they did not automatically refer women. There is no routine screening for ABI.
 - There is now a plethora of research looking at ABI amongst homeless people, alcohol use, and survivors of domestic abuse. More is now known about non-fatal strangulation for example. Brainkind have highlighted this in their recent report.
 - Sam was hit by cars and was reported as having a head injury after one such occasion. There was no discussion with her nor a referral to the acquired brain injury service for screening. [brainkind too-many-to-count](#)
 - ABI behaviour may be dismissed as a lifestyle choice. Damage may be seen to memory and executive function and the ability to regulate emotions and behaviour. This means it is harder to engage with recovery services
 - Knowledge of this affects how you will work with a woman with long term and serious alcohol dependency and multiple disadvantage. It is vital to be aware of this.
- 

Learning from deaths

We know from National Research and services and more importantly from your own services data and DARDR's that the group of women we are talking about will be more likely to have had more than one child removed as well as alcohol or substance use plus sexual abuse in childhood and exploitation in adulthood.

It is no longer viable to continue to do single reviews when thematically it is clear what needs to happen in Gateshead.

Legislation – how it conflicted? How do we knit everything together? Children and adults not joined together with a different view of capacity and consent, and supporting women who have children removed.

Mental Capacity
Act 2005

Housing Act 1996
and Homelessness
Reduction Act 2017

The Care Act 2014

Victims and
Prisoners Act 2024

Adoption and
Children Act 2002

Children Act 1989

Working Together
to Safeguard
Children 2023

Crime and Policing
Bill

Mental Health Act
2007

Domestic Abuse
2021 (Remember
children)

Insights from National Legislation, Policy, and Reviews

A lack of effective long term joint commissioning

Systems should maximise opportunities to commission services such as domestic abuse and multiple disadvantage in an integrated way.

Poor understanding about the relationship between domestic abuse, mental health, substance misuse and risk of earlier death or suicide

Longer-term funding commitments to support women and children for much longer. A Coordinated Community Approach (CCR) is advocated.

Lack of alignment between strategy and delivery

Often the strategic intention of a system is not matched with funding or effective monitoring of delivery, impact and outcomes.

Reports from the North East highlight disproportionate number of female deaths and earlier than rest of UK

Early intervention and prevention is critical – working with both children and families.

A lack of provision and planning for women who have children removed

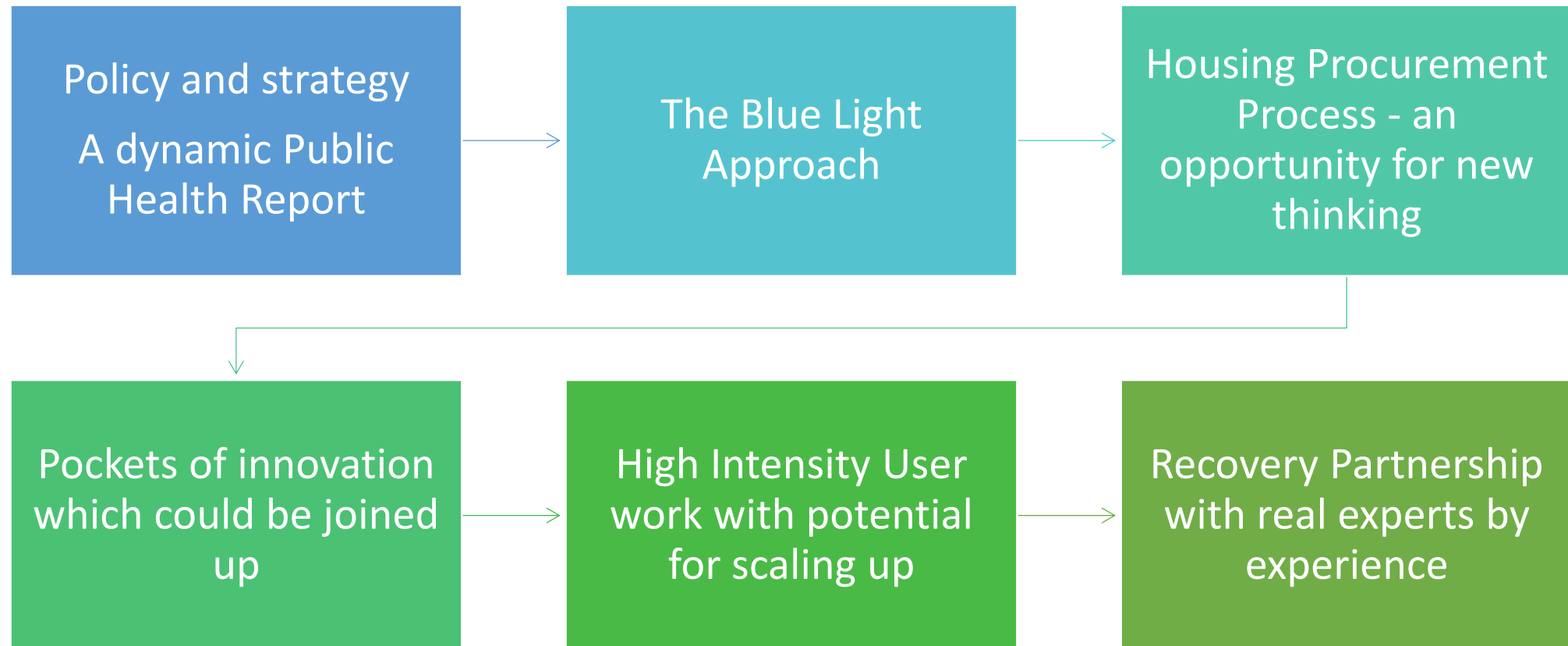
There is an opportunity to draw on best practice across the UK.

Domestic Abuse Related Death Reviews need greater accountability and oversight

Ensure that responses and recommendations are considered in cross cutting group.

There is a significant opportunity to better integrate planning and delivery with a 'patchwork of provision' currently evident nationally for women with multi disadvantage

Building Blocks but not cemented





A series of key messages

Key Message 1

Create a stronger system

A key finding is that the challenges of working together are systemic, that is, they are deep rooted and part of the culture of how things are done.



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.



The answer lies in the system already – the building blocks are in place. Recommendations have been made in the Annual Public Health Report. Very senior leaders and Board leaders recognise the need to make change.

Key Message 2

A Life Course Approach Matters

- Sam's life highlights the importance of a whole system public health approach to give people the best chance in life.
- This should include a renewed focus on Think Family.
- A whole system approach to supporting children and intervening earlier.
- Sam's life reinforces 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

Key Message 3

Investing in Practitioners

Everyone wants to do a good job! Many people worked with Sam and were affected by her life and death. They couldn't do what they really knew would help.

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

Supporting high numbers of people means practitioners have little time with each person, and limiting a full understanding of the person

Key Message 4

Think differently about commissioning frameworks

- Commissioning is not always informed by the reality of people's experiences.
- Commissioning across services is not aligned in a way that reduces gaps and helps practitioners to do their job.
- This does not allow for the bumpy road people experience on their recovery journey.
- This may lead to a mismatch in expectations and outcomes and a focus on 'compliance'.
- Women experiencing multi disadvantage need an interconnected way of working.



How do we see this working in Practice?

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.

Key Message 5

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.

Gateshead and the North East has examples of work that shows how the system can change.

They are often short term funded and must compete for funding. They seem to work outside of 'mainstream'.

This creates instability and means that there is high staff turnover which Sam found difficult and built a lack of trust.

Key Message 6

We cannot be gender neutral - Gender Matters

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

There is best practice in Gateshead and regionally showing the value of supporting women in a holistic way, but this is not replicated everywhere.

There are many more women in Sam's situation in Gateshead.

“When a system is far from equilibrium, small islands of coherence in a sea of chaos have the capacity to lift the entire system to a higher order”

Scientist and Nobel Laureate Ilya Prigogine, 2020 (from Otto Scharmer 2023)

In other words - small islands of coherence and improvement can inspire clarity.

Will you be a system shifter and help people to make sense of the messiness?

Quotes

“We look at the condition, not the person—is this Sam the alcoholic or Sam with alcohol issues?”

“You must knock on so many doors to access the high-level support you need—only the most persistent will succeed.”

“We say people are hard to reach, but is it the service which is hard to reach?”



What about Unconscious Bias – a reminder?

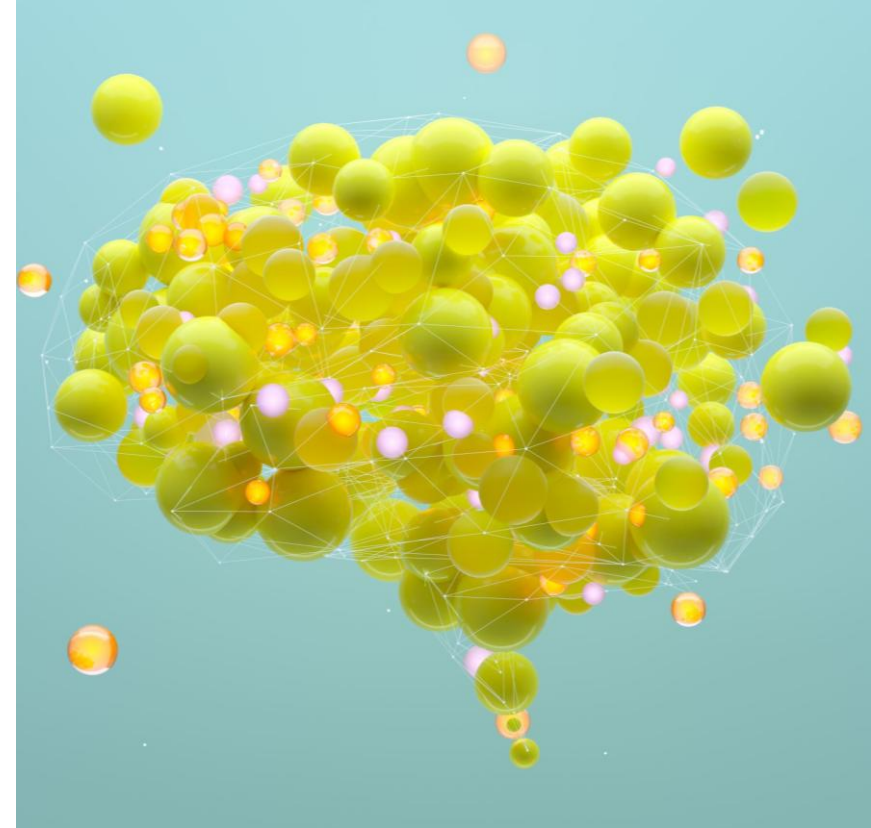
Unconscious bias refers to a bias that we are unaware of, and which happens outside of our control. It is a bias that happens automatically and is triggered by our brain making quick judgments and assessments of people and situations, influenced by our background, cultural environment, and personal experiences.

‘A major finding for the system is the need to further explore the impact of unconscious bias in practice. Previous SARs such as SAR Issy have documented the impact of bias on delivery of person centred and compassionate care. SAR Issy found that practitioners developed ‘tunnel vision’ in pressured environments which prevented them from fully ‘seeing’ the person and family in front of them’

(SAR Anna Southampton)

‘Professionals who are perfectly sensitive and compassionate in other settings, failed to respond with compassion’

(SAR Issy Richmond and Wandsworth)



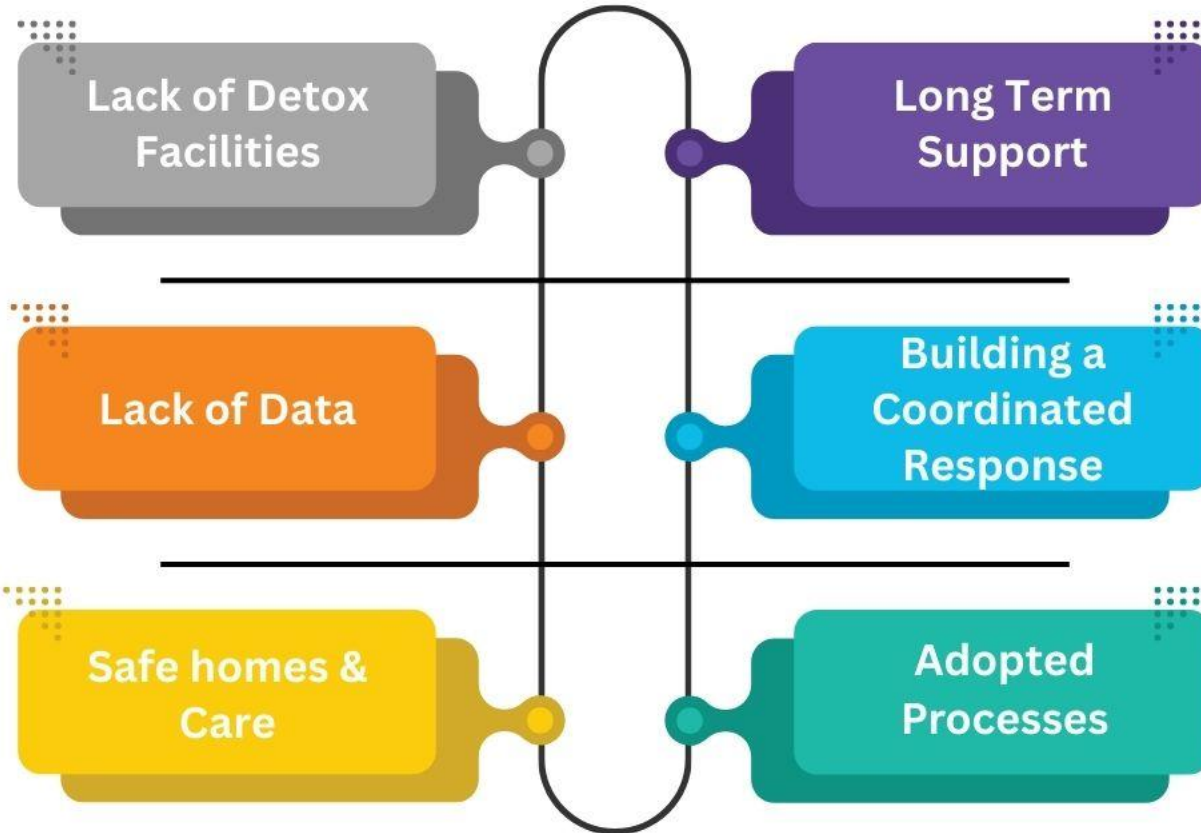
SURFACING TENSION IN THE SYSTEM

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?

Questions for Boards

There is no quick fix but there is a way forward

- How will you build on the reunification work that is taking place with families and ensure that there is support for women who are about to have children removed?
- There is an opportunity with the current commissioning process with housing to consider how the future could look. Where does this sort of discussion take place? How is the housing strategy and the housing commissioning team integrated across the different boards?
- How do commissioning discussions take place such as joint commissioning? What about the pathways between alcohol services and mental health services? Why is there such a length of time between detox and being able to access mental health support whatever that may look like?
- Is there an interim position that could be explored so that people such as Sam who struggle to detox because it 'numbs their pain', could in the interim have some support? It is worth noting that the staff in Astell house went to buy alcohol for Sam as at that point Sam could not get through the day without it.



What if
there was a
simpler
way?

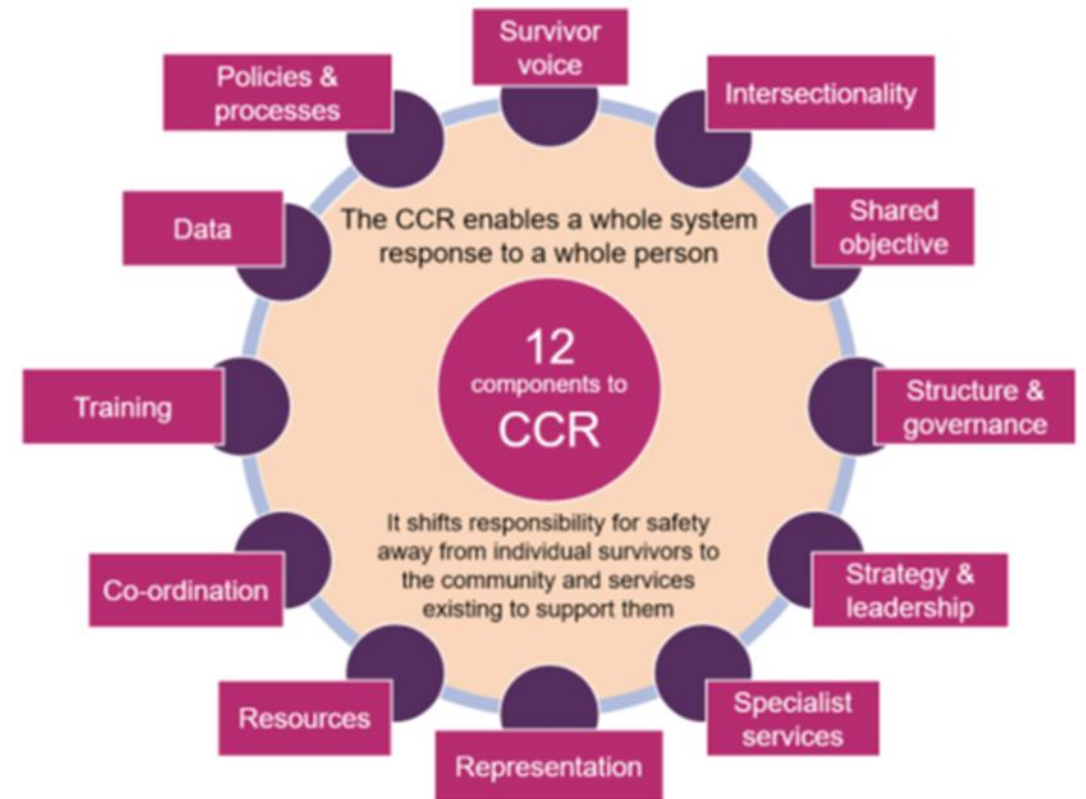
- What if Gateshead adopted a public health approach using the Coordinated Community Response (CCR) model for domestic abuse. A model that restored hope.
- What if you could combine the Changing Futures approach, adult education work, the community models, the recovery partnership and the flexibility and trauma informed approach of Ridley Villas (Changing Lives) and Her Circle.
- What if referrals were earlier and there was a service for women whose children are removed?
- What if this was truly co-produced and we learned from what we know works?
- Let's not forget the children who are also more at risk of suicide and health related conditions.
- What if Sam was here today? What has changed?

CCR -The Coordinated Community Response (CCR) (Standing Together Against Domestic Abuse?)

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.

Building a whole system approach

All groups have a key role to play in delivering a coordinated community response to domestic abuse and tackling multiple disadvantage



What will help?

1



Reviewing the pathway into mental health for people who use alcohol and substances. Joining up pathways such as dual diagnosis, alcohol and substance issue, strengthening links with CABIS.

2



Learning from domestic abuse services and adapt the coordinated community response model.

3



Reduce the 'post code lottery' as practitioners described it in terms of the ability to access services without delay.

4



Smaller caseloads and a change in approach from 'we do this' and expecting people to fit in.

5



Reviewing consent-based services and a greater understanding of capacity.

6



The amendment proposed by Pause to the Children's Wellbeing and School Bill will help if accepted, but you could do it now? A MARAC style MDT could be undertaken when a child is to be removed (as recommended by Pause).

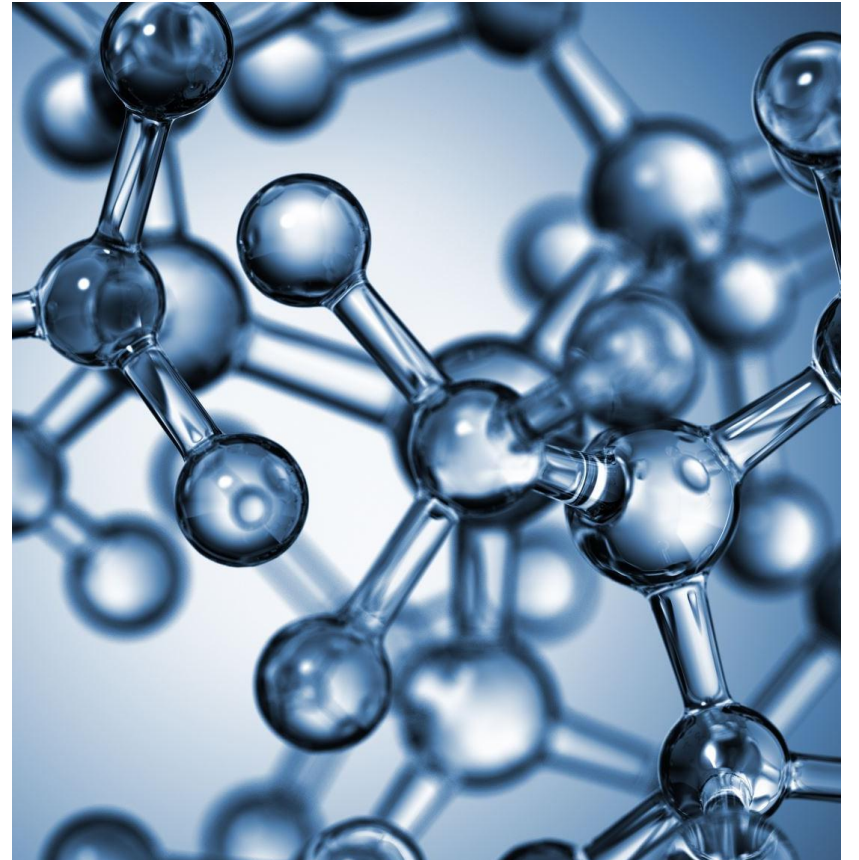
The views of Strategic leads and Chairs

- **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.

Aligning Plans – a recommendation from senior leaders

Review how current strategic plans reduce the likelihood of other women with similar life experiences to Sam dying prematurely

What are the areas of interconnectedness that you could start with?



Steps to Improvement

- A finding is that the challenges of working together are systemic, that is, they are deep rooted and part of how things are done.
- 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.
- Therefore, there are few recommendations but questions for the Boards to consider and action, including:
 - What needs to change so that we do not keep hearing the same recommendations?
 - How radical will you be?

Strategic Steps to improvement

How do we intend to lead through change?

1

Our commitment

What is our commitment to reduce future instances?

2

Commissioning

How will we make sure we are working together to tackle multiple disadvantage?

3

Strategies

How can we better align strategies across our multi agency partnerships?



4

Integration

How will we create circumstances where services integrate at the point of delivery?

5

Data & Outcomes

How does this influence commissioning and what are the gaps?

6

Safeguarding

What will be the impact of strengthening Safeguarding for those that are most vulnerable?

Recommendation 1 Being Radical - Building a Team around the woman and her family - using what works

The Safeguarding Partnership , alongside the Strategic Boards, should agree 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 multiagency 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 of 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

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. The review found a separation between children's and adult services.

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.

What practical steps can the SAB and partners take to ensure that there is whole family awareness?

What needs to change so that multiagency conversations take place earlier?

What common ground is there in the different legislative frameworks to help with consent and risk?

What learning is there from other areas?

Reminder about Think Family

The Care Act states that:

“The intention of the whole family approach is for local authorities to take a holistic view of the person’s needs and to identify how the adult’s needs for care and support impact *on family members or others in their support network.*”

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.
- Introduce **routine ABI screening** for survivors of domestic abuse and alcohol misuse.
- Changing Futures learning is powerful and is making a difference. How will it be funded in the future?

Recommendation 5 High Intensity User Group(HIUG)

- 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 multiagency partners.

Recommendation 6 Review Processes

- 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.

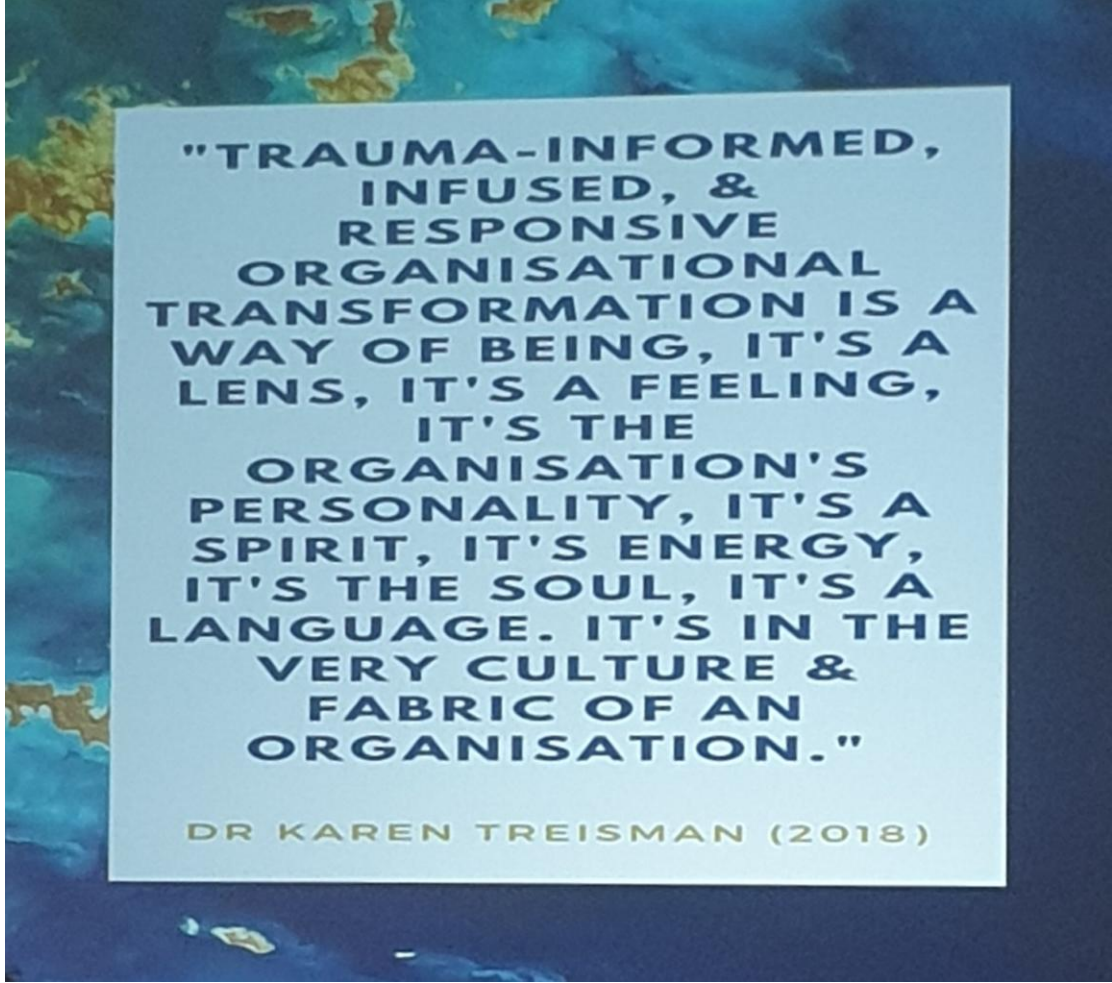


What do we really want to say?

- The need is urgent – we need to join the dots urgently
- The evidence is there – locally and nationally
- There are green shoots and a way forward
- Don't forget that this is also about the future of our children
- Trauma underpins everything and therefore it goes without saying that the response should be trauma informed

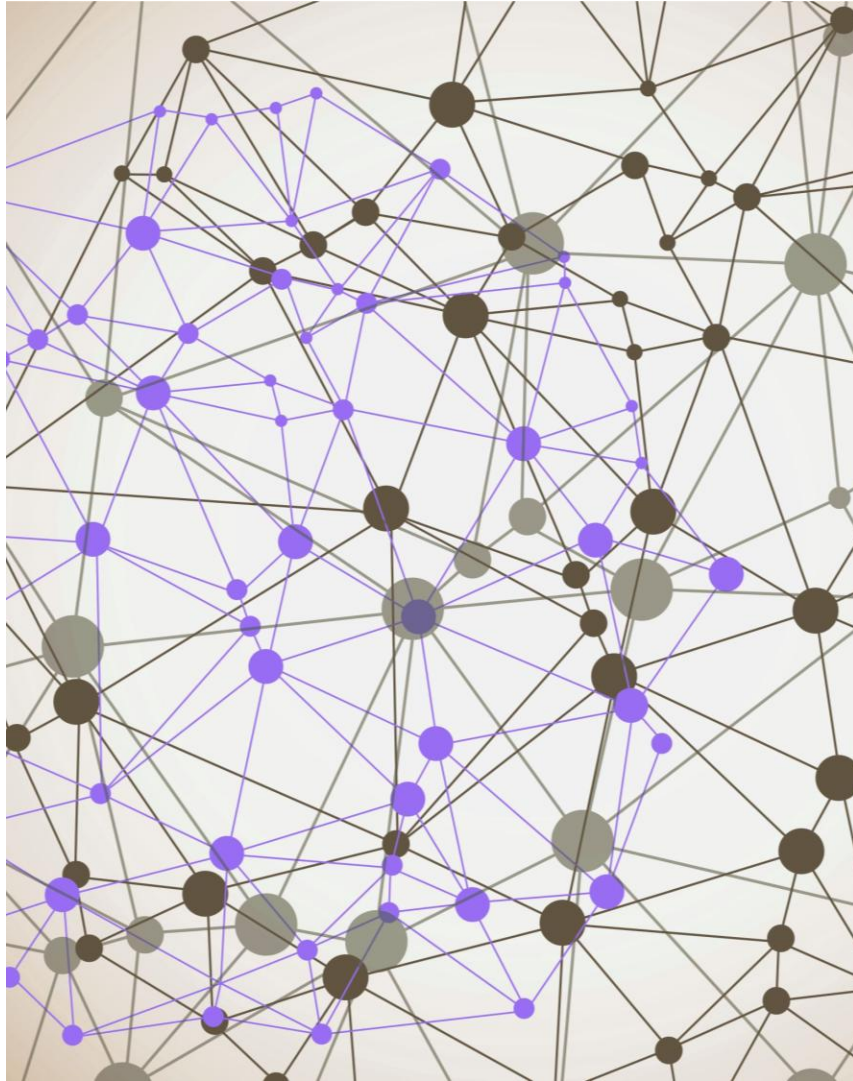
Will you grasp the challenge?

Getting to the heart ..



**"TRAUMA-INFORMED,
INFUSED, &
RESPONSIVE
ORGANISATIONAL
TRANSFORMATION IS A
WAY OF BEING, IT'S A
LENS, IT'S A FEELING,
IT'S THE
ORGANISATION'S
PERSONALITY, IT'S A
SPIRIT, IT'S ENERGY,
IT'S THE SOUL, IT'S A
LANGUAGE. IT'S IN THE
VERY CULTURE &
FABRIC OF AN
ORGANISATION."**

DR KAREN TREISMAN (2018)



System Change Heart of the Art

This means the real activity that encourages systems change is not analysis, or programme planning or project management. It is a relational activity that asks us to engage widely and openly, including with those who trouble us. It asks us to enquire into their motive and means. It means we must be ready to listen more than to tell, to connect and not to direct, to propagate and not to control.

[systems-leadership/encouraging-systems-change/](https://systems-leadership.com/encouraging-systems-change/)

Learning

- [Multiple Disadvantage Learning From Manchester 2024](#)
- Tinas Haven [tinas-haven-a-catalyst-for-emancipatory-practice-for-birthmothers-severed-from-their-children](#)
- <https://www.changingfuturesnorthumbria.co.uk>
- <https://onesmallthing.org.uk/>
- forbabyssake.org.uk

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.*