# Safeguarding Adults Review

# ‘Nadia’

June 2025

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# Contents

# 1. Introduction

1.1 Gloucestershire Safeguarding Adults Board [GSAB] have commissioned this Safeguarding Adult Review [SAR] after 'Nadia' tragically passed away in February 2024, aged 22.

1.2 Nadia was a child in care in Gloucestershire from 2007, her family and her current GP were based in Wiltshire. She was cared for in a stable foster placement from the age of 6 to 14, when she moved to new carers. She had a mild learning difficulty, complex emotional needs and had a kidney transplant at the age of 8, but as she reached adulthood, she was not able to maintain the regular medication or nutrition/hydration regime required to prevent rejection. Nadia was supported as a care leaver from her 18th birthday and was closed to the service at the age of 21, as she was residing with her family in Wiltshire, with support from Wiltshire Adult Social Care. From October 2022 Nadia moved back and forward between Wiltshire and Gloucestershire as she was having conflict with her family and wanted to live with her boyfriend, but did not have accommodation of her own.

1.3 In April 2023 Nadia's transplanted kidney failed due to her non-compliance with medication and she was admitted to Gloucestershire Royal Hospital. Although she was not able to receive a new kidney transplant, Nadia struggled to accept this and did not consistently comply with medication and dialysis, which she needed three times a week. Her cognition declined as a result and she was placed under Deprivation of Liberty Safeguards from June to August 2023, and her mental health was also assessed. Once medically fit for discharge, this was delayed for several months because Nadia reported that it was not safe for her to return to Wiltshire or the family home and there was a debate between Gloucestershire's district councils and Wiltshire about which local authority had the duty to accommodate Nadia.

1.4 Gloucester City Council accepted the interim homelessness duty and placed her in a hotel in late November 2023, but this and a subsequent supported accommodation provider gave notice due to Nadia's highly dysregulated behaviour, and she was deemed to have exhausted her rights to homeless accommodation in early January 2024. Gloucestershire Royal Hospital [GRH] were highly concerned about the impact on Nadia's health if she was street homeless and escalated the matter to Gloucestershire Adult Social Care, who provided her with supported accommodation, where Nadia settled well and a reassessment of her care and support needs was initiated. She sadly passed away from septicaemia due to an abscess on her arm in February 2024, after a lengthy wait for an ambulance.

1.5 The author wishes to express sincere condolences to all members of Nadia's family, including her former foster carers, for their loss. The author is also grateful to the professionals who worked with Nadia for sharing their insight into her experiences so honestly. The efforts they made to support her and try to keep her safe were very clearly apparent throughout the review process and all expressed how devastated they were at her death.

## Description of Nadia

1.6 Nadia was described by practitioners who had known her since adolescence as cheeky and a tiny ball of energy. A complex person, she had a fun side and craved attention. A family friend described her as having "*the most infectious giggle when she was happy, she was such a delight".* She loved anything pink and sparkly and loved getting her hair and nails done, so when her appearance became unkempt this was a clear sign that she was distressed. She had kidney failure at a very young age, and one practitioner described her self-catheterising at the age of just 3 years, which they had never seen before. She was extremely fortunate to be placed with "*wonderful"* foster carers at a young age, who saw her through her kidney transplant aged 8. They spent halcyon summers in the south of France, and Nadia loved swimming in the pool,

going for walks along the river and hunting for trinkets in the French markets. They also stayed at Butlins, where Nadia would happily dance the night away at discos.

1.7 However, Nadia had experienced high levels of trauma in early childhood, and her former foster carers described her fragility, both physically and mentally. She struggled at school, both academically and socially and her carers advocated to Children's Social Care that her good verbal skills were masking her underlying special educational needs, which they believed would be better met in a specialist school. She was never invited to birthday parties by classmates and compensated by developing an elaborate fantasy life with her dolls.

1.8 By the age of 14, Nadia was described as a very emotionally damaged child, who had few friends and hated attending school, "*living in a make believe world"*. She avoided drinking liquids as she did not want to go to the toilet at school. After her long-term foster placement broke down, she was moved to another foster placement for three years, then into supported accommodation before deciding to return to live with her birth mother as an adult. She reported that her mother, stepfather and siblings were unkind to her, including berating her for wetting the bed, although she later retracted these allegations. By April 2023, her relationship with her family had completely broken down and she wanted to live near her boyfriend in Gloucestershire. However, he had a learning disability and required substantive support from his own parents, who did not also want to support Nadia and after staying a short period, they would not allow her to live with them. GRH staff described Nadia's boyfriend's romantic proposal to her on one knee while in hospital, an event which brought Nadia real joy.

1.9 Like many young people with a chronic health diagnosis, Nadia struggled to accept her condition and did not comply with her twice daily medication or the advice she was given about drinking fluids and eating appropriately for her health needs. Clinicians believed that she understood why she needed to take her medication and risks of not doing so, but practitioners felt that her non-concordance was a form of rebellion or care-eliciting self-harm; one with terrible consequences. Nadia was devastated and very frightened by the failure of her kidney transplant in April 2023, and because of her childhood trauma, she was unable to express herself as an adult so reverted to child-like behaviour, seeking inappropriate care from nurses in GRH and becoming oppositional. Initially they were very empathetic in response, however, this then became problematic as Nadia's behaviour escalated and she caused distress to other patients and at times was abusive to staff.

1.10 On discharge from GRH in November 2023, Nadia's dysregulated and emotionally needy behaviour continued – "*she was a young adult who wasn't an adult*". The psychological impact on this traumatised young woman of a condition that would almost inevitably significantly shorten her life cannot be underestimated. She needed to attend the dialysis clinic three times weekly, but would oversleep and miss appointments, or feel too overwhelmed to attend. Practitioners commented that most of the other patients at the dialysis clinic were elderly, as younger dialysis patients will usually receive a kidney transplant, so the opportunities to build friendships were limited for Nadia, who was already very socially isolated and more so when her relationship with her boyfriend ended at the beginning of January 2024. Nurses in the dialysis clinic recognised this and were described as being "*incredibly kind and caring"*, giving her foot rubs and bringing her food and clean clothing. Many spent hours on the phone, trying to secure accommodation for Nadia when she was at risk of street homelessness.

1.11 It is some consolation that Nadia had a lovely last Christmas being cared for by her former foster carers, after calling them on Christmas morning, telling them that she was in homelessness accommodation and felt lonely and sad. Her childhood foster carers remained in contact with Nadia, encouraging her to attend her dialysis sessions by going with her and giving her foot rubs. They made many calls to Adult Social Care to try to get her help, trying to challenge the decision that she should be evicted from her accommodation and secure support for her, as did their family friend. When Nadia was made street homeless in January 2024, she called an

ambulance to take her to Gloucester Hospital's emergency department, where her foster carers and P3 rallied to secure accommodation for her for the night. Although they were relieved when Adult Social Care agreed to provide supported accommodation, they could see that her condition was worsening and were concerned that staff did not appear to have information about her dietary needs and consumption of water to enable them to support her health needs. They were devastated to hear of her death, commenting *"[professionals] dealing with her should have been more aware of her needs and vulnerability and a more joined up system could have helped."* And that she "*did deserve kindness and consideration and respect."*

# 2. Scope of Review

## Purpose of a Safeguarding Adult Review

2.1. The purpose of having a SAR is not to re-investigate or to apportion blame, to undertake human resources duties or to establish how someone died; its purpose is:

- To establish whether there are lessons to be learned from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults;
- To review the effectiveness of procedures (both multi-agency and those of individual organisations);
- To inform and improve local interagency practice;
- To improve practice by acting on learning (developing best practice); and
- To prepare or commission a summary report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.

2.2. There is a strong focus in this report on understanding the underlying issues that informed agency and professionals' actions and what, if anything, prevented them from being able to help and protect Nadia from harm.

## Themes

2.3. The GSAB prioritised the following themes for illumination through the SAR:

- What did each organisation know about Nadia, her circumstances, needs and risks? Did agencies coordinate and communicate effectively to meet her needs, including across borders between Wiltshire and Gloucestershire?
- How was Nadia supported to understand and manage her health needs in relation to her kidney failure and how was her ability to manage this independently risk assessed? Were the principles of the Mental Capacity Act 2005 applied?
- Was Nadia's transition to adulthood in line with expected standards? In particular, how well do practitioners from across health and social care understand care pathways and coordination across services for care experienced young people with co-existing learning disabilities, emotional needs and/or physical health conditions?
- There was a housing duty/ordinary residence dispute between Gloucestershire and Wiltshire. What is the professional understanding of the routes to resolve disputes in respect of local connection or ordinary residence between local authorities, and duties in respect of interim support whilst disputes are being resolved? How were these applied in this case, and what can be learned?

## Methodology

2.4. The case has been analysed using a learning together approach, through the lens of evidence-based learning from research and the findings of other published SARs.[1] Learning from good practice and a discussion of the legal framework have also been included. By using that evidence-base, the focus for this review has been on identifying the facilitators and barriers with respect to implementing what has been codified as good practice.

2.5. The overarching purpose of the review has been to learn lessons about the way in which professionals worked in partnership to support and safeguard Nadia. Agencies provided reports setting out a description of their involvement with Nadia, with a chronology of key events. The author used these to draw together an Early Analysis Report, summarising the agency returns to provide a framework for multi-agency discussions at learning events with front-line practitioners who worked directly with Nadia and the leaders who oversaw the services involved in supporting her.

2.6. The learning produced through a SAR concerns 'systems findings', which are the underlying issues that helped or hindered in the case and are systemic rather than one-off issues. Systems findings identify social and organisational factors that make it harder or easier for practitioners to proactively safeguard, within and between agencies.

## Contributing agencies

2.7. The following agencies provided documentation to support the SAR:

- Gloucestershire County Council
  - Adult Safeguarding
  - Adult Social Care
  - Children's Leaving Care Service
- Gloucester City Council Housing [GCiCH]
- Gloucestershire Constabulary
- NHS Gloucestershire ICB
- Gloucestershire Health and Care NHS Foundation Trust [GHC NHS]; physical and mental health (including Crisis) teams.
- Gloucestershire Hospitals NHS Foundation Trust.
- 111 Service
- South West Ambulance Service Trust (SWAST)
- GP surgery in Wiltshire
- Wiltshire Safeguarding Adults Board
- Wiltshire County Council Adult Community Teams Service Manager
- Kingfisher Treasure Seekers (VCS)
- Reboot (Accommodation Provider)
- Housing Departments of relevant district councils in Gloucestershire and Wiltshire

[1] Preston-Shoot, M., Braye, S., Preston, O., Allen, K. and Spreadbury, K. (2020) National SAR Analysis April 2017 – March 2019: Findings for Sector-Led Improvement. London: LGA/ADASS

### Involvement of Nadia's family and friends

2.8. Nadia's mother was invited to contribute to the review, but no response was received, and we are respectful that families can often feel too overwhelmed, distressed or angry to participate in this process. The reviewer and GSAB partners remain committed to supporting the family's involvement and will invite their comments on this report before publication. A family friend of Nadia's former foster carers spoke with the author and shared some lovely childhood memories of Nadia but also expressed her frustration about the delays in securing the supported accommodation that she felt Nadia needed to stay safe on discharge from hospital. She felt that Nadia may still be with us if she had moved to her final accommodation immediately on discharge and felt that the "team around the person" should have come together earlier to facilitate this. However, she was pleased to hear the learning that had been identified through this review process and took comfort that this could improve outcomes for other young people with similar needs.

## 3. Narrative Chronology

3.1. Nadia was known to Gloucestershire Children's Social Care [CSC] from 2005 and was made subject to a care order in November 2007, when she was 6 years old. She had a mild learning difficulty, complex emotional needs, and kidney failure. Nadia had a kidney transplant in 2010, aged 9 years and had both her own kidneys removed in 2011. She had a series of placements with Gloucestershire foster parents until January 2019. Throughout her health records, she was noted to have learning difficulties, with some documents recording that she had an assessed IQ of 60, but no formal diagnosis of a learning disability was made. As a child Nadia had been open to the Children and Adolescent Mental Health Team. However, as it was felt that she did not have mental health issues that warranted ongoing input from secondary mental health services once she became an adult she was not open long term to any adult mental health teams. From January 2019, Nadia was placed in a high cost CSC commissioned supported living placement with 1:1 support at all times, including at college. In February 2019, college staff found her behaviour challenging, and she was seeing a psychotherapist. Concerns were raised about the longevity of her kidney transplant as she was not consistently concordant with her medication.

3.2. Nadia turned 18 in early 2019, and continued to be supported by Gloucestershire CSC as a care leaver. A transitional assessment of her care and support needs had been started by the Gloucestershire County Council Adult Social Care [GASC] Cotswold team when Nadia was 17, but this was paused in February 2019 to allow GASC enablement support to build Nadia's independent living skills and the assessment was never formally concluded. However, GASC closed the case in August 2019, noting that Nadia's adult needs appeared fairly low despite professional anxiety around her health needs, requiring more background support alongside health support. Although support was offered to help Nadia find independent accommodation, she resumed contact with her birth mother during this time and decided to move to live with her in Wiltshire.

3.3. In June 2021, Wiltshire Council received a referral from Gloucestershire, advising that Nadia had returned to live in Wiltshire and requesting a Care Act assessment. This was completed in November 2021, and from January 2022, Nadia was supported with her wish to move on as she found the home environment difficult. Nadia experienced periods of emotional dysregulation and anxiety, impacting her mood and ability to cope with regular dialysis appointments. In June 2019 she was referred by WASC's Mental Health Intensive Care team to Let's Talk the primary care psychology service, however she was felt by the Let's Talk service to be unsuitable for their service, as she required a more relationship-based therapy over a longer period of time. However there does not appear to have been any consideration either at that time or later on, as to what service might meet her emotional and psychological needs. In

February 2022, she reported increased urinary incontinence, likely due to stress and anxiety, and had difficulties with her ex-boyfriend and subsequent partners. Efforts by WASC to progress a referral to Homes4Wiltshire were paused as Nadia reported feeling worried and angry about previous foster placements.

3.4. In March 2022, Nadia moved to Gloucestershire, which she identified as her home as her grandparents and aunts still lived there, initially residing in the YMCA. She struggled to register with a GP in Gloucestershire and remained without primary physical health care or a referral pathway to secondary mental health services. Despite finding a flat with her boyfriend, Nadia's situation was unstable, and she frequently changed her mind about where she wanted to live, vacillating between Gloucestershire and Wiltshire. In late April 2022 WASC's Intensive Enablement Service made contact with Nadia and were advised Gloucestershire Leaving Care were closing Nadia's case as she had turned 21, and was living in Wiltshire at the time. In August 2022, she made an allegation of sexual assault against her ex-boyfriend but did not want to support a prosecution. Nadia's allocated worker from WASC supported her in considering non-molestation orders and starting a housing application for Gloucestershire, but she did not feel ready to do so.

3.5. In October 2022, Nadia expressed a desire to move to Cirencester in Gloucestershire as she was having a difficult time living with her parents and was reminded of the support available to her. She requested temporary respite or a supported living placement, but WASC did not feel she had the level of needs required for such placements. Throughout this period, Nadia's renal needs were being met in Gloucestershire and Gloucestershire Royal Hospital's [GRH] records indicate that Nadia was trying to manage her renal medication and attending clinic appointments. However, on 2 November 2022, she was recorded as "*Intermittently taking meds*".

3.6. In December 2022, Nadia's mother reported to WASC that she had "*run away from home*" to Gloucester, staying with her boyfriend who was placed in supported accommodation by another local authority, but could not remain there as he was not allowed overnight guests. Nadia made allegations of conflict within the family home and financial abuse. If Gloucester accepted it was unsafe for her to return home, she would be offered emergency temporary accommodation. However, it appears she returned to Wiltshire as in early January 2023, Nadia did not feel safe at home following a fight with her sister and wanted to move to Gloucester. She was asked to consider supported housing in Wiltshire while completing a housing application for Gloucestershire.

3.7. On 31 January 2023, Nadia's case was closed to WASC as they were informed that Nadia had been admitted to GRH 5 days earlier, and had expressed a wish to remain in Gloucester near her boyfriend, and a request for an assessment of Nadia's care and support needs was sent by the Mental Health Liaison Team [MHLT] to GASC with Nadia's consent. However, in mid-February, Nadia's boyfriend's father returned her to Wiltshire as she had nowhere to live. She advised she had made a housing application to Gloucester and had been awarded high priority.

3.8. The Mental Health Liaison Team [MHLT] based at Gloucestershire Health and Care NHS Trust [GHC] noted on 26 January 2023 that Nadia had stopped taking her anti-rejection medication, suggesting this could be due to thoughts of "*passive suicide*". This does not appear to have been explored further at that time, although the following week, the MHLT spoke with Nadia's WASC social worker, who noted that she was self-injuring regularly and that it was usual for her to express suicidal ideation.

3.9. During this period, GRH raised concern with WASC that Nadia was not complying with her medication and had not attended for blood tests. GCH undertook an assessment of her mental health on 1 February 2023, when Nadia clearly stated that she did not want to die, and was assessed as not having a significant mental disorder warranting a referral to secondary mental

health services. She was perceived as being of low risk of harm to herself, and her thoughts of suicide were seen as a means of eliciting help rather than an actual desire to end her life. Nadia's attendance at transplant clinics stopped in March.

3.10. In April 2023, Nadia was admitted to the Royal United Hospital Bath for acute kidney injury and anaemia. She was transferred to GRH for further treatment and dialysis as she did not want to be placed in a hospital in Wiltshire, despite having predominantly lived in Wiltshire for 3 ½ years by that time. Biopsy tests confirmed that Nadia's transplanted kidneys were being rejected, and she required dialysis.

3.11. Nadia was referred by GRH to the Mental Health Intermediate Care Team [MHICT] in April 2023, but they declined to take her on as they believed that she had a learning disability. GCH undertook another mental health assessment in May 2023, as GRH had made a referral in respect of Nadia not taking her renal medication properly, and although she was assessed as being at medium risk of self-neglect, no mental capacity assessment under the Mental Capacity Act 2005 [MCA] was carried out when she declined a prescription for antidepressants. The clinician noted that the ward team were relying on Nadia's boyfriend (who she had referred to as her 'husband' and 'fiancé', although they were not married) for accommodation despite his parents not wanting to support Nadia, highlighting that such an arrangement would be highly risky.

3.12. Multiple mental capacity assessments were undertaken by GRH during this period to assess Nadia's capacity to take decisions with respect to her medication and health. From 1 June-3 August 2023 Nadia's renal failure impaired her cognition, so she was placed under Deprivation of Liberty Safeguards [DoLS] as she was assessed as lacking capacity to take decisions in respect of her care and treatment in hospital. Wiltshire ASC authorised the DoLS as the MCA sets out that the relevant care home or hospital must request authorisation from the 'supervisory body', being the council in whose area the person is ordinarily resident.

3.13. Nadia was then referred by GRH to GASC's Learning Disabilities Team in mid-June 2023 but did not meet the criteria for their services, as she had been diagnosed with learning difficulties rather than a learning disability, however, she was not then re-referred to MHICT. On 19 July, Nadia told ward staff that she wanted to live in Gloucester but as she remained on DoLS at this time, she was referred to the complex frailty lead housing officer, and an IMCA referral was made for decisions related to housing. In July 2023, the hospital made a further referral to WASC, noting that Nadia was medically fit for discharge, and that ward staff did not believe she had any care and support needs but remained homeless and lacked capacity around her medication and medical needs. WASC's duty social worker asked the ward staff to obtain Nadia's consent to a referral to Wiltshire Council Housing Options and to complete the online form for the service.

3.14. GRH also made a referral on 31 July to GASC, seeking support with multi-agency discharge planning for Nadia, noting that she wanted to live with her partner (who was noted to have a learning disability) in Gloucester. GASC's Hospital Discharge and Assessment Team [HDAT] conducted a joint screening visit to Nadia on the ward with the Onward Care Team [OCT], and assessed Nadia to have no care and support needs as she was independent with activities of daily living, and that there was no indication she lacked capacity with respect to ongoing community dialysis or other health decisions and risks. HDAT therefore closed the case. In August, Nadia was referred to GHC after expressing suicidal ideation, but again was assessed as being at low risk of suicide. The DoLS were lifted on 3 August 2023 when Nadia was assessed as having regained capacity. On 11 August, GRH arranged a multi-disciplinary team meeting to explore a referral to Homeseekers/START for Nadia. In mid-August, Gloucester City

Council's Housing [GCiCH] Officer for GHC NHS opened a Duty to Refer [DTR][2] as Nadia was medically fit for discharge and felt unsafe returning to her parent's home due to them using substances and a risk of domestic abuse.

3.15. The lack of clarity around where Nadia wanted to live, her unrealistic expectations around accommodation and which local authority owed her a housing duty continued to delay her discharge from hospital. In September 2023, a new Wiltshire social worker was allocated, who noted that Nadia did not want to move back to Wiltshire, had no personal care needs and her primary need continued to be housing. On 5 October 2023, the situation was escalated to senior leaders in GCiCH by the strategic leads for hospital flow from the Integrated Care Board [ICB], GASC and Gloucestershire Health NHS Foundation Trust [GHFT]. HDAT became involved again following referrals from WASC and GCiCH's Housing Support Officer. Cheltenham District Council advised that Nadia was not entitled to accommodation in Gloucestershire as she had been in Wiltshire for three years. Nadia self-referred to Cotswold District Council for accommodation and although they assessed her and offered a self-contained one-bed flat, they transferred her application to GCiCH later that month, as they were of the view that she needed to be accommodated near GRH for her dialysis. GCiCH noted that Nadia's local connection was to Wilshire and attempted to contact her to arrange to assess her. On 26 October, GRH sent a warning notice to Nadia due to her behaviour on the ward, which included shouting and swearing at staff, upsetting other patients and having sex in the toilets with her partner.

3.16. GCiCH agreed to place Nadia in a hotel as an emergency interim measure on 22 November 2023, while she agreed to make a homeless application, with support from Nightstop, and dialysis was arranged at Cotswold Dialysis Unit. GRH put a High Intensity User plan in place for future attendances. Within a day, Nadia started to attend GRH's emergency department with leg pain and swelling and other health issues.

3.17. GCiCH referred Nadia to Potters Field YMCA, a commissioned high supported emergency accommodation, but the provider refused the referral as they considered her needs to be too high for general emergency temporary accommodation. The accommodation at the hotel continued to be extended, but the hotel started raising concerns with GCiCH Housing as Nadia was rolling on the floor, screaming in front of other guests, falling asleep in the bar and calling ambulances and on 13 December 2023, the hotel gave notice. GCiCH approached the high supported emergency accommodation again, and they accepted the referral, but within days, they raised a concern with Housing that Nadia was not attending her dialysis and were advised to make a formal safeguarding referral. Potters Field also contacted the community dialysis team, who responded that Nadia had capacity to take decisions about attending her sessions. On 16 December, Nadia was unwell but declined to go to GRH when an ambulance was called, this was reported to GASC's Helpdesk on 20 December, but was not progressed due to a 'lack of consent'.

3.18. On 17 December, Potters Field report that they tried to call an ambulance after Nadia came to the office in agony, but were advised that no ambulances were available due to high demand, although SWAST have no record of this call. Staff called 111 again when Nadia started struggling to breathe, but she refused to go to the emergency department when paramedics arrived. Potters Field called GHC on 18 December, reporting that she had not been attending dialysis, and had been showing highly distressed and disturbing behaviours in public over the weekend, including masturbating and inserting her hands in her anus, and defecating on the floor. Potters Field staff made a referral to GASC's referral portal, which was progressed to a safeguarding enquiry. The provider gave notice to GCiCH the same day, initially 28 days' notice but this was subsequently reduced to 7 days as her behaviours continued. Nadia was seen by

[2] Named public bodies have a duty to refer service users who they have reason to believe are homeless or threatened with becoming homeless within 56 days, to a local authority of the service users' choice, pursuant to the Homelessness Reduction Act 2017

her usual renal consultant on 19 December, who felt she had capacity to take decisions about her dialysis, and by a second renal consultant the following day who concluded that she "*lacks capacity to make informed decisions about refusing dialysis as she appears acutely distressed and agitated and is not able to use and weigh the information".* Although the clinician believed a mental health assessment was required (although it is unclear whether they were advocating for a Mental Health Act assessment or a more generalised assessment of her mental health), she was acutely uraemic so a DoLS application was made and Nadia was given dialysis. Her cognition improved once she had received dialysis, so the DoLS authorisation was not pursued.

3.19. Potters Field made a referral to Gloucestershire's Safeguarding Adults team on 20 December, due to Nadia not attending dialysis appointments and appearing jaundiced and they were concerned about her mental health. This did not proceed to a s42 enquiry as she had started to engage with treatment and a mental health review had been arranged. Nadia's mental health was assessed by the MHLT in the emergency department on 23 December and she stated that she did not want to die, but sometimes struggled to prioritise her dialysis appointments, and could feel overwhelmed, wanting to have a "*normal*" life. She was assessed as low risk of self harm, and as part of her risk management plan, contact details for the mental health crisis team [CRHTT] were provided to her.

3.20. Over the Christmas period, Nadia called CRHTT several times and attended the emergency department twice in a distressed state. She called her former foster carers on Christmas morning saying that she was very sad, and they collected her from her accommodation, so she was able to spend Christmas and Boxing day with their family. On 29 December, Potters Field agreed to revoke the notice they had given, to give Nadia an opportunity to engage with an Approved Behaviour Agreement [ABA]. Shortly after New Year, her boyfriend broke up with her and her emergency department attendances continued. Potters Field took a decision to evict Nadia on 2 January after she defecated in the kitchen. Nadia admitted to a housing officer that she had lied about experiencing domestic abuse from her mother. Her former foster carers contacted GCiCH to ask what had happened, and with Nadia's consent were updated on her housing situation, and agreed to contact GASC, as GCiCH were not able to provide further temporary accommodation after her eviction. GRH staff attempted to find a solution to Nadia's homelessness, eventually securing accommodation for the night through the out of hours homeless team, and Nadia's foster mother agreed to take her to the accommodation.

3.21. On 3 January, Nadia attended the emergency department with chest pain, which transpired to be fractured ribs after she asked another resident in her homeless accommodation to 'click' her back. Her mental health was assessed again by the MHLT on 4 January 2024, but there was no evidence of suicidal ideation, psychosis, thought disorder, distress or distraction, malnourishment or dehydration. Her former GP in Wiltshire returned a referral letter to GHC, noting that she was no longer registered with their practice, which meant that she had no primary healthcare.

3.22. On 9 January, the dialysis clinic called GRH's Safeguarding team for support as Nadia was again homeless, so a referral was made to the Homeless Pathway hospital navigator from P3 (the housing charity GRH work with to meet their duty to refer people who are or are at risk of being homeless), who supported Nadia while she was in hospital, liaising with GCiCH and GASC, and arranged for Nadia to be accommodated in hotels as clinicians were clear that her health needs could not be met if she was homeless. The following day, GRH escalated the situation to a senior leader at GASC, who immediately agreed to place Nadia in Reboot, which is 24-hour supported accommodation for young adults, with support from the Rapid Response Team over the weekend and a care package as an urgent measure. GRH made a detailed safeguarding referral to Gloucestershire's Safeguarding Adults team, however, this was not progressed to a s42 enquiry as specialist accommodation had been sourced for Nadia and she was engaging with the support offered.

3.23. At Reboot, Nadia initially required a lot of emotional support and prompting to take her medication, accessing food and attending dialysis, and monitoring to ensure there was no deterioration in her health needs. Over time, her situation stabilized, and a reassessment of her care and support needs by GASC was ongoing at the time of her tragic death on 9 February 2024.

3.24. On the night of 8 February, a Reboot staff member called 111 at 11pm advising that Nadia felt faint, had all over body pain and was unable to stand. The 111 Health Advisor felt unable to confidently choose the priority symptom, which is required in order to complete a Pathways assessment, so placed Nadia's case in the network clinical queue [NCQ] as immediate priority for a clinical call back. However, there was no answer when a patient safety call was made at 2am so Nadia's case remained in the NCQ. 111 has acknowledged that there were insufficient clinicians manning the NCQ to meet the demand that day. Reboot advised that the staff member stayed awake (although this was not a waking night service) due to her concern for Nadia. At 08:11 a further patient safety call was made to the overnight carer, who advised they were no longer on shift and provided the details for the day staff member. The new worker answered the safety call and said that they noted Nadia had vomited on her pillow at the beginning of their shift and had been into her room 3 times since, but she was not replying or responding to efforts to wake her. The patient safety caller called for clinical assistance and a clinician took over the call. It was quickly ascertained that Nadia was not breathing. At 08.23 the clinician directed the staff member to start basic life support and an emergency ambulance arrived within 7 minutes (which is an excellent response time), but death was confirmed at 08:40. The coroner found that Nadia had died of septicaemia caused by an abscess on her left arm. The 111 Service completed a root cause analysis report through the STEIS process, identifying lessons learned and recommendations for the service, so these have not been repeated within this SAR.

# 4. Analysis of Agencies' Actions

## Knowledge of Nadia's needs and communication between agencies

4.1. As set out in the description of Nadia above, many of the practitioners who worked with her had a nuanced understanding of her personality, needs and risks, although some had different perceptions of the cause of some of those needs.

4.2. Many practitioners who had worked closely with Nadia believed that she had a learning disability, and at one point in her childhood, her IQ had been assessed at 60. An IQ below 70 meets NICE's criteria for a diagnosed learning disability, where this has an onset in childhood and results in a significant impairment of social and adaptive functioning[3]. However, Gloucestershire's Learning Disability team clarified that this was assessed by two experienced clinicians in 2019 to inform the assessment of Nadia's care and support needs, using a battery of diagnostic tests. Nadia had attended mainstream schools and sat a GCSE in catering, and was able to carry out activities of daily living with prompting that was appropriate for a teenager. Her IQ in some domains was in the 8th centile, which was above the threshold for a learning disability. However, she had some problems with memory and attention, which was felt to be a response to the high levels of trauma she had experienced from early childhood. Nadia did not understand humour and could be very literal in her understanding of discussions. In May 2023 the Learning Disability team visited Nadia in GRH for a screening assessment with an occupational therapist, but again assessed that she did not have a learning disability, taking the view that it was likely that her need for prompting around her medication regime was likely to relate to emotional dysregulation rather than her cognition.

[3] Context | Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges | Guidance | NICE

4.3. WASC's Care Act assessment completed with Nadia in 2022 highlighted some of the issues that Nadia faced, including the fact that she presented as being much younger than she was, struggled to understand complex information and social context, struggled to manage her emotions and relationships with others, had difficulty with remembering things or planning things. The report indicated that her poor memory impacted on her ability to remember to take her medication and drink the water she needed to maintain her kidney health and she lacked motivation in relation to activities such as cooking for herself and personal care. The report highlighted that she struggled with her emotions and behaviour due to past childhood trauma including being taken into foster care at the age of 6. She also reported having anxiety attacks.

4.4. Experiencing trauma in the past can affect the ways a person perceives and responds to their environment in the present. Aspects of a situation that may seem benign to someone with no history of trauma can trigger overwhelming feelings of distress in a trauma survivor, leading the individual to behave in ways that might be labelled as, for example, 'non-compliant', 'aggressive' or 'disengaged'. It can be difficult for practitioners to conceptualise how the causes and effects of abuse or trauma may prevent a person from keeping themselves safe or managing activities of daily living, particularly when assessing in a care setting such as a hospital ward. Leaders at the learning event acknowledged that although there is currently a strong focus on promoting trauma-informed care across the partnership, this needs to be more strongly embedded.

4.5. The WASC assessment was requested and shared with GHC's MHLT at their request in late January 2023, evidencing that there was a shared understanding of her needs between Wiltshire and the hospital, but it is unclear how this was then used to inform decision making by clinicians and other practitioners. Further, this assessment was not shared with GASC, as Nadia's case was not open to WASC at the point she moved to Gloucestershire, because her care needs were being informally met by her parents at that time. This meant that GASC's subsequent assessments of Nadia's care and support needs while she was in hospital were not informed by WASC's assessment of her emotional and behavioural need and ability to manage her health needs independently in the community.

4.6. GRH referred Nadia to the Mental Health Intermediate Care Team [MHICT] in April 2023, but they declined to take her on as she had a learning disability. Nadia was then referred to GASC's Learning Disabilities Team, however she was assessed by them as not meeting the criteria for having a learning disability and that she was too able for their service as her issues were more of a learning difficulty than a learning disability. Given that Nadia did not meet the criteria for learning disabilities services, the decision by MHICT not to accept a referral on the grounds that she had a learning disability should have been reconsidered. However, leaders noted that anyone who did not fit within either specialist service would be allocated to GASC's locality adult social care teams, who had access to the same commissioned resources and specialist services.

4.7. GRH practitioners discussed the fact that adult social care will generally prefer to assess care and support needs in the community, as a hospital ward is not a realistic setting. They initially had difficulty in obtaining agreement from either GASC or WASC to undertake the care assessment, as it was unclear where Nadia was ordinarily resident or where she would live on discharge. GASC noted that they had been unclear whether Wiltshire had been substantively involved with Nadia, and did not have (or it appears request) copies of their care assessment. This confusion delayed Nadia's discharge from hospital, so GRH leaders escalated this to GASC, but acknowledged that this was not robustly followed up. GASC's Hospital Discharge and Assessment Team then visited Nadia in hospital in early August 2023 and assessed her as having no care and support needs so closed the case. Although this surprised senior leaders from GRH and frustrated ward staff, this decision was not challenged at the time, even though practitioners believed that Nadia's discharge "*would fail".*

4.8. Both community health services and housing partners commented that planning for ongoing support services and communication about Nadia's needs on discharge was poor, with no

support or risk plan in place. Because Nadia was not open to GASC, efforts to contact out of hours or duty social workers were difficult, with few returned calls and that the lack of a single point of contact made it difficult to resolve their concerns for Nadia. Leaders noted that usually complex cases will be process through Gloucestershire's Flow Hub multi-disciplinary team to look at the individual's care needs on discharge, but that this may not have happened because Nadia had already been assessed as having no care needs. It was noted by practitioners that GASC's locality team were not generally invited to Flow Hub meetings even when they would be allocated to the individual in the community, which is not good practice.

4.9. Leaders of services that had worked with Nadia since childhood acknowledged that based on their understanding of her needs over an extended period, the decision that Nadia would return to the community without a package of care should have been challenged and escalated prior to her discharge from hospital. Although Gloucestershire Safeguarding Adults Board has an escalation policy (which can be found at gsab-escalation-protocol-jan-2024.pdf), this needs to be more widely socialised, and practitioners and leaders need to feel confident to use this as a means to resolve high risk situations.

4.10. Gloucestershire's housing services are currently in the process of adopting the Making Every Adult Matter model[4] [MEAM] to provide complex case support for reflective practice and coordinate services for people experiencing multiple disadvantage. Leaders discussed the importance of the MEAM Coordinator being embedded in the team around the person, to support the coordination of support from homelessness and housing services with health and social care services.

4.11. Funding has also been agreed for a 2-year pilot to introduce Multi-Agency Risk Management [MARM] to support a shared approach to risk management, hosted by GSAC. Leaders discussed that the MARM would benefit from a clear lead agency depending on the presenting needs for each case, agreed timeframes for multi-agency meetings, a clear escalation protocol and provision for individuals moving across local authority borders. It is proposed that the MARM Coordinator will sit within the Safeguarding Adults team in GASC, to support coordination between safeguarding and risk management.

## Systems finding

4.12. Practitioners demonstrated a thoughtful understanding of Nadia's personality, wishes and needs, as well as the impact her adverse childhood experiences had on her emotional needs and emerging risks. However, a more nuanced understanding of the impact of trauma and how to deliver trauma-informed care will better support practitioners in assessing and meeting needs. Leaders acknowledge that multi-agency discharge planning for patients with complex health and behavioural needs must be strengthened and that partners need to feel confident to use escalation processes. GASB is establishing a Multi-Agency Risk Management (MARM) to provide a forum to explore high-risk cases which require a multi-agency approach to assessment, risk management and support, but leaders need to ensure that this is well-integrated with other risk-management forums across the county.

***Recommendation 1:*** *Terms of reference for the Multi-Agency Risk Management (MARM) should provide clear pathways between Making Every Adult Matter processes, Hospital Discharge Flow Hub and Transitions Operational Group (discussed below), and include identification of the lead agency, referral processes and timescales.*

***Recommendation 2****: In complex hospital discharge cases or where there is disagreement between agencies in respect of how an individual's needs should be met in the community, multi-agency discharge planning meetings should take place at an early stage, but in all cases*

[4] Home - MEAM

*before discharge takes place. If safe discharge cannot be agreed, the MARM or escalation processes should be used.*

***Recommendation 3:*** *Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire County Council Adult Social Care should review the criteria for its Hospital Discharge Flow Hub to incorporate cases where the patient may not have eligible care and support needs, but medical self-neglect is suspected.*

***Recommendation 4****: All partner agencies should provide assurance to GSAB in respect of how they are socialising the partnership escalation protocol across all levels of their respective organisations.*

***Recommendation 5****: All partner agencies should provide training in respect of trauma-informed practice to staff, and seek to socialise this through supervision and reflective practice.*

## Support for Nadia to understand her health needs and risk management

4.13. Nadia was educated from childhood about her health needs and the life-long and life-threatening consequences of not complying with her medication, nutrition and hydration requirements, using language that was appropriate to her age and developmental stage. However, clinicians noted that it was not uncommon for young people to underestimate the enormity of the consequences of their transplant failing.

4.14. Nadia's compliance with her routine renal appointments appear to have been quite good while she was living with her mother and stepfather in Wiltshire (even though her renal clinic remained in Gloucestershire) and being supported to attend appointments by them. However, her compliance with medication was always problematic, and cause friction within the family, but that it was clear that if she lived independently, this would deteriorate. From early 2022, Nadia's living situation with her parents became unstable and she started spending periods in Gloucestershire, and tried to obtain accommodation to enable her to live nearer her boyfriend. The situation with her family became quite pressured by late 2022 with a number of arguments recorded, and over the next months Nadia moved between Wiltshire and Gloucestershire, while her attendance at her routine renal clinic appointments dropped. Although Nadia was offered referrals to primary services for therapeutic support, she did not engage. She is likely to have benefitted from a proactive psychology/emotional wellbeing outreach service at this stage, although it is acknowledged that the fact she was moving between Wiltshire and Gloucestershire is likely to have been a barrier to provision of this type of service.

4.15. GHC offers a Complex Emotional Needs [CEN] service which works indirectly with patients to signpost them to other teams or organisations that may have been able to offer Nadia support, however referral to this service does not appear to have been considered. The CEN service also provides family therapy where there are issues with the individual's relationship with their family. Unfortunately, as Nadia was registered with a GP in Wiltshire and her family did not live in Gloucestershire, this service would not have been available to Nadia and her family, however had she been referred to the CEN service, they may have been able to liaise with Wiltshire to see if there were any similar local services.

4.16. It is of note that clinicians at the renal clinic were very careful to write to Nadia following all clinic appointments, using language that was appropriate for a younger adult with learning needs who was developing the skills to manage her own health condition independently, carefully balancing encouragement with the need to be honest about risk. This was identified as excellent practice within the review.

4.17. GHC's mental health assessment on 26 January 2023 suggests that Nadia had stopped taking her anti-rejection medication due to thoughts of "*passive suicide*", but this does not appear to

have been explored further at that time or subsequently during further mental health assessments. Practitioners noted that mental health assessments were not accessible to clinicians in other parts of the health system. Whilst Nadia stated that she did not want to die, it is possible that at times of emotional dysregulation she may have lacked the executive capacity to follow through on the actions required to maintain her physical wellbeing. Consideration should therefore have been given to a risk management plan to address the identified risk of 'passive suicide' in a proportionate way. This could have helped to draw together a multi-agency response to support Nadia to comply with her medication regime.

4.18. Nadia's admission to GRH in mid-April 2023 due to kidney rejection as a consequence of her poor compliance with medication was a sad likelihood. She was not eligible for a further transplant due to this non-compliance and would therefore require regular renal dialysis for the rest of her life. From the point that Nadia's kidney failed, she required renal dialysis three times every week. Renal dialysis is the removal of waste products and excess fluid and electrolytes from the blood by machines, and is used when a person's kidneys have failed to such an extent that the person becomes increasingly unwell without this artificial option. This is not a treatment that can be opted into and out of, although people can choose not to start or continue this treatment as without it, a person with serious kidney failure will die. This will not happen immediately and so the consequences of not dialysing for sufficiently long and sufficiently frequently will not be experienced quickly.

4.19. During the learning event, practitioners discussed that Nadia was quite unrealistic about her prognosis, believing that if she refused to comply with medical advice or accept accommodation offers, the hospital would be forced to give her another kidney transplant. She was also very disruptive on the ward, for example, having sex with her fiancé in the toilets despite being advised by staff that this was not appropriate. However, she was fully independent in respect of her personal care needs on the ward, cleaning and dressing herself, and often going out in the community for lengthy periods.

4.20. Multiple mental capacity assessments were undertaken during this period to assess Nadia's capacity (including her executive capacity) under the Mental Capacity Act 2005 [MCA] to take decisions with respect to her medication and health, and from 1 June-3 August 2023 it appears that Nadia's cognition was impaired, likely as a result of her being acutely uraemic, so she was placed under Deprivation of Liberty Safeguards [DoLS] as she was assessed as lacking capacity to take decisions in respect of her care and treatment in hospital. Wiltshire ASC authorised the DoLS as the MCA sets out that the relevant care home or hospital must request authorisation from the 'supervisory body', being the council in whose area the person is ordinarily resident. The DoLS were lifted when Nadia was assessed as having regained capacity. When not impaired by her renal failure, Nadia was assessed to have capacity, although hospital staff remained concerned that she lacked understanding of the seriousness of not having dialysis and had unrealistic expectations of what accommodation she would be entitled to.

4.21. The MCA sets out that a person lacks capacity in relation to a matter if at the material time they are unable to make a decision for themself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. A person is unable to make a decision for themself if they are unable to understand, retain, and weigh the information relevant to that decision, or to communicate this. The fact that a person is only able to retain the information for a short period does not prevent them from being able to make the decision and capacity may fluctuate over time. There is a presumption of capacity unless otherwise evidenced and a person cannot be treated as lacking capacity, merely because someone else considers their decision to be unwise.

4.22. The executive function of the brain is a set of cognitive or understanding/processing skills that are needed to plan, order, construct and monitor information to set goals or tasks. Executive

capacity is the ability to implement decisions taken, to deal with the consequences and to make adjustments to changing risks in the real world. The MCA Code of Practice (para 4.21) notes: "*For someone to have capacity, they must have the ability to weigh up information and use it to arrive at a decision. A person must accept the information and take it into account. A person may appear to be able to weigh facts while sitting in an interview setting but if they do not transfer those facts to real life situations in everyday life (executing the plan) they may lack mental capacity*."

4.23. The Court of Protection has explored 'articulate and demonstrate' models of assessment in the 2014 case of *GW*:

> "*It is not surprising that GW was able to recall some safety issues in oral evidence, or to describe the route she took into town. The question was whether in practice she had the ability to apply insight and understanding about road safety when she was out and about. Every time someone walks into town, it is a different experience, no matter how well they know the route. The question is whether GW has an appreciation of the risks that may arise every time she steps out of the front door*." (*GW v A Local Authority* [2014] EWCOP20)

4.24. Clinicians discussed whether Nadia had executive capacity, particularly in respect of managing finances and a tenancy, but deemed these assessments to be in the responsibility of ASC, not health decisions. However, with respect to Nadia's executive capacity to comply with her medication and dialysis, one senior leader from GRH commented *"Staff used the 'tell me show me' method to assess her executive capacity and she could 'show me'. Perhaps we didn't think about the fact we were prompting her to show us. It's a subtlety further on with executive capacity, can they do it unprompted?"*

4.25. Mental capacity assessments should explore rather than simply accept notions of 'lifestyle choice'. This means applying understanding of executive capacity and how adverse childhood experiences, trauma and 'enmeshed' situations can affect decision making, particularly in the context of co-occurring health conditions like renal failure. NICE guidance[5] advises assessments should take into account observations of the person's ability to execute decisions in real life situations, highlighting the situational aspect of decision making. This should have been applied throughout the assessment, care planning and provision of support and healthcare to Nadia. Where there is evidence that outside of an assessment environment the person is not able to understand or weigh up information to enact a decision, particularly when unprompted, this should be thoroughly explored. The presumption of capacity under section 1 of the MCA does not override professional and statutory duties to ensure that adults with care and support needs are safe from abuse, neglect or self-neglect.

4.26. Themes of a lack of multi-agency coordination, information sharing and legal literacy (predominantly in respect of application of the Mental Capacity Act 2005) are identified frequently within Safeguarding Adults Reviews as areas requiring practice improvement, especially where the risk arises from perceived self-neglect. This is made more acute in the context of refusal or non-adherence to medical treatment where the adult is suffering from physical and mental health conditions. National analysis identifies that often a focus on specific need or behaviour obscures recognition of foreseeable risk, reporting that:

> *"even when self-neglect was recognised, it was little understood and poorly explored, lacking detailed personal history and exploration of the person's home conditions or health management routines. Refusal of services was not explored or understood. Professional curiosity was not exercised. Assessment, particularly in the hospital context, relied heavily on self-reporting, with home circumstances not observed. In some cases, assurances about*

[5] NICE (2018) Decision Making and Mental Capacity. London: Overview | Decision-making and mental capacity | Guidance | NICE.

*actions the individual would take were accepted at face value, despite evidence to the contrary*."[6]

4.27. The national SAR analysis raises the possibility that a 'rule of optimism', namely an unconscious bias towards a favourable view of the situation, makes it less likely that practitioners will imagine (and prepare for) the poor outcomes, even if these are, as they were in this case, foreseeable.

4.28. On discharge from hospital, it quickly became clear that Nadia was experiencing very high levels of emotional dysregulation and was unable to cope without support in the community, in respect of her activities of daily living, her medication compliance and dialysis attendance or her distressed behaviours. Nadia's mental health was assessed by the MHLT in the emergency department on 23 December and she stated that she did not want to die, but sometimes struggled to prioritise her dialysis appointments, and could feel overwhelmed, wanting to have a "*normal*" life. Although she was assessed as being at low risk of self-harm, a risk management plan was set out in the assessment, which highlighted Nadia's communication needs, suggesting the staff should use non-medical language and provide written confirmation of any plans. Contact details for the mental health crisis team were provided to her. However, the "*passive suicide*" risk previously identified does not appear to have been considered and the challenges Nadia expressed in respect of complying with her medical treatment was not shared with the wider partnership.

4.29. The approach of the dialysis clinic was consistently thoughtful and humane, and trauma-informed care could clearly be identified. In addition to the kindness that was noted in the description of Nadia, the clinic offered Nadia dialysis appointments every day in case she attended, recognising the difficulty she had in making use of the transport provided due to her dysregulation.

4.30. Leaders noted that because it was not clear which area Nadia would be living in on discharge from hospital, Nadia was not registered with a GP from March 2022, which may have been an obstacle to the coordination of her health needs, particularly once she returned to the community. This is not uncommon, similar challenges frequently arise when care experienced young people have to be moved from their accommodation provider or inmates are released from prison, but it is not clear where they will move. While Gloucestershire has Homeless Healthcare SAS, this service is designed mainly to provide primary care for people who have been de-registered by their GP's due to negative behaviour, rather than due to moving area as in Nadia's case. It is unclear why the NHS services involved were not aware at an earlier stage that Nadia was not registered with a GP, however, GHC became aware of this in January 2023 when her former GP returned a referral letter, advising that she was not registered with them. In light of her complex health needs, Nadia needed proactive support from the professional network to support her to register with a new GP. Although Nadia was referred by GRH at this time to P3, who are commissioned to provide this type of support, it does not appear that GHC notified GRH or P3 that Nadia needed help to register with a GP. This reflects wider issues nationally in respect of how information is shared between health, social care and the third sector. Recommendation 1 above, to establish a MARM to support multi-agency risk analysis and information sharing, may have supported more effective communication between agencies.

4.31. However, leaders also noted that the probation service had created an efficient process for registering prisoners released at short notice with GPs, and suggested adapting a similar approach for people being discharged from hospital. It is also important that the wider professional network is aware that the Care Quality Commission guidance on looking after

[6] National Sar Analysis. ADASS/LGA, Michael Preston Shoot, 2020 {p101] available at: https://www.local.gov.uk/sites/default/files/documents/National%20SAR%20Analysis%20Final%20Report%20WEB.pdf

homeless patients in general practice[7] sets out that GP practices have a responsibility to register people who are homeless and have no evidence of an address in the catchment area.

4.32. Although there is no criticism of Potters Field in respect of their response on the day of Nadia's death, as they were expecting to hear back from 111, as a learning point, a further 999 call should have been made when the morning carer found Nadia unresponsive, with vomit on her pillow. It is vitally important that staff in supported accommodation and carers feel confident to call 999 without delay if someone in their care becomes seriously unwell, in particular if they are struggling to breathe, unresponsive, having chest pain or showing signs of a stroke. They should ideally receive basic first aid training, including CPR techniques.

## Systems finding

4.33. Nadia is likely to have benefitted from the early availability of psychology/emotional wellbeing services that took a proactive approach to supporting young people to manage their health needs in their own communities. A more nuanced understanding of the impact of trauma and co-occurring health needs on executive functioning will better support practitioners when assessing a young person's capacity to take decisions in respect of risks and medical treatment, as well as whether safeguarding action is required to prevent medical self-neglect. A lack of professional curiosity or governance structure around risk assessments allowed this situation to continue, despite frequent concerns being raised by clinicians during this period in respect of Nadia's inability to safely manage her health needs, and systemic obstacles to GP registration for people with no ordinary residence may have further hindered coordination of her healthcare. Although it is unclear whether it would have prevented Nadia's death, lack of recognition of the urgency of her situation by 111 and supported accommodation staff meant that effective CPR was not promptly provided.

***Recommendation 6:*** *GSAB and partners should consider how to raise the profile of medical self-neglect as a safeguarding matter; and to ensure that clear feedback loops are available to safeguarding referrers to enable ongoing concerns to be escalated where necessary.*

***Recommendation 7:*** *Gloucestershire ICB should explore options for an assertive outreach-style health support service incorporating a community psychology service for young people with long-term health conditions who are hard to reach.*

***Recommendation 8:*** *In complex cases, practitioners from key partner agencies working with the individual should collaborate to formulate a shared analysis of how the individual's cognitive function is impacted in different circumstances, to support frontline practitioners in undertaking mental capacity assessments that are decision and time-specific; and to inform risk assessments.*

***Recommendation 9:*** *Gloucestershire ICB produce guidance for GP practices and the wider professional network to ensure that they are aware of arrangements for registering people with no fixed address. Gloucestershire Hospitals NHS Foundation Trust should ensure that ward staff have checked that people with complex health needs are registered with a GP prior to hospital discharge.*

***Recommendation 10:*** *Commissioners should ensure that commissioned care services and accommodation providers have clear procedures in place to support staff to respond to emergency situations, checking these for clarity and ease of use.*

[7] GP mythbuster 29: Looking after homeless patients in general practice - Care Quality Commission

## Transition to adulthood

4.34. NICE guidance in respect of the transition from children's to adults' services for young people using health or social care services[8] advocates that transition support should be developmentally appropriate, person-centred and facilitates a smooth, gradual and integrated transition across services. This should start from the age of 14 in the case of health services. Nadia benefitted from a planned transition of her renal health services, and she was introduced to the renal consultant who would take over her care as an adult at the age of 14. As a consequence, the consultant had an excellent understanding of Nadia's holistic needs and a real affection for her.

4.35. Section 58 of the Care Act 2014 places a duty on the local authority to carry out a child's needs assessment prior to their 18th birthday, to ensure that careful planning is in place to meet their care and support needs as they transition to the adult legal framework. The Care and Support Statutory guidance[9] sets out that an assessment should be started as early as the young person's 14th birthday if they have complex needs and should be carried out if a young person is 'likely to have needs', not just those needs that will be deemed eligible under the adult statute.

4.36. Despite her complex health needs, Nadia was only referred for an assessment of her care and support needs, when she was 17. However, this was in part because her needs continued to evolve as she approached her 18th birthday as she had recently moved from a foster placement to a supported living placement with 1:1 support. The care assessment was paused in February 2019 to allow GASC enablement support to build Nadia's independent living skills while encouraging the supported living provider and college to take a step back and the assessment was never formally concluded in terms of providing an eligibility determination or defining Nadia's care and support needs. However, GASC closed the case in August 2019, noting that despite "*high levels of anxiety apparent amongst professionals regarding [her] kidney transplant",* Nadia's adult needs appeared fairly low, requiring more background support alongside health support. Because the assessment was not completed, it is unclear whether the assessors considered whether the highly supportive environment masked Nadia's difficulties in managing the activities of daily living (in particular around her health needs) unprompted and how her experiences of trauma and emotional dysregulation impacted on this. It was also unclear whether the assessor considered the preventative duty under s2 of the Care Act 2014, which is a vital component of Transitional Safeguarding.[10] During discussions at the learning events, the Leaving Care team explained that they had continued to advocate that although she masked well, their experience was that Nadia had significant difficulties with deeper understanding of complex information and recalling this over time. However, they found it difficult to translate this insight across the professional network.

4.37. Nadia's transition was complicated by the fact that she decided to reestablish contact with her birth family and move to live with her mother in Wiltshire shortly after turning 18. Interestingly, although Gloucestershire had assessed that Nadia had no eligible care and support needs, Wiltshire's assessment recognised the impact of Nadia's traumatic experiences, emotional immaturity and difficulty processing information on her ability to meet her care and support needs unsupported. Although she was allocated a social worker, her engagement with them was limited.

4.38. Many care-experienced young people will require additional support from social care services, as a consequence of adverse childhood experiences and it is for this reason that the range of 'leaving care' duties and powers continue to be owed to provide support. Leaving Care obligations are owed to all care experienced young people aged 16 and 17 who have been

[8] Recommendations | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE

[9] Care and support statutory guidance - GOV.UK (www.gov.uk), para. 16.9

[10] *Transitional safeguarding*, C. Cocker, D. Holmes and A. Cooper, published 2024 ISBN 978-1-4473-6558-7

looked after for at least 13 weeks after they reached the age of 14. Responsibilities for planning continuing support applies to all care leavers at least until they reach the age of 21. This includes:

- keeping in touch with them [section 23C(2) of the 1989 Act],
- regularly reviewing their pathway plan [section 23C(3)(b) of the 1989 Act; the requirements for carrying out reviews are set out in regulation 7 of the Care Leavers Regulations],
- having a personal adviser [section 23C(3)(a) of the 1989 Act; the functions of the personal adviser are set out in regulation 8 of the Care Leavers Regulations], and
- providing financial assistance by contributing to the former relevant child's expenses in living near the place where they are, or will be, employed or seeking employment [sections 23C(4)(a) and 24B(1) of the 1989 Act] if their welfare and educational and training requires this.

4.39. Leaving Care had closed Nadia's case in 2022 when she was 21, as she was living out of area and not in education, they maintained occasional contact when Nadia requested support, in accordance with good practice. Nadia was reopened to Leaving Care when she requested support with housing and health in February 2023, but her engagement with them was limited. Nadia's refusal to allow Leaving Care to share information with other professionals also presented a challenge for them at the point Nadia was being discharged from GRH, and they found it difficult to identify which services were involved to enable them to communicate in respect of her needs and challenge the decision to discharge her without a clear package of support.

4.40. During learning events, health practitioners noted their perception that Leaving Care's contact with them had been relatively limited and that they had not been invited to participate in pathway planning. However, in addition to the issues identified in respect of Nadia withholding consent to information sharing, this may be due to a misunderstanding in respect of the difference between the role of a personal advisor and a social worker. Whilst the leaving care duties are hugely important, it should be noted that the Supreme Court was explicit that the legal powers afforded local authorities under s23C to provide ongoing support to care leavers do not supplant the legal duties owed under the Care Act to provide ongoing care and support to those reaching 18 with eligible needs. Leaving care powers are *'a far cry from a power to provide the full range of community care services … section 23C(4)(c) is an extremely slender thread on which to hang such extensive and burdensome duties. In my judgment, if Parliament had intended to confer a power of this scope, it would have done so expressly*.'[11] The purpose of power under s23C of the Children Act is '*not to supplant the substantive regime, but to ease the transition (usually) to adult independence*.'[12]

4.41. Leaders noted that subsequent to Nadia's transition to adulthood, GCSC and GASC had introduced a monthly Transitions Operational Group [TOG], initially established to coordinate transitions for children with disabilities. However, this had more recently expanded to include care experienced young people who may not have eligible care and support needs, but were likely to require additional support in adulthood, referred to as TOG2. It is important that when establishing the MARM, the terms of reference and guidance for staff create a clear pathway from TOG2 to MARM processes.

[11] 15 LJ Elias [pg52] in R (Cornwall Council) v Secretary of State for health and others [2014] EWCA Civ 12. The Supreme Court, also confirmed that duties (now under the Care Act) provide 'the exclusive statutory basis for securing the long-term care and were not displaced by provisions under the 1989 Act, which are transitional in character.' The Supreme Court concluded s23C powers purpose is 'not to supplant the substantive regime, but to ease the transition (usually) to adult independence.' [pg30 R (Cornwall Council) v Secretary of State for health and others [2015] UKSC 46

[12] R (Cornwall Council) v Secretary of State for health and others [2015] UKSC 46, para. 30

## Systems finding

4.42. Nadia's transition from children to adult health services in relation to her renal needs complied with best practice. However, differing views between CSC and GASC in respect of her need for care and support as an adult, having particular regard to the impact of her experiences of trauma and emotional and behavioural needs, were not resolved prior to Nadia's transition. Gloucestershire's approach to Transitional Safeguarding has developed since Nadia reached adulthood, but this would further benefit from a shared ethos between CSC and ASC with respect to assessing and supporting care experienced young people, accessing the MARM where necessary to resolve complex cases.

***Recommendation 11:*** *Joint transitional safeguarding training and reflective supervision sessions should be offered to ASC and CSC staff working with the 14-25 cohort, with a particular focus on application of the preventative duty under s2 of the Care Act 2014, making quality s58 referrals and carrying out trauma-informed assessments for this cohort.*

## Accommodation needs

4.43. Section 23 of the Care Act 2014 and supporting statutory guidance seek to clarify the boundary between care and support and housing legislation. Suitable accommodation is one way of meeting a person's care and support needs, as the lack of suitable accommodation puts health and wellbeing at risk, although where a local authority is required to meet a person's accommodation needs under the Housing Act 1996, it must do so. Where housing is part of the solution to meet a person's care and support needs, or prevent them, then the care and support plan may include this, even though the housing element is provided under housing legislation. Any care and support required to supplement housing should be met through the Care Act 2014.

4.44. The interim accommodation duty under section 188(1) the Housing Act 1996 applies even where the housing authority considers the applicant may not have a local connection with their district and may have one with the district of another housing authority, giving rise to the possibility of referral. This is owed to those who are homeless and eligible for assistance, and did not become homeless intentionally. However if they have reason to believe the applicant may be in priority need they will have a section 199A(2) duty to provide interim accommodation to the applicant whilst a decision is made on whether the conditions for referral are met. Priority need includes vulnerability arising from disability.

4.45. Further, the Homelessness Code of Guidance 2018[13] for Local Authorities requires authorities in both unitary and two-tier areas to prepare joint protocols that establish arrangements to meet the accommodation needs of care leavers, including pathway planning systems that anticipate accommodation needs. They should engage each young person, their personal advisor and housing services staff regarding suitable housing options and any additional support needed including substance misuse services, so that the necessary arrangements are in place at the point where the young person is ready to move on from their care placement, with contingency plans in place.[14] Gloucestershire care leavers will be given priority need if they become homeless until they turn 21, and will also be deemed to have a local connection to the area until their 25th birthday even if they have been out of area throughout their adulthood (although practitioners noted that it was highly unusual for care leavers aged 21-25 not to be deemed to have a priority need in any event).

4.46. Although GRH were very proactive in making referrals to secure accommodation for Nadia, the lack of clarity about where she wanted to live and where her local connections were resulted in delays to her acceptance by a housing authority. Nadia self-referred to Cotswold District Council for accommodation and although they assessed her and offered a self-contained one-bed flat,

[13] Chapter 22: Care leavers - Homelessness code of guidance for local authorities - Guidance - GOV.UK (www.gov.uk)
[14] DfE (publishing.service.gov.uk)

they transferred her application to GCiCH in October 2023, as they were of the view that she needed to be accommodated near GRH for her dialysis. However, during discussions at the learning events, the community dialysis team noted that if this had been explored with them, as a matter of practice they will arrange transport for patients to receive dialysis wherever they are placed in the county.

4.47. Despite GASC's assessment that Nadia did not have care and support needs, Gloucester City Council's Housing team accepted that Nadia was owed a duty to provide interim accommodation as her health needs created a priority need, and Nadia had alleged domestic abuse by her family. However, GCiCH noted that they were provided with little information in respect of Nadia's behavioural and emotional needs despite her dysregulated behaviour on the ward, and had not received her pathway plan from Leaving Care previously, resulting in an inappropriate emergency placement in a hotel with no support package. Housing officers noted that other agencies may not have been aware that the separate housing authorities had separate computer systems in respect of homelessness applications due to the amount of personal data these contain, so may have believed that information that had been sent to one district council could be seen by the other authorities. Although GCiCH promptly referred Nadia to a specialist supported accommodation provider (Potters Field), it seems counterintuitive that when Potters Field refused the referral because Nadia's needs were too high for them to meet, she remained in unsupported hotel accommodation. However, she was then evicted from the hotel for dysregulated behaviour in public areas and Potters Field agreed to a re-referral, but this also broke down quickly. Although GCiCH made a Do Not House decision as a consequence of Nadia's behaviour which had led to her evictions, this was challenged by her personal advisor from the Leaving Care service, which was good practice, as was GCiCH's agreement to withdraw the decision.

4.48. GCiCH noted that because they are a two-tier authority, the Housing department were unable to refer into assisted living placements that are available to GASC, due to funding requirements. Although housing officers were very concerned that Nadia's needs could not be met through mainstream accommodation, they felt unable to challenge the decision by GASC that she did not have care and support needs. It was their understanding that safeguarding referrals were being made by the accommodation providers, health and police, but in fact only one referral was made to Gloucestershire's Safeguarding Adults Services on 20 December 2023, and the provider focussed on their concern that Nadia was not attending her dialysis sessions rather than her severely dysregulated behaviour in the accommodation. A second safeguarding referral from health was only received after Nadia had been accommodated by GASC.

4.49. This disconnect between practitioners' understanding of the number of safeguarding referrals being made is not uncommon, as they will often believe that inter-agency discussions about concerns are translating into formal referrals when this is not the case. Leaders noted that although use of the Safeguarding Adults team's professionals' portal, which can be used easily to make a referral, was well socialised across the district council housing teams, this did not appear to be the case for providers. This was difficult for them to establish, as copies of the providers' referrals were not generally shared with the housing authority. Specialist housing providers across the county have a role in liaising between district councils and Gloucestershire County Council and were heavily involved in the discussions about the concerns in respect of Nadia, but they were reporting that GASC had advised that she did not meet their criteria. Although leaders in ASC advised during the learning event that practitioners were always welcome to challenge decisions in respect of care and support needs or care plans, the district councils reported a real struggle in having those challenges accepted, even with a clear evidence base for this as in Nadia's case.

4.50. It was notable that once GHT used the escalation procedure, the receiving senior leader in GASC immediately accepted that the local authority should use its powers under s19 of the Care Act 2014 to provide Nadia with interim supported accommodation while her care needs

were formally reassessed. GASC practitioners arranging Nadia's accommodation were very clear from the referral received that Nadia should not be street homeless and had become very unwell due to her unmet needs, the team who visited her the next day believed that she had eligible care and support needs. Once Nadia was placed in appropriately supportive accommodation, she stabilised quite quickly, started attending her dialysis sessions and the frequency of her emergency department attendances reduced.

### Systems finding

4.51. Although the efforts made by Gloucester City Council to sustain her temporary accommodation was to their credit, the systems across Gloucestershire were insufficiently responsive to the clear and immediate evidence that Nadia required a higher level of support in the community, resulting in over reliance on accommodation provided via Housing Act 1996 duties that is designed to provide life skills support. Communication between key partners was limited and safeguarding and escalation procedures were not used to reduce the risk to Nadia.

***Recommendation 12:*** *Gloucestershire should consider appointing a specialist housing support worker to work with care experienced young people across the county, holding joint supervision sessions with CSC and ASC if appropriate, to ensure that clear planning takes place in advance of the young person's 18th birthday so that suitable accommodation is in place. This support should continue until the young person's 25th birthday. Consideration should be given to extending the young person's entitlement to priority status until their 25th birthday, if this is not limited by Housing legislation.*

## 5. Recommendations Emerging from this Review

**Recommendation 1:** Terms of reference for the Multi-Agency Risk Management (MARM) should provide clear pathways between Making Every Adult Matter processes, Hospital Discharge Flow Hub and Transitions Operational Group, and include identification of the lead agency, referral processes and timescales.

**Recommendation 2**: In complex hospital discharge cases or where there is disagreement between agencies in respect of how an individual's needs should be met in the community, multi-agency discharge planning meetings should take place at an early stage, but in all cases before discharge takes place. If safe discharge cannot be agreed, the MARM or escalation processes should be used.

**Recommendation 3:** Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire County Council Adult Social Care should review the criteria for its Hospital Discharge Flow Hub to incorporate cases where the patient may not have eligible care and support needs, but medical self-neglect is suspected.

**Recommendation 4**: All partner agencies should provide assurance to GSAB in respect of how they are socialising the partnership escalation protocol across all levels of their respective organisations.

**Recommendation 5**: All partner agencies should provide training in respect of trauma-informed practice to staff, and seek to socialise this through supervision and reflective practice.

**Recommendation 6:** GSAB and partners should consider how to raise the profile of medical self-neglect as a safeguarding matter; and to ensure that clear feedback loops are available to safeguarding referrers to enable ongoing concerns to be escalated where necessary.

**Recommendation 7:** Gloucestershire ICB should explore options for an assertive outreach-style health support service incorporating a community psychology service for young people with long-term health conditions who are hard to reach.

**Recommendation 8:** In complex cases, practitioners from key partner agencies working with the individual should collaborate to formulate a shared analysis of how the individual's cognitive function is impacted in different circumstances, to support frontline practitioners in undertaking mental capacity assessments that are decision and time-specific; and to inform risk assessments.

**Recommendation 9:** Gloucestershire ICB should produce guidance for GP practices and the wider professional network to ensure that they are aware of arrangements for registering people with no fixed address. Gloucestershire Hospitals NHS Foundation Trust should ensure that ward staff have checked that people with complex health needs are registered with a GP prior to hospital discharge.

**Recommendation 10:** Commissioners should ensure that commissioned care services and accommodation providers have clear procedures in place to support staff to respond to emergency situations, checking these for clarity and ease of use.

**Recommendation 11:** Joint transitional safeguarding training and reflective supervision sessions should be offered to ASC and CSC staff working with the 14-25 cohort, with a particular focus on application of the preventative duty under s2 of the Care Act 2014, making quality s58 referrals and carrying out trauma-informed assessments for this cohort.

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## 6. Glossary

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| ADASS | Association of Directors of Adult Social Services |
| CMHT | Community Mental Health Team |
| DoLS | Deprivation of Liberty Safeguards |
| DTR | Duty to Refer under the Homelessness Reduction Act 2017 |
| ECHR | European Convention on Human Rights |
| GASC | Gloucestershire Adult Social Care |
| GCiCH | Gloucester City Council Housing |
| GCSC | Gloucestershire Children's Social Care |
| GDPR | General Data Protection Regulation |
| GHC | Gloucestershire Health and Care NHS Trust |
| GHFT | Gloucestershire Hospitals Foundation Trust |
| GRH | Gloucestershire Royal Hospital |
| GSAB | Gloucestershire Safeguarding Adults Board |
| HDAT | GASC's Hospital Discharge and Assessment Team |
| ICB | Integrated Care Board |
| MARM | Multi-Agency Risk Management |
| MCA | Mental Capacity Act 2005 |
| MEAM | Making Every Adult Matter |
| MHA | Mental Health Act 1983 |
| MHLT | Mental Health Liaison Team |
| OCT | Onward Care Team |
| SAR | Safeguarding Adult Review |
| WASC | Wiltshire Adult Social Care |