Sunderland Safeguarding Adults Board

Safeguarding Adults Review

'Alex'

Executive Summary

June 2025

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Contents

Introduction

1.1 Alex is a 39 year old man. Alex has a long history of presenting with behaviours of concern which have been documented from an early age. He has a diagnosis of moderate learning disability, autism spectrum disorder, epilepsy, pica, anxiety and emotionally unstable personality disorder.

1.2 Following safeguarding concerns and a referral for a Safeguarding Adult Review, the Sunderland Safeguarding Adults Board (SSAB) Safeguarding Adult Review Sub-Committee held a scoping exercise regarding the information known in relation to Alex. The Scoping Panel concluded that the criteria to undertake a discretionary Safeguarding Adult Review (SAR), in line with the SSAB SAR Protocol, were met. A recommendation that a SAR be commissioned was taken to the Independent Chair of the SSAB who, after reviewing the information collated by agencies, was in agreement that the criteria for undertaking a discretionary SAR was met.

Terms of Refence

2.1 A multi-agency panel was established by Sunderland SAB to conduct the review and report progress to the Sunderland SAB. Membership included an Independent Reviewer and representatives from key agencies with involvement.

2.2 The purpose of the review was to identify multi-agency learning exploring information under the broad themes of transition, deprivation of liberty safeguards, advocacy, multi-agency working, communication and information sharing, organisational factors, the impact of the covid-19 pandemic, cross-boundary working and support for staff working with people who have complex and challenging needs.

Methodology

3.1 Agencies involved with the adult were asked to provide information of significant contacts by preparing an agency chronology and outline report with a focus on the purpose and scope of the review, included a brief analysis of relevant context, issues and events, and an indication of any conclusions reached. Information about action already undertaken, or recommendations for future improvements in systems or practice, was included if appropriate.

3.2 Following completion of the agency reports, a Practitioner Learning Event was held with practitioners and managers who were directly involved with Alex, in order to further explore hypotheses, draw out themes, good practice and key learning from the case including any recommendations for the development or improvement to systems or practice.

Family Involvement

4.1 Alex's family are not actively involved in his life and he is supported by an independent advocate in connection with a Deprivation of Liberty authorisation. Alex's current independent advocate was actively involved with this review and participated as a panel member in order to represent his views.

Background Information and Summary of Events

5.1 Alex was subject to a number of care placements throughout his childhood and adulthood, and it is understood he had experienced nearly forty placements in his lifetime before moving to Swanton Care in Sunderland. His move to Swanton Care was triggered by safeguarding concerns at his previous placement in County Durham and a section 21A challenge.[1] The Court of Protection agreed on the 3rd February 2020 that it was in Alex's best interests to move to Swanton Care and he moved on the 20th February 2020. Alex's move to Swanton Care coincided with the onset of the covid-19 pandemic with full lockdown restrictions being implemented a month after his move.

5.2 Alex was ordinarily resident in Middlesbrough, who were therefore the Supervisory Body for Deprivation of Liberty Safeguards. Middlesbrough would also have been the responsible authority for meeting Alex's needs under the Care Act 2014 had he not been eligible for Continuing Healthcare, which was overseen by the Tees, Esk & Wear Valleys NHS Foundation Trust. Sunderland were the responsible authority for any safeguarding matters.

5.3 At Swanton Care Alex continued to be subject to Deprivation of Liberty Safeguards (DoLs) as he did not have the mental capacity to consent to his care and accommodation, was subject to a high level of supervision, and was not free to leave the premises. For the purposes of the DoLs authorisation Alex was represented by an independent paid advocate from the advocacy service commissioned by Middlesbrough.

5.4 The nature of Alex's needs were high impact, his presentation, often inexplicable, often risky, and very challenging, were both a feature of his disability, and likely driven from a background of trauma. Alex had difficulty allowing staff to be close and he resisted basic levels of care. He was described as inquisitive which would involve him disassembling flooring, walls, and CCTV cameras, amongst other fixtures and fittings. It was reported that Alex had injured staff through physical behaviours which varied in intensity from raising his hands towards someone to pulling hair and entwining the hair around his hand. Working with Alex was both emotionally and physically challenging for the Swanton Care staff working directly with him, requiring a lot of resilience. There was increased attrition in Alex's core team over the term of his placement; as Alex's support was of high intensity, burnout featured prominently in turnover.

5.5 The covid-19 lockdown and restrictions, had removed a huge structure for Alex, at one of the most critical points when he needed a multi-disciplinary intervention the most. In this context Swanton Care felt isolated and became reactive to developing situations. During the period of November 2021 and October 2022, the restrictions upon Alex increased, including continuous remote video surveillance, increase in staffing ratios, being deprived of human contact and presence, restrictions on accessing the community and activities within his home, and restricted access to healthcare. These restrictions were not formally assessed or authorised as part of the DoLs authorisation and he was therefore unlawfully deprived of his liberty.

[1] A person who is deprived of their liberty under a DoLS authorisation has the right to have these arrangements reviewed by a court, to ensure their Human Rights are not breached. The mechanism for doing this is included in section 21A of the Mental Capacity Act 2005 and involves the person making an application to the Court of Protection. The application is referred to as a 'Section 21a Application'. Usually, an application will be made where the person is objecting to being deprived of their liberty, or objecting to their current care arrangements.

5.6 The ‘gradual creep’ in restrictions were allowed to go unnoticed due to a lack of face to face visits by Alex’s representative. Alex had three representatives over the course of his residence at Swanton Care. It appeared that the representatives only had contact with Alex directly on six occasions during the two year period and it is not evident that they raised any concerns with regards to the restrictions upon him, or any new or proposed restrictions, nor did any of the advocates build a relationship with Alex. Furthermore, Middlesbrough Council did not receive reports from the representatives over a 12 month period (2020-21). In September 2020 Middlesbrough Council submitted a complaint to the advocacy provider due to the representative’s lack of communication. In July 2021 they again escalated a lack of formal reports. In October 2022 the representative was displaced and a new representative was appointed within a week from a new provider commissioned by Middlesbrough Council.

5.7 There were a number of agencies and professionals involved in Alex’s care, which led to difficulties for some to fully understand roles and responsibilities of all professionals involved, and difficulties securing information. However, regular multi-agency meetings were held for Alex, with the frequency varying from weekly to fortnightly to monthly, as events required. However, there was period of eight months (September 2021 to May 2022) where Alex’s case was inactive to ALD Tees Case Management, which led to reduced multi-agency involvement. After 26th September 2022 up until the day of discharge, Alex was visited almost daily, by various clinicians and professionals, which was a level of input Alex had not received at any point during his placement.

5.8 During his placement at Swanton Care there were twelve safeguarding concerns raised. The first was in July 2020, then in October 2020, although there were no further concerns reported again until May 2022. There was a significant escalation in concerns in late 2022 with five reported in a two week period in October 2022 and the Best Interest Assessor was critical of the support provided to Alex over the previous 2 years. In October 2022 Swanton Care concluded they could no longer meet Alex’s needs and served 28 days’ notice on the placement. On the 28th November 2022, Alex was supported to transition to an interim placement whilst exploring a long term plan.

5.9 Alex begun to receive intensive keyworker support from TEWV after his move from Swanton Care, which included active modelling with staff and a three-month transition plan to his current placemen, which he moved to in July 2024. This approach has been incredibly positive for Alex and he has flourished in his placement and achieved a number of personal goals, such as engaging with his community. It is hoped that this intensive support has broken the cycle of re-traumatisation for Alex and that he now feels safe and supported in his environment.

Lessons to be learnt

Transitions

6.1 Alex’s placement was a rapid admission. When this occurs, there is significant pressure to move quickly. Further assessment could have occurred which could have explored why a number of previous providers were unable to meet his needs, coming to an end in very similar circumstances each time. As part of the admissions and discharge policy, Swanton Care have implemented a Needs Assessment Tool in conjunction with the assessment pathway, which must be used for all new service enquiries and forensic history will always be ascertained. Furthermore, Swanton Care recognise that new admissions will affect current residents within the home and

therefore compatibility assessments will be completed throughout the assessment process.

6.2 The assessment pathway outlines the process that follows any pre-admission process outlining the role and responsibilities of identified persons who are to carry out and approve assessments at different levels of the process. Where the outcome of the needs assessment indicates that Swanton Care would be able to provide an appropriate support service to meet the person's needs, a full Assessment and Service Proposal will be completed. This will be a collaborative process involving the person and key individuals, who are important to them, to ensure that personal outcomes are embedded at the core of the support they will provide.

6.3 CNTW LDCTT have developed a transfer of care protocol with guidelines to support safe and effective transfer of care from one team/pathway/service to another.

6.4 Since Alex moved from Swanton Care, TEWV LD team have provided intensive input, including active modelling, to new placement providers/core staff and there is no set end date for this. Cessation of this intensive support will be on a needs basis, and the decision of the multidisciplinary team to continually review and gain assurances before gradually withdrawing. This is a way of working that the team anticipate going forward to support such complex cases. Unfortunately, due to the resource intensiveness of this support, it is not something that would be available to everyone.

Trauma informed practice

6.5 Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

6.6 Trauma informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals, and their ability to feel safe or develop trusting relationships. It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing. Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

6.7 Alex has experienced significant trauma throughout his life. As stated above, he was one of three siblings and his parents had a learning disability, following concerns about their parenting, Alex became a Looked After Child. It is reported that Alex has lived in thirty-nine placements throughout his life, as many placements as his years of age, and he has reportedly experienced abuse and neglect in many of those placements. A CNTW medic stated that:

> '[Alex] has been traumatised a lot in the past, such as a history of abuse, a constant change of residence and this would inevitably lead to him developing difficulty trusting people. This would result in difficulty in forming long lasting relationships with his current care workers. In addition to this, being sexually abused at a young age may have resulted in him developing some form of

personality disorder which would affect his current presentation, although this is thought to be a rear (sic) occurrence with his degree of intellectual difficulty.'

6.8 Alex's behaviours are known stress behaviours, he uses them to convey his stress and/or to self-soothe, and it takes him a long time to trust people as a result of his lived experience and trauma. There was an evident lack of trauma informed approaches, as cited above, there was a real sense that professionals were 'moving the problem' without a real understanding of the root cause of Alex's behaviour that challenged and the subsequent breakdown in placements. However, the work undertaken by Alex's TEWV keyworker, advocate and care team during his last placement and his transition to his current placement, is an example of good practice in relation to taking a trauma informed approach, which has enabled Alex to develop trust in others and develop his independence and community presence.

6.9 'Doing something completely different' in this case has been very positive for Alex. TEWVs new Intensive Support Team deals with this type of complex care case. It includes psychological support for the person as well as support to the care provider staff. It also helps to keep people out of hospitals and in community-based care.

Multi-agency working

6.10 The review has identified some of the common shortfalls in multi-agency working and information sharing, the most significant of which was the size of multi-disciplinary team and the number of professionals involved which made it difficult for some to identify and understand who did what, what their responsibilities and remits were. Since Alex has moved the number of professionals involved in multi-disciplinary meetings has been streamlined into a core group of professionals with other agencies/professionals being co-opted into the core group when required.

6.11 Swanton Care have also implemented an MDT log in order to keep track of actions agreed and progress against actions to ensure the desired outcomes are achieved in a timely manner and inaction is held to account.

Deprivation of Liberty

6.12 Alex was unlawfully deprived of his liberty whilst residing at Swanton Care. This arose as a result of a reactive approach, a lack of understanding of roles and responsibilities in respect of DoLS and ineffective RPR support.

6.13 Swanton Care have stated that where decisions which may impact a deprivation of liberty are reactive to developing situations, they will always ensure that the Supervisory Body is part of the process from the beginning, when matters/issues begin to arise, and not latterly relying on members of the MDT.

6.14 The recommissioning of the advocacy service and consistency of the RPR since Alex moved from Swanton Care has meant that DoLS authorisations have been closely monitored with regular reporting to the Supervisory Body.

6.15 STSFT reported that they have their own DoLS advisory team and work closely with the Council's DoLS Team. Whilst good working relationships may exist within geographical boundaries this might not happen as well as it should across geographical boundaries.

6.16 There is scope to increase understanding and confidence in DoLS amongst Managing Authorities in respect of their roles and responsibilities and what constitutes a restriction, and furthermore, amongst other professionals to understand how their input and decision-making can impact the liberty of their clients, DoLS and existing DoLS authorisations.

Advocacy

6.17 Face to face visits with the relevant person are crucial in forming trusting relationships with an advocate which leads to an understanding of the person's communication, likes/dislikes, quality of life, their living environment, relationships with staff/peers and whether any new restrictions have been introduced.

6.18 Caseloads of advocates must be manageable with the focus on quality over quantity. Complexity of cases and time taken for travel should be taken into account, particularly significant if advocacy partners are residing out of area.

6.19 Regular, quality supervision by advocacy line managers is also essential in ensuring advocacy principles are being met, regular in person visits are taking place, reporting is completed as required, concerns raised appropriately to relevant agencies, offering guidance and support to advocates and ensuring caseloads are manageable.

Safeguarding

6.20 During the scoping period twelve safeguarding concerns were raised. The first was in July 2020, then in October 2020, although there were no further concerns reported again until May 2022. There was a significant escalation in concerns in late 2022 with five reported in a two week period in October 2022.

6.21 Adult Social Care believe that the number of safeguarding concerns in this case should have been escalated for discussion with their Senior Management group. Despite not being funded or supported by Sunderland ASC, the service does have processes in place for closed cases for escalation if there have been three or more referrals within a 6-month period. This was an active safeguarding case however, due to the complex circumstances, it could have been escalated.

Working with complex and challenging needs

6.22 Alex's needs were complex and challenging and this is reflected in the number of placements he has experienced in his lifetime. There is consequently evidence of staff burnout and a high turnover of staff, and a reactive approach to developing situations which led to unlaw deprivations of liberty and safeguarding concerns. This also retraumatised Alex and affected his ability to form trusting relationships with his staff team. Whilst people with complex and challenging needs require a person centred and trauma informed approach, those working with them also need to be sufficiently supported.

6.23 Swanton Care have implemented enhanced one to ones/practise based observations/supervisions during challenging episodes. Enhanced care reviews for complex adults/complex incidents, supporting Lessons Learnt and Incident Debriefs.

Resilience support accessible through the organisations Employee Assistance Programme, and Practice Development Partner.

6.24 The ICB are seeking to ensure complex patients are identified early when being registered so that the practice can assure themselves there is an adequate handover the history of complex cases from previous GP practice and other agencies and to ensure the GP has reviewed these records. They have also identified that an exploration of referral pathways for complex cases may be beneficial to ensure plans can be made rapidly to support interventions; in this case referral to dental services when additional professional support is required (e.g. anaesthetics).

6.25 Alex's case and his positive experiences post move provide an example of good practice from which all agencies can learn.

Recommendations

1. Agencies to emphasise the importance of face to face contact with clients and to promote this as the default.

2. Agencies to consider that, if a situation arose again similar to the covid-19 pandemic, a system like a RAG rating is used for assessing the need for face to face client contact, whereby Red indicates that face-to face contact is essential. There should also be consideration of multi-agency agreement as to how to proceed for each case.

3. Commissioners of advocacy services to seek assurances that advocacy services have robust caseload management systems and supervision procedures in place.

4. SSAB to produce a 7 minute briefing on the topic of trauma informed practice.

5. Agencies to review 'DoLS awareness' amongst staff and the DoLS training offer within their organisations (as appropriate to the organisations role in respect of DoLS) and report findings to the SSAB.

6. Learning from SAR 'Alex' to be shared via the next SSAB Safeguarding Adults Week.

Single agency recommendations

The following agencies made their own recommendations in their Individual Management Reviews.

CNTW

- A transfer of care protocol with guidelines to support safe and effective transfer of care from one team/pathway/service to another was developed and is established within the service.

- Learning from SAR 'Alex' to be shared Trust wide

GP

- The safeguarding team to be involved in the wider Multi-Disciplinary Team review across Sunderland and South Tyneside ICB to ensure complex care and learning from this case is shared.

- Any learning and recommendations from this case to be shared with practices more widely through the use of training and discussion.

- For any learning and recommendations to be shared on GP team net.

- To share any learning from the case with the complex care team within the ICB and head of Primary Care if appropriate.

ASC

- Ensure where multiple Safeguarding alerts are made, case is escalated, so that the Head of Service is aware of complex safeguarding situations, irrespective of funding authority.